
Table of Contents

State/Territory Name: OR

State Plan Amendment (SPA) #: 14-02

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

Tina Edlund, Acting Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, Oregon 97301-1079

APR 21 2014

RE: Oregon State Plan Amendment (SPA) Transmittal Number 14-02

Dear Ms. Edlund:

The Centers for Medicare & Medicaid Services (CMS) Pharmacy Team recently approved State Plan Amendment (SPA) 14-02 effective January 1, 2014, removing benzodiazepines, barbiturates, and agents used to promote smoking cessation from the state's excluded drug list in accordance with section 1927(d)(7) of the Social Security Act and section 2502 of the Affordable Care Act.

The state has or will receive an approval of this SPA from the CMS Pharmacy Team. The Seattle Regional Office is also providing an additional copy as we were the recipient of the original, signed amendment request, and we maintain the official State Plan.

Enclosed you will find a copy of the official CMS form 179, amended page(s), and copy of the approval letter from the Pharmacy Team for your records.

If you have any questions concerning the Seattle Regional Office role in the processing of this SPA, please contact me, or have your staff contact Maria Garza at (206) 615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature area of the letter.

Carol J.C. Pevery
Associate Regional Administrator
Division of Medicaid and Children's Health
Operations

Enclosures

cc:

Judy Mohr Peterson, Administrator, Division of Medical Assistance Programs
Jesse Anderson, State Plan Manager, Division of Medical Assistance Programs

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



Disabled & Elderly Health Programs Group

April 21, 2014

Judy Mohr Peterson
Director, Division of Medical Assistance Programs
Oregon Health Authority
500 Summer Street NE E-35
Salem, OR 97301

Attn: Jesse Anderson

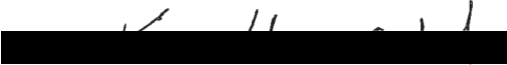
Dear Ms. Peterson:

We have reviewed Oregon State Plan Amendment (SPA) 14-02, Prescribed Drugs, received in the Seattle Regional Office on March 13, 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 consistent with the regulations at 42 CFR 430.20, SPA 14-02 is approved with an effective date of January 1, 2014. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the Oregon state plan will be forwarded by the Seattle Regional Office.

If you have any questions regarding this SPA, please contact Wendy Tuttle at (410) 786-8690.

Sincerely,


Kim Howell
Acting Director
Division of Pharmacy

cc: Carol Pevery, ARA, Seattle Regional Office
Maria Garza, Seattle Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-02	2. STATE Oregon
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE 1/1/14	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT


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

6. FEDERAL STATUTE/REGULATION CITATION: 1927 (d) (2) and (7) (P&I)	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 0 \$(819) (P&I) b. FFY 2015 \$ 0 \$(1092)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1, Page 1-3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A.1, Page 1-3

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to remove limitations on barbiturates and benzodiaz prescription drugs per section 2502 of the Affordable Care Act.

11. GOVERNOR'S REVIEW (Check One):

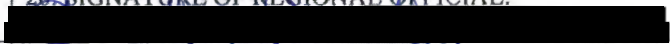
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Division of Medical Assistance Programs Oregon Health Authority 500 Summer Street NE E-35 Salem, OR 97301 ATTN: Jesse Anderson, State Plan Manager
13. TYPED NAME: Judy Mohr Peterson	
14. TITLE: Director, Division of Medical Assistance Programs	
15. DATE SUBMITTED: 3-13-14	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/13/14	18. DATE APPROVED: 04/21/14
----------------------------	-----------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/14	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Carol J.C. Peverly	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health

23. REMARKS:

3/28/14-State authorizes P&I change to box 6 and 7.

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"/> (<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> (<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. 14-02

Approval Date

Effective Date 1/1/14

Supersedes TN No. 13-01

04/21/14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Oregon

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

12.a. Prescribed Drugs: Description of Service Limitation

Citation (s)	Provision (s)
	<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) <u>1st Generation Antihistamines & Decongestant</u> <u>Combinations</u> <u>Diphenhydramine</u> <u>Antiulcer Preps/Gastrointestinal Preps</u> <u>Non-Narcotic Analgesics</u>
	<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)

TN No. 14-02
Supersedes TN No. 13-01

Approval Date
04/21/14

Effective Date 1/1/14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Oregon

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

Citation (s)	Provision (s)
--------------	---------------

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.

TN No. 14-02

Approval Date

Effective Date 1/1/14

Supersedes TN No. 13-01

04/21/14