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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 17-0009

This file contains the following documents in the order listed:

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

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

November 16, 2017

Mrs. Rebecca Pasternik-Ikard
Chief Executive Officer
Oklahoma Health Care Authority
2401 N.W. 23rd, Suite 1A
Oklahoma City, OK 73107

Dear Mrs. Pasternik-Ikard:

We have reviewed Oklahoma's State Plan Amendment (SPA) 17-0009, received in the Dallas Regional Office on August 22, 2017. SPA 17-0009 revises Attachment 3.1-A, Page 5a-1.1 of the Oklahoma State Plan, to add "investigational drugs" to the list of experimental medications that are not covered. Additionally, the SPA revises the state's coverage of non-legend medications to specify that coverage is limited to the following categories for children only: non-sedating antihistamines, pediculicides, and topical anti-fungals. As specified in the SPA, the state maintains a complete listing of covered non-prescription (over-the-counter or OTC) drug categories on its public website.

Based on the information provided, we are pleased to inform you that, consistent with the regulations at 42 CFR 430.20, SPA 17-009 is approved with an effective date of October 1, 2017. A copy of the signed CMS-179 form, as revised, 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 amendment, please contact Mickey Morgan at (410) 786-4048 or Mickey.Morgan@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature of Meagan T. Khau.

Meagan T. Khau
Deputy Director
Division of Pharmacy

CC: Nancy Nesser, Pharmacy Director, Oklahoma Health Care Authority
Sandra Puebla, Oklahoma Health Care Authority
Bill Brooks, ARA, CMS, Dallas Regional Office
Stacey Shuman, CMS, Dallas Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 7 - 0 9	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, 2017
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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)

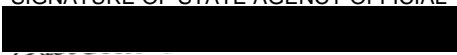
6. FEDERAL STATUTE/REGULATION CITATION 42 USC 1396r-8(d)(2)	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ \$1,058,570 b. FFY 2019 \$ \$1,059,730
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 5a-1.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 5a-1.1, TN # 15-15
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10. SUBJECT OF AMENDMENT
Elimination of optional non-prescription drugs for adults

11. GOVERNOR'S REVIEW (Check One)

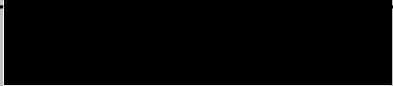
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor does not review State
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Oklahoma Health Care Authority Attn: Tywanda Cox 4345 N. Lincoln Blvd Oklahoma City, OK 73105
13. TYPED NAME Becky Pasternik-Ikard	
14. TITLE Chief Executive Officer	
15. DATE SUBMITTED August 22, 2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 22 August, 2017	18. DATE APPROVED 16 November, 2017
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 01-Oct-17	20. SIGNATURE OF REGIONAL ADMINISTRATOR 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator Division of Medicaid and Children's Health

23. REMARKS
c: **Becky Pasternik-Ikard
Tywanda Cox**

FORM CMS-179 (07/92)

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

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 or investigational 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 are limited to the following categories for children only: non-sedating antihistamines, pediculicides, and topical anti-fungals. The State maintains a complete listing of covered non-prescription (over-the-counter or OTC) drug categories on its public website.

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

State: Oklahoma
Date Received: 8/22/17
Date Approved: 11/16/17
Effective Date: 10/1/17
Transmittal Number: 17-09

Revised 10-01-17