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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 12-015

This file contains the following documents in the order listed:

- 1) Regional Office 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
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

February 8, 2013

Ms. Stephanie McGee Azar, Acting Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

Attention: Stephanie Lindsay

Re: Alabama Title XIX State Plan Amendment, Transmittal #12-015

Dear Ms. Azar:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on December 4, 2012. The State's requested effective date of January 1, 2013 has been accepted.

Enclosed for your records are:

1. a copy of the approval letter dated February 6, 2013 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 Melanie Johnson, State Coordinator for Alabama, at 404-562-0151.

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



Disabled & Elderly Health Programs Group

February 6, 2013

Stephanie McGee Azar
Acting Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
P.O. Box 5624
Montgomery, AL 36103-5624

Dear Ms. Azar:

We have reviewed the Alabama State Plan Amendment (SPA) 12-015 received in the Atlanta Regional Office on December 4, 2012. The State of Alabama proposes to discontinue covering claims for dual eligible beneficiaries when prescribed barbiturates for the treatment of epilepsy, cancer or a chronic mental health disorder and benzodiazepines for all indications as Medicare Part D will provide this coverage effective January 1, 2013. Based on the information provided, we are pleased to inform you that SPA 12-015 is approved with an effective date of January 1, 2013.

A copy of the CMS-179 form as well as the pages approved for incorporation into the 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, ARA, Atlanta Regional Office
Melanie Johnson, Atlanta Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: AL-12-015	2. STATE Alabama
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE January 1, 2013
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 Section 447.15, 447.331 & Section 401	7. FEDERAL BUDGET IMPACT: a. FFY 13 (\$751,945) b. FFY 14 (\$784,819)
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): Attachment 3.1-A, Page 5.12.1

10. SUBJECT OF AMENDMENT:
The primary purpose for this amendment is to discontinue coverage of barbiturates except for those specified by the Alabama Medicaid Agency and for dual eligible individuals effective January 1, 2013 when used for the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover those indications and benzodiazepines except for those specified by the Alabama Medicaid Agency and for dual eligible individuals effective January 1, 2013 as Part D will cover all indications.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's designee on file
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL via letter with CMS

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: Stephanie McGee Azar Acting Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
13. TYPED NAME: Stephanie McGee Azar	
14. TITLE: Acting Commissioner	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-04-12	18. DATE APPROVED: 02-06-13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-13	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

Approved with the following changes to item 15 as authorized by State Agency on email dated 01/30/13:
Block # 15 changed to read: 12-04-12

Limitation of Services

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) Barbiturates except for generic barbiturates and for dual eligible individuals effective January 1, 2013 when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover those indications.
- (i) Benzodiazepines except for generic benzodiazepines (except estazolam) and for dual eligible individuals effective January 1, 2013 as Part D will cover all indications
- (j) 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.