

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 14-09 (Pharm)**

This file contains the following documents in the order listed:

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

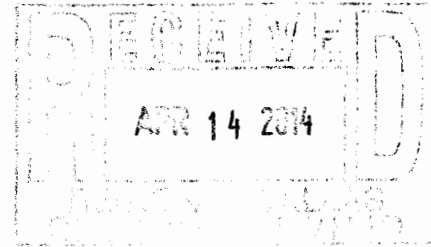


**Disabled & Elderly Health Programs Group**

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April 9, 2014

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



ATTN: Cindy Roberts

Dear Mr. Gomez:

We have reviewed Oklahoma State Plan Amendment (SPA) 14-09, Prescribed Drugs, received in the Dallas Regional Office on March 31, 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 SPA 14-09 is approved with an effective date of January 1, 2014. 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,

A black rectangular redaction box covers the signature of Kim Howell. A small, faint mark is visible to the left of the box.

Kim Howell  
Acting Director  
Division of Pharmacy

cc: Bill Brooks, ARA, Dallas Regional Office  
Tamara Sampson, Dallas Regional Office

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>1 4 - 0 9</b>	2. STATE <b>Oklahoma</b>
	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 <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 A 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>Section 1935(d)(1) &amp; 1927(d)(2) and 1935(d)(2)</b>	7. FEDERAL BUDGET IMPACT a. FFY 2014 <u>0</u> b. FFY 2015 <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>See Attachment</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <b>See Attachment</b>


10. SUBJECT OF AMENDMENT  
  
**Revising Pharmacy Pages to reflect removal of exclusions for certain drugs effective January 1, 2014**

11. GOVERNOR'S REVIEW (Check One)

<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 <b>The Governor does not review State Plan material.</b>
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12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO
13. TYPED NAME <b>Nico Gomez</b>	<b>Oklahoma Health Care Authority Attn: Cindy Roberts 2401 NW 23rd St., Suite 1A Oklahoma City, OK 73107</b>
14. TITLE <b>Chief Executive Officer</b>	
15. DATE SUBMITTED <b>March 31, 2014</b>	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED <b>31 March, 2014</b>	18. DATE APPROVED <b>9 April, 2014</b>

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>1 January, 2014</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>Bill Brooks</b>	22. TITLE <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>

23. REMARKS  
c: Nico Gomez  
Cindy Roberts  
Tywanda Cox

FORM CMS-179 (07/92)

**ATTACHMENT TO OK SPA # 14-09  
Second Submission**

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

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

State: Oklahoma  
Date Received: 31 March, 2014  
Date Approved: 9 April, 2014  
Date Effective: 1 January, 2014  
Transmittal Number: OK 14-09

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

(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>

State: Oklahoma  
Date Received: 31 March, 2014  
Date Approved: 9 April, 2014  
Date Effective: 1 January, 2014  
Transmittal Number: OK 14-09

Revised 01-01-14

TN No. 14-09  
Supersedes  
TN No. 06-03

Approval Date 4/9/14 Effective Date 1/1/14