

Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 13-03

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved SPA 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

June 21, 2013



Kay Ghahremani
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, TX 78711

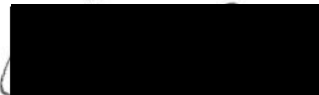
Dear Ms. Ghahremani:

We have reviewed Texas's State Plan Amendment (SPA) 13-03, received in the Regional Office on March 29, 2013. It reflects changes in pharmacy coverage required by Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 which amended section 1860D-2(e)(2)(A) of the Act to include barbiturates "used in the treatment of epilepsy, cancer, or chronic mental health disorder" and benzodiazepines in Part D drug coverage.

We are pleased to inform you that the amendment is approved, effective January 1, 2013. A copy of the CMS-179 form, as well as the pages approved for incorporation into the Texas's state plan, will be forwarded by the Dallas Regional Office.

If you have any questions regarding this amendment, please contact Delaine Deardorff-Beck at (410) 786-2991.

Sincerely,



Larry Reed
Director
Division of Pharmacy

cc: Bill Brooks, ARA, Dallas Regional Office
Cheryl Rupley, Dallas Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13-003	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: January 1, 2013	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 42 CFR 423.100, Part D drug (2)(ii). Sections 1927(d)(2) and 1935(d)(2) of the Act.		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2013 \$ (1,166,706) b. FFY 2014 \$ (1,683,174) c. FFY 2015 \$ (1,815,207)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The proposed amendment updates the State's list of covered Medicare-excluded drugs. The requested effective date for the proposed amendment is January 1, 2013.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Kay Ghahremani State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Kay Ghahremani			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: March 29, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 29 MARCH 2013		18. DATE APPROVED: 21 June 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 JANUARY 2013		20. SIGNATURE: 	
21. TYPED NAME: B:11 Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 13-003

**Number of the
Plan Section or Attachment**

Appendix 1 to Attachment 3.1-A
Page 24f

Appendix 1 to Attachment 3.1-B
Page 24f

**Number of the Superseded
Plan Section or Attachment**

Appendix 1 to Attachment 3.1-A
Page 24f (12-007)

Appendix 1 to Attachment 3.1-B
Page 24f (12-007)

State: Texas
Date Approved: 21 June, 2013
Date Received: 29 March, 2013
Date Effective: 1 January, 2013
Transmittal Number: 13-03

STATE	<u>Texas</u>	A
DATE REC'D	<u>3-29-13</u>	
DATE APPV'D	<u>6-21-13</u>	
DATE EFF	<u>1-1-13</u>	
HCFA 179	<u>13-03</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Texas

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

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	<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) <input checked="" type="checkbox"/> (h) barbiturates (except dual eligibles as these are covered by Part D) (see specific drug categories below) <input checked="" type="checkbox"/> (i) benzodiazepines (except dual eligibles as these are covered by Part D) (see specific drug categories below) <input checked="" type="checkbox"/> (j) smoking cessation drugs (Texas covers all smoking cessation drugs for the general Medicaid population except dual eligibles as prescription drugs are covered by Part D) (see specific drug categories below)
	<p>(a) Agents when used for anorexia, weight loss, weight gain: Appetite stimulants, anorexic agents, and fat absorption-decreasing agents.</p> <p>(d) Agents when used for symptomatic relief of cough and colds: Antihistamines, antitussives, decongestants, and expectorants.</p> <p>(e) Prescription vitamins and mineral products: Single and multiple vitamins and minerals and combinations.</p> <p>(f) Non-prescription drugs: Coverage for the following categories when a non-prescription drug is an economical and therapeutic alternative to a prescription drug item: analgesics; anti-emetics; anti-inflammatory agents; anti-parasitics; dermatological agents; enzyme replacements; gastrointestinal agents including H-2 antagonists, proton pump inhibitors, laxatives, and antacids; insulin; ophthalmic agents; otic agents; and respiratory agents.</p> <p>(j) Smoking cessation drugs: For dual eligibles, only non-prescription smoking cessation drugs are covered. Prescription smoking cessation drugs are covered by Part D.</p> <p style="text-align: center;"><u> </u> No excluded drugs are covered.</p>

TN: 13-03

Approval Date: 6-21-13

Effective Date: 1-1-13

Supersedes TN: 12-07

SUPERSEDES: TN- 12-07

STATE	<u>Texas</u>
DATE REC'D	<u>3-29-13</u>
DATE APPV'D	<u>6-21-13</u>
DATE EFF	<u>1-1-13</u>
INFA 179	<u>13-03</u>

A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Texas

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

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	<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) <input checked="" type="checkbox"/> (h) barbiturates (except dual eligibles as these are covered by Part D) (see specific drug categories below) <input checked="" type="checkbox"/> (i) benzodiazepines (except dual eligibles as these are covered by Part D) (see specific drug categories below) <input checked="" type="checkbox"/> (j) smoking cessation drugs (Texas covers all smoking cessation drugs for the general Medicaid population except dual eligibles as prescription drugs are covered by Part D) (see specific drug categories below)
	<p>(a) Agents when used for anorexia, weight loss, weight gain: Appetite stimulants, anorexic agents, and fat absorption-decreasing agents.</p> <p>(d) Agents when used for symptomatic relief of cough and colds: Antihistamines, antitussives, decongestants, and expectorants.</p> <p>(e) Prescription vitamins and mineral products: Single and multiple vitamins and minerals and combinations.</p> <p>(f) Non-prescription drugs: Coverage for the following categories when a non-prescription drug is an economical and therapeutic alternative to a prescription drug item: analgesics; anti-emetics; anti-inflammatory agents; anti-parasitics; dermatological agents; enzyme replacements; gastrointestinal agents including H-2 antagonists, proton pump inhibitors, laxatives, and antacids; insulin; ophthalmic agents; otic agents; and respiratory agents.</p> <p>(j) Smoking cessation drugs: For dual eligibles, only non-prescription smoking cessation drugs are covered. Prescription smoking cessation drugs are covered by Part D.</p>
	<p><u> </u> No excluded drugs are covered.</p>

TN: 13-03 Approval Date: 6-21-13 Effective Date: 1-1-13
 Supersedes TN: 12-07 **SUPERSEDES: TN- 12-07**