

## **Center for Medicaid and CHIP Services**

## **Disabled and Elderly Health Programs Group**

December 20, 2021

Ms. Elizabeth Pitman Director, Division of Medical Services Office of Rules Promulgation P.O. Box 1437, slot S295 Little Rock, AR 72203-1437

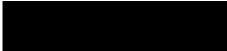
Dear Ms. Pitman:

The CMS Division of Pharmacy team has reviewed Arkansas's State Plan Amendment (SPA) 21-0009 received in the CMS Medicaid & CHIP Operations Group on October 08, 2021. This SPA proposes to clarify and expand the prescription limitations in the Arkansas Medicaid Program.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 21-0009 is approved with an effective date of January 1, 2022.

We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Arkansas's state plan. If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or charlotte.amponsah@cms.hhs.gov.

Sincerely,



John M. Coster, Ph.D., R.Ph. Director Division of Pharmacy

cc: Lisa Teague, DHS Program Administrator Cynthia Neuhofel, Pharmacist, Assistant Director

PARTMENT OF HEALTH AND HUMAN SERVICES		FORM APPROV OMB No. 0938-0	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER	2. STATE Arkansas	
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 01-1-2022		
5. TYPE OF PLAN MATERIAL (Check One)			
NEW STATE PLAN	IDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for each an	nendment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 2022 \$ \$32,806,544		
Section 1902(a)(12)		3,742,058	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
3.1A5a	OR ATTACHMENT (If Applicable)		
3.1B4g	3.1A5a, Approved 08/11/20,TN 20 3.1B4g Approved 08/11/20, TN 20		
	S IN THE ARKANSAS MEDICAID PRO	OGRAM	
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#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

b.

d.

## AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED

#### CATEGORICALLY NEEDY

**January 1, 2022** 

- 12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist
  - a. Prescribed Drugs
    - (1) Each recipient age twenty-one (21) or older may have up to six (6) prescriptions each month under the program. Family Planning, tobacco cessation, oral prescription drugs for opioid use disorder prescribed by an X-DEA waivered provider as part of a Medication Assisted Treatment plan, EPSDT, high blood pressure, hypercholesteriolemia, blood modifiers, diabetes and respiratory illness inhaler prescriptions do not count against the prescription limit.

**Revised:** 

- (2) Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
- (3) The Medicaid agency provides coverage, to the same extent that it provides coverage for all Medicaid recipients, for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 C.F.R. §423.104 (f) (1) (ii) (A) to full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit Part D.

The following excluded drugs, set forth on the <u>Arkansas Medicaid Pharmacy Vendor's Website</u>, are covered:

- a. select agents when used for weight gain: Androgenic Agents;
  - select agents when used for the symptomatic relief of cough and colds:
  - Antitussives; Antitussive-Decongestants; and Antitussive-Expectorants;
- c. select prescription vitamins and mineral products, except prenatal vitamins and fluoride:
  - B 12; Folic Acid; and Vitamin K;
  - select nonprescription drugs: Antiarthritics; Antibacterials and Antiseptics; Antitussives; Antitussives; Expectorants; Analgesics; Antipyretics; Antacids; Antihistamines; Antihistamine-Decongestants; Antiemetic/Vertigo Agents; Gastrointestinal Agents; Hematinics; Laxatives; Opthalmic Agents; Sympathomimetics; Topical Antibiotics; Topical Antifungals; Topical Antiparasitics; and Vaginal Antifungals; and
- e. non-prescription products for smoking cessation.
- (4) The State will reimburse only for the drugs of pharmaceutical manufacturers who have entered into and have in effect a rebate agreement in compliance with Section 1927 of the Social Security Act, unless the exceptions in Section 1902(a)(54), 1927(a)(3), or 1927(d) apply. The State permits coverage of participating manufacturers' drugs, even though it may be using a formulary or other restrictions. Utilization controls will include prior authorization and may include drug utilization reviews. Any prior authorization program instituted after July 1, 1991 will provide for a 24-hour turnaround from receipt of the request for prior authorization. The prior authorization program also provides for at least a seventy-two (72) hour supply of drugs in emergency situations.

Approved: 12/20/2021

Effective:01/01/22

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

### ATTACHMENT 3.1-B Page 4g

# AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED

**Revised:** 

January 1, 2022

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MEDICALLY NEEDY

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B 12; Folic Acid; and Vitamin K;

d. select nonprescription drugs:

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TN: 21-0009	Approved:	Effective: 01/01/22
Supersedes TN: 20-0013	12/20/2021	