

## **Table of Contents**

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 14-021**

This file contains the following documents in the order listed:

- 1) Approval Letters
- 2) CMS 179 Form
- 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**

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April 23, 2014

Roderick L. Bremby  
Commissioner  
Connecticut Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106-5033

Attention: Ginny Mahoney

Dear Mr. Bremby,

We have reviewed Connecticut State Plan Amendment (SPA) 14-021, Prescribed Drugs, received in the Boston Regional Office on March 25, 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, Connecticut SPA 14-021 is approved with an effective date of January 1, 2014. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the Connecticut state plan will be forwarded by the Boston Regional Office.

If you have any questions regarding this amendment, please contact Bernadette Leeds at (410) 786-9463.

Sincerely,

/s/

Kim Howell  
Acting Director  
Division of Pharmacy

cc: Richard McGreal, ARA, Boston Regional Office  
Robert Cruz, Boston Regional Office  
Evelyn Dudley, Connecticut Department of Social Services

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**

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April 23, 2014

Roderick L. Bremby, Commissioner  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106-5033

Dear Commissioner Bremby:

On April 23, 2014 CMS Division of Pharmacy sent you a letter approving your proposed State plan amendment (SPA) 14-021 effective January 1, 2014. This letter transmits the signed Transmittal and the Notice of Approval of State Plan Material (CMS-179) and the approved State Plan pages.

This SPA transmitted a proposed amendment to your approved Title XIX State plan to remove barbiturates, benzodiazepines, and agents used to treat smoking cessation from the list of drugs a 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.

If there are questions, please contact Robert Cruz at (617) 565-1257.

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

cc: Evelyn Dudley, Connecticut Department of Social Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 14-021	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 01/01/2014
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5. TYPE OF STATE 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: Section 1860D-2(e)(2)(A) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$0 impact b. FFY 2015 \$0 impact
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: As requested by CMS, SPA 14-021 proposes to amend Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan in order to remove any restrictions associated with the coverage of barbiturates, benzodiazepines and agents used to promote smoking cessation in response to CMS's guidance provided in State Release # 162 effective 1/1/2014. Because these drugs are already covered (but are listed as exceptions to the excluded drugs), there is no fiscal impact associated with this change.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>/s/</i>	16. RETURN TO:  State of Connecticut Department of Social Services 25 Sigourney Street Hartford, CT 06106-5033 Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Brophy	
14. TITLE: Commissioner, Department of Social Services	
15. DATE SUBMITTED: March 25, 2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/25/14	18. DATE APPROVED: 4/23/14
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14	20. SIGNATURE OF REGIONAL OFFICIAL: <i>/s/</i>
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Division of Medicaid and Children's Health Operations, Boston Regional Office

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

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- (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
- (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.

**OFFICIAL**

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.

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TN # 14-021  
Supersedes  
TN # 13-020

Approval Date 4/23/14

Effective Date 1/1/2014