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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-14-008

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 S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

May 22, 2014

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) 14-008, Prescribed Drugs, received in the Denver Regional Office on May 1, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 14-008 is approved with an effective date of April 1, 2014. 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 SPA, please contact Wendy Tuttle at (410) 786-8690.

Sincerely,

/s/

Joseph Fine
Acting Director
Division of Pharmacy

cc: Richard Allen, ARA, Denver Regional Office
Rebecca Burch Mack, Denver Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 1 4 -- 0 0 8	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 4/1/2014	
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION § 1927 (d)(2) and 1935(d)(2) of the SSA		7. FEDERAL BUDGET IMPACT a. FFY 13-14 \$0 b. FFY 14-15 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 3.1-A, 12.a page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement to Attachment 3.1-A, 12.a , TN 12-026	
10. SUBJECT OF AMENDMENT Removal of agents from excluded drug list			
11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <p style="text-align: right;">Governor's letter dated 01 September 2011</p>			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO	
13. TYPED NAME Suzanne Brennan		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE Medicaid Director		Attn: Barbara Prehmus	
15. DATE SUBMITTED 4/19/14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 4/19/14		18. DATE APPROVED 05/22/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 4/1/14		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Richard C. Allen		22. TITLE ARA, DMCHO	
23. REMARKS			

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

STATE OF COLORADO

Supplement to Attachment 3.1-A
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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</i> <input checked="" type="checkbox"/> <i>-List the covered common drug categories not individual drug products directly under the drug class</i></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>

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- (e) prescription vitamins and mineral products, 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.)

TN No. 14-008
Supersedes TN No. 12-026

Approval Date 5/22/14
Effective Date April 1, 2014