
Table of Contents

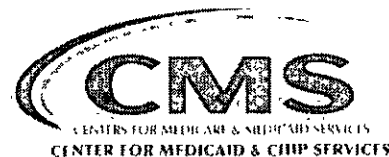
State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-12-026

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 52-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

February 7, 2013

Suzanne Brennan
Medicaid Director
Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

Attn: Barbara Prehmus

Dear Ms. Brennan:

We have reviewed Colorado State Plan Amendment (SPA) 12-026, Prescribed Drugs, received in the Denver Regional Office on November 30, 2012. This amendment proposes to exclude from coverage benzodiazepines for all conditions and barbiturates for the treatment of epilepsy, cancer and chronic mental health disorders for full benefit dual eligible as Medicare Part D will provide this coverage.

Based on the information provided, we are pleased to inform you that SPA 12-026 is approved with an effective date of January 1, 2013. Per your approval, we made the requested changes to blocks seven, eight and nine on the CMS-179 form. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into the Colorado state plan will be forwarded by the Denver Regional Office.

If you have any questions regarding this amendment, please contact Wendy Tuttle at (410) 786-8690.

Sincerely,

/s/

Larry Reed
Director
Division of Pharmacy

cc: Richard Allen, ARA, Denver Regional Office
Diane Dunstan-Murphy, Denver Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 1 2 - 0 2 6	2. STATE: COLORADO
	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 January 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION 42 U.S.C. § 1396a	7. FEDERAL BUDGET IMPACT a. FFY 12-13 13 \$ 430,707 (377,814) <i>wlt</i> b. FFY 13-14 14 \$ 381,774 (531,707) <i>wlt</i>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 3.13 Pages 1 and 2 A wlt	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement to Attachment 3.13 Pages 1 and 2 of 06-001 A wlt	
10. SUBJECT OF AMENDMENT Changes to excluded drug coverage effective January 1, 2013 for Dual Eligible Individuals		
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 01 September 2011 <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	18. RETURN TO Colorado Department of Health, Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prahmus	
13. TYPED NAME Suzanne Brennan		
14. TITLE Medicaid Director		
15. DATE SUBMITTED 11/5/12		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED 11/5/12	18. DATE APPROVED 2/7/13	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/13	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME RICHARD C. ALLEN	22. TITLE Asst. Regional Administrator	
23. REMARKS		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Supplement to Attachment 3.1-A
Page 1 of 2

LIMITATIONS TO CARE AND SERVICES

Citation	Provision
1935(d)(1)	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.
1927(d)(2) and 1935(d)(2)	<p>The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full-benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit- Part D.</p> <p><input checked="" type="checkbox"/> The following excluded drugs are covered</p> <p><i>("All" drugs categories covered under the drug class)</i> <input type="checkbox"/></p> <p><i>("Some" drugs categories covered under the drug class -List the covered common drug categories not individual drug products directly under the drug class)</i> <input checked="" type="checkbox"/></p> <p><i>("None" of the drugs under this class are covered)</i> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> (a) agents when used for anorexia, weight loss or weight gain. Only Xenical. Prior authorization is required</p> <p><input type="checkbox"/> (b) agents when used to promote fertility</p> <p><input type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth</p> <p><input checked="" type="checkbox"/> (d) agents when used for the symptomatic relief cough and colds. Products must include a cough suppressant. No other cough and cold products are covered. Prior authorization is required for clients 21 and older.</p> <p><input checked="" type="checkbox"/> (e) prescription vitamins and mineral products,</p>

TN No. 12-026
Supersedes TN No. 06-001

Approval Date 2/7/13
Effective Date January 1, 2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Supplement to Attachment 3.1-A

Page 2 of 2

except prenatal vitamins and fluoride. Prior authorization required for all, except vitamin D products, which are covered without prior authorizations.

- (f) Nonprescription drugs, except insulin. Aspirin is covered without prior authorization. All other nonprescription drugs require prior authorization.
- (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 (see specific drug categories below)
- (h) barbituates (Except 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 dual eligible individuals effective January 1, 2013 as Part D will cover all indications)
- (j) smoking cessation drugs (Except for dual eligible individuals as Part D will cover these drugs)

TN No: 12-026
Supersedes TN No. 06-001

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