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State/Territory Name: Texas

State Plan Amendment (SPA) #: 14-07

This file contains the following documents in the order listed:

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

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

May 6, 2014

Ms. Kay Ghahremani
State Medicaid Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

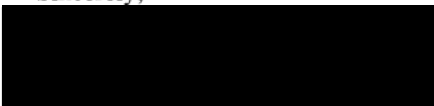
Dear Ms. Ghahremani:

We have reviewed Texas State Plan Amendment (SPA) 14-007, Prescribed Drugs, received in the Dallas Regional Office on March 31, 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.

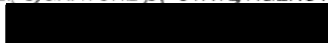

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 14-007 is approved with an effective date of January 1, 2014. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into the Texas state plan will be forwarded by the Dallas Regional Office.

If you have any questions regarding this SPA, please contact Jessica Walker at (410) 786-2457.

Sincerely,


Joseph Fine
Acting Director
Division of Pharmacy

cc: Bill Brooks, ARA, Dallas Regional Office
Becky Brownlee, Director of Policy Development, Texas Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 14-007	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, 2014	
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 1927(d)(2) and (d)(7) of the Social Security Act as amended by section 2502 of the Affordable Care Act.	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2014 \$0 b. FFY 2015 \$0 c. FFY 2016 \$0	
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: Removes barbiturates, benzodiazepines, and smoking cessation drugs from the list of drugs that can be excluded from coverage.		
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 31, 2014		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 31 March, 2014	18. DATE APPROVED: 6 May, 2014	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: BILL 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 14-007

**Number of the
Plan Section or Attachment**

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

Appendix 1 to Attachment 3.1-A
Page 24e
Page 24f (deleted)

Appendix 1 to Attachment 3.1-A
Page 24e (TN 05-020)
Page 24f (TN 13-003)

Appendix 1 to Attachment 3.1-B
Page 24e
Page 24f (deleted)

Appendix 1 to Attachment 3.1-B
Page 24e (TN 05-020)
Page 24f (TN 13-003)

State: Texas
Date Received: 31 March, 2014
Date Approved: 6 May, 2014
Date Effective: 1 January, 2014
Transmittal Number: TX 14-07

State: Texas
Date Received: 31 March, 2014
Date Approved: 6 May, 2014
Date Effective: 1 January, 2014
Transmittal Number: TX 14-07

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): 1927(d)(2) and 1935(d)(2)

Provision(s):

1. 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.

The following excluded drugs are covered:

- (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)
- (b) agents when used to promote fertility (see specific drug categories below)
- (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)
- (d) agents when used for the symptomatic relief of cough and colds (see specific drug categories below)
- (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific drug categories below)
- (f) non-prescription drugs (see specific drug categories below)
- (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)

No excluded drugs are covered

- (a) **Agents when used for anorexia, weight loss, weight gain:** Appetite stimulants, anorexic agents, and fat absorption-decreasing agents.
- (d) **Agents when used for symptomatic relief of cough and colds:** Antihistamines, antitussives, decongestants, and expectorants.
- (e) **Prescription vitamins and mineral products:** Single and multiple vitamins and minerals and combinations.
- (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.

TN: 14-07

Approval Date: 5/6/14

Effective Date: 1/1/14

Supersedes TN: 05-20

State: Texas
Date Received: 31 March, 2014
Date Approved: 6 May, 2014
Date Effective: 1 January, 2014
Transmittal Number: TX 14-07

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): 1927(d)(2) and 1935(d)(2)

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