

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

April 25, 2013

Roderick Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106

Dear Mr. Bremby:

On April 12, 2013, our Central Office sent you a letter approving your proposed State Plan amendment (SPA) No. 13-020. This letter transmits the Transmittal and Notice of Approval State Plan Material (CMS-179) and the approved State Plan pages.

SPA 13-020 proposed changes in pharmacy coverage as required by Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 which amended section 1860D-2(e)(2)(A) of the act to include barbiturates "used in the treatment of epilepsy, cancer, or a chronic mental health disorder" and benzodiazepines in Part D drug coverage. This SPA has been approved effective January 1st, 2013, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Addendum Page 11 to Attachment 3.1A
- Addendum Page 11 to Attachment 3.1B

If you have any questions regarding this matter you may contact Marie Montemagno (617) 565-9157 or by e-mail at Marie.Montemagno@cms.hss.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosures

cc: Kate McEvoy, Interim Director, Medical Care Administration

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13-020	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CMS/CMSO DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 1/01/2013	
5. TYPE OF STATE PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS 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: Section 1860D-2(e)(2)(A) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2013 (\$172,000) Savings b. FFY 2014 (\$235,000) Savings
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum Page 11 to Attachments 3.1-A and 3.1-B	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Addendum Page 11 to Attachment 3.1-A and 3.1-B

SUBJECT OF AMENDMENT: Under state plan amendment 13-020, the Department of Social Services proposes to amend Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan in order to exclude coverage of Barbiturates and Benzodiazepines for individuals who are dually eligible as Medicare Part D will be covering these products effective 1/1/2013.

11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
12. SIGNATURE OF STATE AGENCY OFFICIAL: _____	16. RETURN TO: State of Connecticut Department of Social Services 25 Sigoumey Street Hartford, CT 06106-5033 Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Bremby ^U	
14. TITLE: Commissioner, Department of Social Services	
15. DATE SUBMITTED: March 28, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/28/2013	18. DATE APPROVED: April 12, 2013
PLAN APPROVED -- ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: _____
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE
CATEGORICALLY NEEDY GROUP (S): ALL

- (4) 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.

The following drugs or classes of drugs are excluded from coverage by the Medicaid agency, except the drugs checked, for which the Medicaid agency provides coverage, as described below, to ALL Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D:

- Agents when used for anorexia, weight loss, weight gain (Weight gain medications, anabolic steroids, growth hormones only)
- Agents when used to promote fertility
- Agents when used for cosmetic purposes or hair growth
- Agents when used for the symptomatic relief of cough and colds
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride
- Nonprescription drugs on the OTC formulary covered for clients under the age of 21.
(OTC formulary includes: Antacids, H2 antacids, spermicidal foam and jelly, cough, cold and allergy, nasal mast stabilizer, laxatives, antihistamines, decongestants, topical Antifungals, vaginal Antifungals).
- 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
- Barbiturates – (except dual eligibles when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover)
- Benzodiazepines (except dual eligibles as Part D will cover)
- Smoking cessation (except dual eligibles as Part D will cover) - all categories covered

- (5) Certification of Brand Name Drugs
Reimbursement for multiple-source drugs for which CMS has designated a FUL is not limited to the FUL if a licensed authorized practitioner determines that a specific brand is medically necessary for a particular patient provided the requirements noted in section 5(a) are met.
- (6) Prior Authorization Requirements:
PA shall be available in accordance with 1927(d)(5) of the Social Security Act. The state shall provide a response within two (2) hours upon a request for prior authorization. An automatic fourteen (14) day supply of medication shall be made available if no prior authorization has been requested and granted. In addition, a one-time five (5) day emergency supply shall be made available when the department representative has been contacted and no prior authorization has been requested and granted.

TN # 13-020
Supersedes
TN # 12-004

Approval Date 4/12/13

Effective Date 01/01/2013

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP (S): ALL

- (4) 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.

The following drugs or classes of drugs are excluded from coverage by the Medicaid agency, except the drugs checked, for which the Medicaid agency provides coverage, as described below, to ALL Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D:

- Agents when used for anorexia, weight loss, weight gain (Weight gain medications, anabolic steroids, growth hormones only)
- Agents when used to promote fertility
- Agents when used for cosmetic purposes or hair growth
- Agents when used for the symptomatic relief of cough and colds
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride
- Nonprescription drugs on the OTC formulary covered for clients under the age of 21.
(OTC formulary includes: Antacids, H2 antacids, spermicidal foam and jelly, cough, cold and allergy, nasal mast stabilizer, laxatives, antihistamines, decongestants, topical Antifungals, vaginal Antifungals).
- 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
- Barbiturates – (except dual eligibles when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover)
- Benzodiazepines (except dual eligibles as Part D will cover)
- Smoking cessation (except dual eligibles as Part D will cover) - all categories covered

- (5) Certification of Brand Name Drugs
Reimbursement for multiple-source drugs for which CMS has designated a FUL is not limited to the FUL if a licensed authorized practitioner determines that a specific brand is medically necessary for a particular patient provided the requirements noted in section 5(a) are met.

- (6) Prior Authorization Requirements:
PA shall be available in accordance with 1927(d)(5) of the Social Security Act. The state shall provide a response within two (2) hours upon a request for prior authorization. An automatic fourteen (14) day supply of medication shall be made available if no prior authorization has been requested and granted. In addition, a one-time five (5) day emergency supply shall be made available when the department representative has been contacted and no prior authorization has been requested and granted.

TN # 13-020
Supersedes
TN # 12-004

Approval Date 4/12/13

Effective Date 1/1/2013