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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 18-0025

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**

July 31, 2018

Becky Pasternik-Ikard  
Chief Executive Officer  
Oklahoma Health Care Authority  
4345 N. Lincoln Blvd  
Oklahoma City, OK 73105

Dear Mrs. Pasternik-Ikard:

We have reviewed Oklahoma's State Plan Amendment (SPA) 18-0025, Prescribed Drugs, received in the Dallas Regional Office on June 26<sup>th</sup>, 2018. This SPA proposes to remove any reference to cosmetic and hair growth medications and sexual or erectile dysfunction medications language from the state plan pages. Section 5008 of the 21st Century Cures Act (Cures Act) amended Section 1903(i)(21) of the Social Security Act (the Act) to prohibit FFP for agents when used for cosmetic purposes or hair growth, except where medically necessary. These changes brings Oklahoma into compliance with the Cures Act.

Based on the information provided, we are pleased to inform you that, consistent with the regulations at 42 CFR 430.20, SPA 18-0025 is approved with an effective date of April 1, 2018. 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](mailto:mickey.morgan@cms.hhs.gov)

Sincerely,

A black rectangular redaction box covers the signature of John M. Coster.

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

CC: Tywanda Cox, Oklahoma Health Care Authority  
Sandra Manzo de Puebla, Oklahoma Health Care Authority  
Bill Brooks, ARA, CMS, Dallas Regional Office  
Stacey Shuman, CMS, 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 8 - 2 5</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>April 1, 2018</b>
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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 Section 1903(i)(21) of the Act; Section 1927(d)(2)(K) of the Act	7. FEDERAL BUDGET IMPACT a. FFY 2018      \$ <u>\$0</u> b. FFY 2019      \$ <u>\$0</u>
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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 # 17-09
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10. SUBJECT OF AMENDMENT

Remove cosmetic and hair growth medications and sexual or erectile dysfunction medications language to comply with the CURES Act.

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 June 25, 2018	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED June 26, 2018	18. DATE APPROVED July 31, 2018
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2018	20. SIGNATURE 
21. TYPED NAME Bill Brooks	22. TITLE Associate Regional Administrator, Division of Medicaid and Children's Health (DMCH)

23. REMARKS

c: Becky Pasternik-Ikard  
Tywanda Cox

**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.

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.

State: Oklahoma  
Date Received: 26 June, 2018  
Date Approved: 31 July, 2018  
Effective Date: 1 April, 2018  
Transmittal Number: 18-25

Revised 04.01.18

TN# 18-25 Approval Date 07/31/2018 Effective Date 04/01/2018  
Supersedes TN# 17-09