

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Oregon

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

12.a. Prescribed Drugs: Description of Service Limitations

Citation (s)	Provision (s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
1927(d)(2) and 1935(d)(2)	<p>The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit–Part D.</p> <p><input checked="" type="checkbox"/> The following excluded drugs are covered: (<i>"All" drugs categories covered under the drug class</i>) <input type="checkbox"/></p> <p>(<i>"Some" drugs categories covered under the drug class</i>) <input checked="" type="checkbox"/> <i>-List the covered common drug categories not individual drug products directly under the appropriate drug class)</i></p> <p>(<i>"None" of the drugs under this drug class are covered</i>) <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below) Appetite Stimulants for Anorexia, Cachexia, Wasting</p> <p><input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below)</p> <p><input type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)</p>

TN No. 13-01
Supersedes TN No. 05-08

Approval Date _

Effective Date 1/1/13

MAR 29 2013

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	<input checked="" type="checkbox"/> (d) agents when used for the symptomatic relief cough and colds (see specific drug categories below) Cough Preparations/Expectorants Cough & Cold Preps
	<input checked="" type="checkbox"/> (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific drug categories below) <u>Vitamin K</u> <u>B Complex with Vitamin C</u> <u>Folic Acid Preparations</u> <u>Multivitamins Except Prenatals</u> <u>Water Soluable Vitamins Except Niacin</u> <u>Fat Soluable Vitamins Except Vitamin D</u>
	<input checked="" type="checkbox"/> (f) nonprescription drugs (see specific drug categories below) 1st Generation Antihistamines & Decongestant Combinations Diphenhydramine Antiulcer Preps/Gastrointestinal Preps Non-Narcotic Analgesics
	<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 (see specific drug categories below)

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Citation (s)	Provision (s)
<input checked="" type="checkbox"/>	(h) barbiturates <u>(Except for dual eligible individuals effective January 1, 2013 when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover those indications)</u>
<input checked="" type="checkbox"/>	(i) benzodiazepines <u>(Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)</u>

All categories listed above are subject to the 'limitations of Services' and Prior Authorization program as described in Attachment 3.1-A page 5-a,5-b and 5-c or outlined in the approved 1115 Waiver.

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