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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 14-01

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) Approved SPA pages
- 3) CMS-179 form
- 4) Memorandum

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

May 8, 2014

Ms. Jennifer Velez,
Commissioner
Division of Medicaid Assistance and Health Services
P.O. Box 712, Mail Code #1
Trenton, New Jersey 08625-0712

Dear Ms. Velez:

We received a copy of Joseph. L. Fine's letter to you, in which he notified you of the approval of New Jersey's State Plan Amendment (SPA) 14-01. 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 14-01-MA is approved. Please note that the approval date of the SPA is May 8, 2014 with an effective date of January 1, 2014.

Mr. Fine advised you that the New York Regional Office would forward you the signed CMS-179 form as well as copy of the approved pages, these documents are enclosed. The revised page of addendum to attachment 3.1-A, page 12(a) 2 and attachment 3.1-A, page 12(a) 3 submitted to our office on March 17, 2014 has replaced the corresponding pages that were originally into the New Jersey state plan.

If you have any questions, please contact Ivelisse M. Salce at (212) 616-2411.

Sincerely,

/s/

Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health

cc. Terry Simananda, Health Insurance Specialist, Division of Pharmacy
Julie Hubbs, New Jersey DMAHS Regulatory Officer

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-01-MA(NJ)	2. STATE New Jersey
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2014	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF 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: 42 CFR 447	7. FEDERAL BUDGET IMPACT FFY 2014: \$165,014 \$ 0 FFY 2015: \$244,441 \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum to Attachment 3.1A Page 12(a) 3 Addendum to Attachment 3.1A Page 12(a) 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same Same
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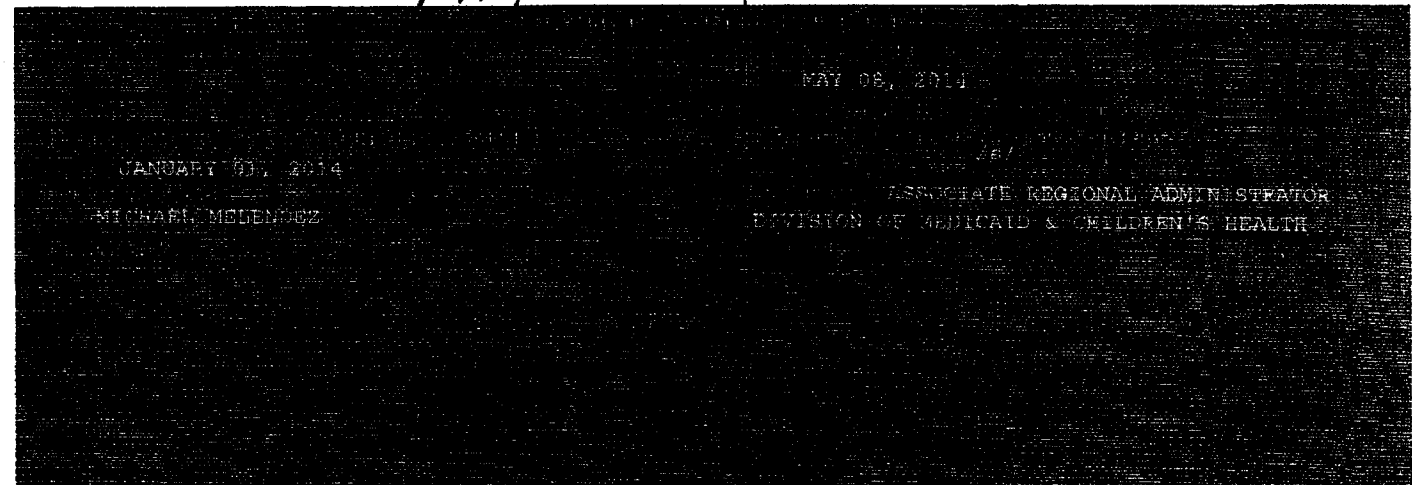
10. SUBJECT OF AMENDMENT:
This amendment relates to Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) Provisions Related to Medicaid Outpatient Drug Coverage.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
Not required, pursuant to 7.4 of the Plan

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Valerie Harr, Director Division of Medical Assistance and Health Services P.O. Box 712, #26 Trenton, NJ 08625-0712
13. TYPED NAME: Jennifer Velez	
14. TITLE: Commissioner	
15. DATE SUBMITTED: 3/17/14	



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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF NEW JERSEY
LIMITATIONS ON AMOUNT, DURATION AND SCOPE OF SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY**

- (h) preventive vaccines, biologicals and therapeutic drugs distributed to hospital clinics and/or community health centers by the New Jersey Department of Health and Senior Services;
- (i) any preventive vaccines or biologicals available from the federal Vaccine-for-Children (VFC) program;
- (j) Pharmaceuticals or prescription drugs whose use is to promote or enhance fertility;
- (k) agents when used for anorexia or weight loss not used for the treatment of attention deficit hyperactivity disorders (ADHD);
- (l) agents when used for cosmetic purposes, such as hair or eyelash growth;
- (m) legend drugs used for the symptomatic relief of cough and cold for beneficiaries 21 years of age or older, unless associated with antibiotic use or chronic pulmonary diseases;
- (n) legend drugs available over-the-counter for beneficiaries 21 years of age or older without prior authorization;
- (o) hydrocodone/chlorpheniramine combination products without prior authorization;
- (p) lipase inhibitors without prior authorization; and
- (q) covered outpatient drugs which the manufacturer seeks to require as a condition of sale associated tests or monitoring services to be purchased exclusively from the manufacturer or its designee, unless authorized by the Commissioner.

Medicaid coverage of non-legend outpatient drugs for all eligible beneficiaries is limited to the following:

- (a) spermicidal jellies and foams;
- (b) antacids;
- (c) oral antihistamines for beneficiaries under 21 years of age;
- (d) ophthalmic antihistamine solutions; and
- (e) proton pump inhibitors

14-01-MA (NJ)

TN: 14-01-MA

Approval Date: ~~MAY 08 2014~~

Supersedes: 11-03-MA

Effective Date: JAN 01 2014

OFFICIAL

Addendum to
Attachment 3.1-A
Page 12(a).3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF NEW JERSEY

**LIMITATIONS ON AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY**

Covered outpatient drugs are limited to those drug products manufactured by drug companies that have entered into and comply with the federal Medicaid Drug Rebate Agreement, as provided under Section 1927(a) through (c) of the Act, which are prescribed for a medically accepted diagnostic indication (as provided by Section 1927(d) of the Act. Certain outpatient drugs may be excluded from the drug rebate requirement.

With the exception of the Mandatory Generic Drug Substitution Program, the Medicaid agency shall provide coverage for up to six (6) days emergency supply of medications without prior authorization when authorization is required.

Effective January 1, 2006, the Medicaid agency does not cover any Part D-covered drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

The Medicaid agency provides outpatient drug coverage for the following Medicare Part D excluded or otherwise restricted drugs or classes of drugs, or their medical uses, for all full benefit dual eligibles:

- (a) legend vitamins and mineral products

14-01-MA (NJ)

TN: 14-01-MA

Supersedes: 13-02-MA

Approval Date: MAY 08 2014
Effective Date: JAN 01 2014