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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 15-0015 Pharm

This file contains the following documents in the order listed:

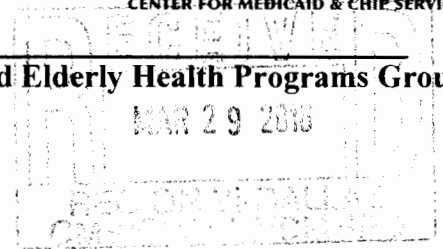
- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page(s)

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



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**



MAR 21 2016

Joel Nico Gomez, CEO  
Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

Attention: Sandra Manzo de Puebla, MSW, Oklahoma Health Care Authority

Dear Mr. Gomez:

We have reviewed Oklahoma (OK) State Plan Amendment (SPA) OK-2015-15, submitted to the Dallas Regional Office on November 3, 2015. Under this SPA, the state proposes to revise and update the covered prescription and OTC drugs for the pharmacy drug benefit.

We are pleased to inform you that the amendment is approved, effective October 1, 2015.

A copy of the signed CMS-179 form, as well as the page approved for incorporation into the Oklahoma state plan, will be forwarded by the Dallas Regional Office.

If you have any questions regarding this amendment, please contact Ruth Blatt at (410) 786-1767.

Sincerely,



John M. Coster, Ph.D., R.Ph.  
Director  
Division of Pharmacy

Cc: Bill Brooks, Associate Regional Administrator, Dallas Regional Office  
Suzette Seng, MPH, Dallas Regional Office  
Sandra Manzo de Puebla, MSW, Oklahoma Health Care Authority

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**1 5 - 1 5**

2. STATE  
**Oklahoma**

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  
**October 1, 2015**

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS A NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION  
**42 USC 1396r-8(d)(2)**

7. FEDERAL BUDGET IMPACT  
a. FFY 2016      \$ 0  
b. FFY 2017      \$ 0


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
**Attachment 3.1-A; Page 5a-1.1**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
**Attachment 3.1-A; Page 5a-1.1, TN 03-16**

10. SUBJECT OF AMENDMENT  
  
**Update of covered prescription and OTC drugs for the pharmacy drug benefit**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor does not review State  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL  


13. TYPED NAME  
**Joel Nico Gomez**

14. TITLE  
**Chief Executive Officer**

15. DATE SUBMITTED  
**November 3, 2015**

16. RETURN TO  
  
**Oklahoma Health Care Authority  
Attn: Tywanda Cox  
4345 N. Lincoln Blvd  
Oklahoma City, OK 73105**


**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
**November 3, 2015**

18. DATE APPROVED  
**March 21, 2016**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
**October 1, 2015**

20. SIGNATURE OF REGIONAL OFFICIAL  


21. TYPED NAME  
**Bill Brooks**

22. TITLE  
**Associate Regional Administrator  
Division of Medicaid and Children's Health**

23. REMARKS  
c: Nico Gomez      \* Pen and Ink change requested via email on 3/29/16 to add superseding page  
Garth Splinter      information. (ss)  
Tywanda Cox      \* Pen and Ink change requested via email on 3/30/16 to add Date Submitted. (SS)

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY

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12.a. **Prescription drugs (continued)**

An Open Formulary is administered, maintained, and subject to the provisions of Title 42, United State Code (U.S.C.), Section 1396r-8. All covered drugs may be excluded or coverage limited if the prescribed use is not for a medically accepted indication as provided under 42 U.S.C. §1396r-8 or the drug is subject to such restriction pursuant to the rebate agreement between the manufacturer and CMS.

**The following legend drugs are excluded from coverage:**

Anorexia or Weight Gain Medications: Medications used for anorexia or weight gain will not be a covered drug benefit. Exceptions: Methylphenidate and Dextroamphetamine shall be covered drug benefits for Medicaid covered children when prescribed for hyperactivity and narcolepsy. A prior authorization is required for adults. Methamphetamine and Methamphetamine/Dextroamphetamine require prior authorization for both children and adults.

Fertility Medications: Medications used to promote fertility will not be a covered drug benefit.

Cosmetic or Hair Growth Medications: Medications used to promote hair growth for cosmetic purposes will not be a covered drug benefit.

Cough and Cold Medications: Medications used for the symptomatic relief of coughs and colds will not be a covered drug benefit.

Prescription Vitamins and Minerals Products: Legend vitamin medications will not be a covered drug benefit. Exception: Vitamin medications containing fluoride for children, prenatal vitamins, prescription iron supplements for pregnant women, prescription vitamins to treat end stage renal disease, prescription vitamins covered for specific diagnosis when the FDA has approved use for a specific indication, and medically necessary prescription vitamin preparations for children under 21 when pursuant to EPSDT protocol, shall be a covered drug benefit.

Obesity Medications: Medications with primary usage for the treatment of obesity, such as appetite suppressants, will not be a covered drug benefit.

Less-than-effective Medications: Medications determined by the FDA to be less-than-effective are not covered.

Experimental Medications: Medications that are experimental are not covered.

Legend Medications Requiring Associated Tests: Legend medications requiring associated tests and/or monitoring will be a covered drug benefit only after obtaining prior authorization. A prior authorization process will also be used to authorize coverage of selected non-covered medications for individuals with specific diseases.

Non-Legend Medications: Non-legend medications will not be a covered drug benefit. Exception: Insulin preparations, OTC drugs that are both cost-effective and clinically appropriate, and over the counter contraceptive drugs shall be a covered drug benefit. The State maintains a complete listing of covered nonprescription (over-the-counter or OTC) drug categories on its public website, found at <http://www.okhca.org/rx>

Sexual or erectile dysfunction: Medications when used for the treatment of sexual or erectile dysfunction will not be covered.

Revised 10-01-15

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TN# 15-15 Approval Date 3/21/16 Effective Date 10/1/2015

Supersedes TN# 03-16

State: Oklahoma  
Date Received: November 3, 2015  
Date Approved: March 21, 2016  
Date Effective: October 1, 2015