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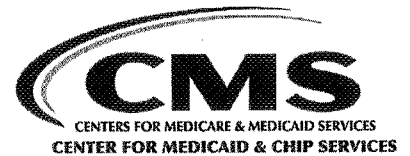
State/Territory Name: Iowa

State Plan Amendment (SPA) #: 13-031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

December 20, 2013

Charles M. Palmer, Director
Department of Human Services
Hoover State Office Building
1305 East Walnut, 5th Floor
Des Moines, Iowa 50319-0114

Attention: Jennifer H. Vermeer

Dear Mr. Palmer:

We have reviewed Iowa's state plan amendment (SPA) 13-031 received in the Kansas City Regional Office of the Centers for Medicare and Medicaid Services (CMS) on November 21, 2013. Under this amendment, the state proposes 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. This change is being made in accordance with the Patient Protection and Affordable Care Act amendment to section 1927(d)(2) of the Social Security Act. This is a technical change to the state plan wording with no financial impact because Iowa Medicaid has been covering these drugs. We are pleased to inform you that Iowa SPA 13-031 is approved, effective January 1, 2014.

The Kansas City Regional Office will forward to you a copy of the CMS-179 form, as well as the pages approved for incorporation into the Iowa Medicaid State Plan. If you have any questions regarding this amendment, please contact Jessica Walker at (410) 786-2457.

Sincerely,

/s/

Larry Reed
Director
Division of Pharmacy

cc: James G. Scott, ARA Kansas City Regional Office
Sharon Taggart, Kansas City Regional Office
Alisa Horn, Iowa Medicaid Enterprise
Susan Parker, Iowa Medicaid Enterprise

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 3 - 0 3 1</u>	2. STATE IOWA
		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, 2014	
5. TYPE OF 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 PL 111-148 - PPACA Section 2502		7. FEDERAL BUDGET IMPACT a. FFY:14 \$ <u>0</u> b. FFY:15 \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 3.1-A, Page 28, 29		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 3.1-A, Page 28, 29	
10. SUBJECT OF AMENDMENT PPACA amends section 1927(d)(2) of the Act by removing barbiturates, benzodiazepines, & agents used to promote smoking cessation from the list of drugs a state Medicaid program may exclude from coverage or otherwise restrict.			
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	
13. TYPED NAME CHARLES M. PALMER		CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
14. TITLE DIRECTOR			
15. DATE SUBMITTED 11/21/2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED November 22, 2013		18. DATE APPROVED December 20, 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL <i>/s/</i>	
21. TYPED NAME James G. Scott		22. TITLE Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS			

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American Speech-Language Hearing Association) in accordance with 42 CFR 440.110c.

12.a. PRESCRIBED DRUGS – Description of Service Limitation

“Prescribed drugs” means simple or compound substances or mixtures of substances prescribed for the cure, mitigation or prevention of disease, or for health maintenance that are –

- (1) Prescribed by a physician or other licensed practitioner of the healing arts within the scope of this professional practice as defined and limited by Federal and State law;
- (2) Dispensed by licensed pharmacists and licensed authorized practitioners in accordance with the state Medical Practice Act, and
- (3) Dispensed by the licensed pharmacist or practitioner or a written prescription that is recorded and maintained in the pharmacist’s or practitioner’s records.

In accordance with Sections 1902(a)(54) and 1927 of the Social Security Act, the Iowa Medicaid Program covers outpatient drugs which are covered by a national or state agreement, with the following restrictions or exceptions:

- A. Prior authorization program which complies with Section 1927(d)(5) of the Social Security Act.
- B. Drugs are not covered if the prescribed use is not for a medically accepted indication, as defined by Section 1927(k)(6).
- C. Drugs prescribed in Section 107(c)(3) of the Drug Amendments of 1962 and identical, similar, or related drugs (within the meaning of Section 310.6(b)(1) of Title 21 of the Code of Federal Regulations (DESI drugs) are excluded from coverage.
- D. 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.
- E. Except as indicated below, the Medicaid agency does not provide coverage, for any medical use or to any Medicaid recipient, of any drug or class of drugs that may be excluded pursuant to section 1927(d)(2) of the Social Security Act (hereinafter referred to as "excludable drugs").

As indicated by checkmark, the following excludable drugs are covered, to the extent indicated in parentheses, for all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D:

- (a). Agents when used for anorexia, weight loss or weight gain. (None)
- (b). Agents when used to promote fertility. (None)
- (c). Agents when used for cosmetic purposes or hair growth. (None)
- (d). Agents when used for symptomatic relief of cough and colds. (Some – select nonprescription [over-the-counter] pseudoephedrine products and dextromethorphan-guaifenesin syrup are covered.)
- (e). Prescription vitamins and mineral products, except prenatal vitamins and fluoride. (All – prescription vitamins and minerals that meet prior authorization requirements are covered.)

State Plan TN # IA-13-031
Superseded TN # IA-11-025

Effective January 1, 2014
Approved December 20, 2013

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- (f). Nonprescription drugs (Some - select acne preparations, analgesics, antidiarrheals/antacids, antiemetics, antihistamines, cough & cold, GI stimulants/antiflatulents, insulin, nicotine replacement therapy, NSAIDs, ophthalmics, respiratory inhalants, topical antibiotics, topical antifungals, topical keratolytics, topical pediculicides, vaginal antifungals, and nonprescription drugs previously covered as prescription drugs).
- (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. (None)
- (h). Agents when used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition, other than sexual or erectile dysfunction, for which the agents have been approved by the Food and Drug Administration. (None)

SUPPLEMENTAL MEDICAID REBATE AGREEMENT

Pursuant to Section 1927 of the Act, the state has the following policies for supplemental rebates for Medicaid.

- A. CMS has authorized the state of Iowa to enter into "The Sovereign States Drug Consortium (SSDC)." A model rebate agreement between the state and a drug manufacturer for drugs provided to the Medicaid population, submitted to CMS on April 12, 2012, and entitled "SSDC Iowa Medicaid Supplemental Drug Rebate Agreement" has been authorized by CMS.

State Plan TN # IA-13-031
Superseded TN # IA-12-007

Effective January 1, 2014
Approved December 20, 2013