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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 13-10 Pharm

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved SPA Pages

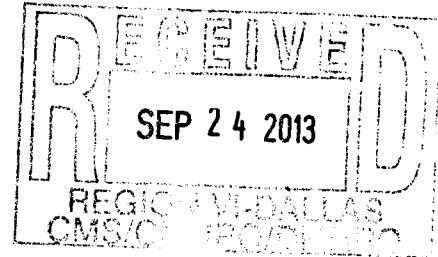
DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

SEP 18 2013

Nico Gomez
Chief Executive Officer
Oklahoma Health Care Authority
2401 NW 23rd St., Suite 1A
Oklahoma City, OK 73107



ATTN: Cindy Roberts

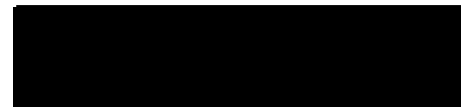
Dear Mr. Gomez:

We have reviewed Oklahoma State Plan Amendment (SPA) 13-10, Prescribed Drugs, received in the Dallas Regional Office on June 30, 2013. This amendment proposes to exclude from coverage benzodiazepines for all conditions and barbiturates for the treatment of epilepsy, cancer and chronic mental health disorders for full benefit dual eligible as Medicare Part D will provide this coverage.

Based on the information provided, we are pleased to inform you that SPA 13-10 is approved with an effective date of April 1, 2013. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into the Oklahoma state plan will be forwarded by the Dallas Regional Office.


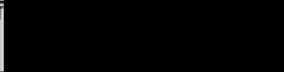
If you have any questions regarding this SPA, please contact Wendy Tuttle at (410) 786-8690.

Sincerely,



Larry Reed
Director
Division of Pharmacy

cc: Bill Brooks, ARA, Dallas Regional Office
Lynn Ward, Dallas Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 1 3 - 1 0	2. STATE Oklahoma
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE April 1, 2013	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION Section 1935(d)(1) & 1927(d)(2) and 1935(d)(2)		7. FEDERAL BUDGET IMPACT a. FFY 2013 <u>0</u> b. FFY 2014 <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT See Attachment		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) See Attachment	
10. SUBJECT OF AMENDMENT Revising Pharmacy Pages to reflect changes in Medicare Part D Drug Benefit effective January 1, 2013			
11. GOVERNOR'S REVIEW (<i>Check One</i>)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED The Governor does not review State Plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Oklahoma Health Care Authority Attn: Cindy Roberts 2401 NW 23rd St., Suite 1A Oklahoma City, OK 73107	
13. TYPED NAME Nico Gomez			
14. TITLE Chief Executive Officer			
15. DATE SUBMITTED June 30, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 30-Jun-2013		18. DATE APPROVED 18-Sep-13	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 1-Apr-2013		20. SIGNAT 	
21. TYPED NAME Bill Brooks		22. TITLE Associate Regional Administrator	
23. REMARKS c: Nico Gomez Cindy Roberts Tywanda Cox			
FORM CMS-179 (07/92)			

**ATTACHMENT TO OK SPA # 13-09
Second Submission**

**8. Page Number of the Plan
Section or Attachment**

Attachment 3.1.A.1, Page 1

Attachment 3.1.A.1, Page 2

**9. Page Number of the Superseded
Plan Section or Attachment**

Same Page, Revised 01-01-06, TN # 06-03

Same Page, Revised 01-01-06, TN # 06-03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency OKLAHOMA

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED
OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1935(d)(1)	1. Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	2. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid-only recipients, and where noted, to full benefit dual eligible beneficiaries who have coverage under the Medicare Prescription Drug Benefit –Part D.

The following excluded drugs are covered:

- (a) agents when used for anorexia, weight loss, weight gain
- (b) agents when used to promote fertility
- (c) agents when used for cosmetic purposes or hair growth
- (d) agents when used for the symptomatic relief cough and colds
- (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride
- (f) nonprescription drugs (see specific information below)

Revised 04-01-13

TN No. 13-10
Supersedes
TN No. 06-03

Approval Date 9/18/13 Effective Date 4/1/13

State: Oklahoma
Date Received: 6/30/13
Date Approved: 9/18/13
Transmittal Number: OK 13-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency OKLAHOMA

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED
OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	<input type="checkbox"/> (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
	<input checked="" type="checkbox"/> (h) barbiturates (see specific coverage below)
	<input checked="" type="checkbox"/> (i) benzodiazepines (all are covered for Medicaid-only beneficiaries. None are covered for full benefit dual eligible individuals.)
	<input checked="" type="checkbox"/> (j) agents when used to promote smoking cessation (for non-Part D eligible individuals)

(f) **Nonprescription drugs:** The state maintains a complete listing of covered nonprescription (over-the-counter) drug categories on its public website found at <http://www.okhca.org/rx>

(h) **Barbiturates:** All items are covered for Medicaid-only beneficiaries. Barbiturates are covered for full benefit dual eligible members only when used to treat conditions other than seizures, cancer, or a chronic mental health condition.

(j) **Agents when used to promote smoking cessation:** All items, including nonprescription drugs, which are covered for Medicaid-only and full benefit dual eligible beneficiaries.

Revised 04-01-13

TN No. 13-10
Supersedes
TN No. 06-03

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