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## Table of Contents

**State/Territory Name:** North Dakota

**State Plan Amendment (SPA) #:** ND-14-007

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**

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May 22, 2014

Ms. Maggie D. Anderson  
Executive Director  
ND Department of Human Services  
600 East Boulevard Avenue Dept 325  
Bismarck, ND 58505-0250

Dear Ms. Anderson:

We have reviewed North Dakota State Plan Amendment (SPA) 14-007, received in the Denver Regional Office on March 27, 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 14-007 is approved with an effective date of January 1, 2014. A copy of the CMS-179 form, as well as the pages approved for incorporation into the North Dakota state plan, will be forwarded by the Denver Regional Office.


If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144.

Sincerely,

/s/

Joseph L. Fine  
Acting Director  
Division of Pharmacy

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>14-007</b>	2. STATE <b>North Dakota</b>
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>January 1, 2014</b>	
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: <b>1927 of the Social Security Act</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> \$0 b. FFY <u>2015</u> \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment to page 5 of Attachment 3.1-A Attachment to page 4 of Attachment 3.1-B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment to page 5 of Attachment 3.1-A Attachment to page 4 of Attachment 3.1-B	
10. SUBJECT OF AMENDMENT: <b>Amends the State Plan to comply with ACA Medicare Part D prescription drug coverage for Barbiturates, Benzodiazepines and agents used to promote smoking cessation.</b>			
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 <u>Delegated to Single State Medicaid agency</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>Maggie D. Anderson, Executive Director ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</b>	
13. TYPED NAME: <b>Maggie D. Anderson</b>			
14. TITLE: <b>Executive Director, ND Dept. of Human Services</b>			
15. DATE SUBMITTED: <b>March 27, 2014</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>3/27/14</b>		18. DATE APPROVED: <b>5/22/14</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1/1/14</b>		20. SIGNATURE OF REGIONAL OFFICIAL: <b>/s/</b>	
21. TYPED NAME: <b>Richard C. Allen</b>		22. TITLE: <b>ARA, DMCHO</b>	
23. REMARKS:			

Accumulation edits allow a maximum of 10 days of supply accumulation in a rolling six-month period for controlled substances and a maximum of 15 days of supply accumulation in a rolling six-month period for non-controlled substances. Pharmacists must contact Medical Services to discuss medical necessity for over-rides for accumulation edits.

7. To increase the cost-effectiveness of dispensing habits, quantities of medication may be restricted if the Medical Services Division or the Drug Utilization Review (DUR) Board determines (a) an alternate method of dispensing would be medically appropriate and more cost-effective, or (b) the dose is not a medically accepted dose supported by citations in the compendia described in Section 1927(g)(1)(B)(i) of OBRA '93.
8. 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 Medicaid agency provides coverage (as specified below) 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.

- a. Agents when used for anorexia, weight loss, weight gain are only covered for orlistat when used for morbid obesity.
- b. Agents when used to promote fertility are not covered.
- c. Agents when used for cosmetic purposes or hair growth or hair loss are not covered.
- d. Agents when used for the symptomatic relief of cough and colds are only covered for cough syrups.
- e. Prescription vitamins and mineral products are only covered for vitamin B-12 injection, folic acid, renal failure multi-vitamins, multi-vitamins typically used in cystic fibrosis, and iron.
- f. Non-prescription drugs are only covered for analgesics, antacids, artificial tears, and iron. These are covered for full benefit dual eligible beneficiaries through prior authorization if a therapeutically equivalent Part D prescription drug is determined not effective by the physician (e.g. ibuprofen prescription versus non-prescription ibuprofen).
- 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 are not covered.

9. Active Pharmaceutical Ingredients (APIs) will not be allowed for payment except select APIs used in extemporaneously compounded prescriptions when dispensed by a participating pharmacy provider pursuant to a prescription issued by a licensed prescriber following all state and federal laws. The select APIs will only include those that are determined by the State to be cost effective compared to other covered alternatives. APIs that have been identified as being cost effective are identified at <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/covered-APIs.pdf>.

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State: North Dakota

Attachment to Page 4  
of Attachment 3.1-B

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TN. 14-007  
Supersedes  
TN No. 13-002

Approval Date 5/22/14

Effective Date 01-01-2014