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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 11-020

This file contains the following documents in the order listed:

- 1) RO Follow-Up Approval Letter
- 2) Pharmacy Approval Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



January 27, 2012

Mr. R. Bob Mullins, Jr., MD
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

Re: Alabama Title XIX State Plan Amendment, Transmittal #11-020

Dear Mr. Mullins:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on October 31, 2011. The State's requested effective date of March 1, 2012 has been accepted.

Enclosed for your records are:

1. a copy of the approval letter dated January 24, 2012 that was submitted to the State by Larry Reed, Director, Division of Pharmacy;
2. the original signed 179; and
3. the approved plan page.

If you have any additional questions regarding this amendment, please contact Maria Drake, State Coordinator for Alabama, at 404-562-3697.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure(s)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

1/24/2012

Mr. R. Bob Mullins, Jr., MD
Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

Dear Dr. Mullins:

We have reviewed Alabama's State Plan Amendment (SPA) 11-020 submitted to the Atlanta Regional Office on October 31, 2011. Based on the information provided, we are pleased to inform you that the SPA is approved. This amendment, submitted in response to a companion letter sent with the approval of AL 11-011, proposes to remove language related to certain categories of prescription drugs and over-the-counter products that do not meet the definition of a covered outpatient drug. The effective date of this SPA is March 1, 2012.

A copy of the CMS-179 form as well as the page approved for incorporation into Alabama's state plan will be forwarded by the Atlanta Regional Office. If you have any questions regarding this amendment, please contact Madlyn Kruh at (410) 786-3239.

Sincerely,

/ s /

Larry Reed
Director
Division of Pharmacy

cc: Jackie Glaze, Acting ARA, Atlanta Regional Office
Maria Drake, Atlanta Regional Office

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
AL-11-020

2. STATE
Alabama

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 1, 2012

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 430 Subpart B

7. FEDERAL BUDGET IMPACT:

a. FFY 12 (\$0)

b. FFY 13 (\$0)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 5.12.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

New

10. SUBJECT OF AMENDMENT:

The purpose of the above-mentioned State Plan Amendment is to comply with CMS's request to remove verbiage related to DESI and IRS drugs, as well as certain OTC/non-drugs.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Governor's designee on file
via letter with CMS

12. SIGNATURE OF STATE AGENCY OFFICIAL:

//s//

13. TYPED NAME:

R. Bob Mullins, Jr., MD

14. TITLE: Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

R. Bob Mullins, Jr., MD

Commissioner

Alabama Medicaid Agency

501 Dexter Avenue

Post Office Box 5624

Montgomery, Alabama 36103-5624

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 10-31-11

18. DATE APPROVED: 01/20/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 03/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:

//s//

21. TYPED NAME:

Jackie Glaze

22. TITLE: Associate Regional Administrator

Division of Medicaid & Children Health Opns

23. REMARKS:

Limitation of Services

12. **Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**
12. a. **Prescribed Drugs**
- (e) Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations and others as specified by the Alabama Medicaid Agency.
 - Renal vitamins and vitamin preparations used in Total Parenteral Nutrition are covered.
 - (f) Non prescription drugs except for those specified by the Alabama Medicaid Agency.
 - Antacids and adsorbents, Anthelmintics, Nasal antiallergics, Topical antibiotics, Antidiarrhea agents, Topical antifungals, Antihistamines, Topical anti-inflammatory agents, Insulins, Topical keratoplastic agents, Acetaminophen, Nonsteroidal anti-inflammatory agents, Topical scabicides and pediculicides, Optical vasoconstrictor agents, Proton Pump Inhibitors.
 - (g) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.
 - (h) Benzodiazepines and barbiturates except for those specified by the Alabama Medicaid Agency.
 - Generic benzodiazepines (except estazolam) and generic barbiturates are covered.
 - (i) Agents when used to promote smoking cessation unless authorized for pregnant females women according to the Public Health Service guidelines "Treating Tobacco Use and Dependence: 2008 Update: A Clinical Practice Guideline, or any subsequent modification of such guideline.

TN No. AL-11-020
Supersedes
TN No. AL-11-011

Approval Date: 1-20-12

Effective Date: 03/01/12