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## **Table of Contents**

**State/Territory Name: Utah**

**State Plan Amendment (SPA) #: UT-14-008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) 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**

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January 24, 2014

W. David Patton, Ph.D.  
Executive Director  
Utah Department of Health  
P.O. Box 143102  
Salt Lake City, UT 84114-3102

Dear Dr. Patton:

We have reviewed the Utah State Plan Amendment (SPA) 14-008 received in the Denver Regional Office on December 31, 2013. The State of Utah proposes to remove the drug categories of barbiturates, benzodiazepines and smoking cessation drugs from the list of drugs that may be excluded or restricted from coverage from the state plan effective January 1, 2014, in accordance with the provisions of section 2502 of the Affordable Care Act amends section 1927(d)(2) of the Social Security Act (the Act) by removing barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs a state Medicaid program may exclude from coverage or otherwise restrict. Based on the information provided, we are pleased to inform you that SPA 14-008 is approved with an effective date of January 1, 2014.

A copy of the CMS-179 form as well as the pages approved for incorporation into the state plan will be forwarded by the Denver Regional Office. If you have any questions regarding this amendment, please contact Madlyn Kruh at (410) 786-3239.

Sincerely,

/ s /

Kimberly Howell  
Acting Director  
Division of Pharmacy

cc: Richard C. Allen, ARA, Denver Regional Office  
Sonia Hinojosa, Denver Regional Office  
Craig Devashrayee, Utah Department of Health

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
14-008-UT

2. STATE:  
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTHCARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2014

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:

42 CFR 440.120

7. FEDERAL BUDGET IMPACT:

- a. FFY 2014 \$[156,700]  
b. FFY 2015 \$[208,900]

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 1a of Attachment #12a within ATTACHMENTS 3.1-A and 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 1a of Attachment #12a within ATTACHMENTS 3.1-A and 3.1-B

10. SUBJECT OF AMENDMENT: Pharmacy Services

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: W. David Patton, Ph.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: December 17, 2013

16. RETURN TO:

Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
PO Box 143102  
Salt Lake City, UT 84114-3102

16. [REDACTED]

17. DATE RECEIVED

**December 17, 2013**

18. DATE APPROVED

**January 24, 2014**

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

**January 1, 2014**

20. SIGNATURE OF REGIONAL OFFICIAL

**/s/**

21. TYPED NAME

**Richard C. Allen**

22. TITLE

**ARA, DMCHO**

23. REMARKS

PLAN APPROVED - ONE COPY ATTACHED

PRESCRIBED DRUG SERVICES

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LIMITATIONS

3. Drug Efficacy Study Implementation Project Drugs (DESI Drugs) as determined by the FDA to be less-than-effective are not a benefit of the Medicaid program.
4. Other drugs and/or categories of drugs as determined by the Utah State Division of Health Care Financing and listed in the Pharmacy Provider Manual are not a benefit of the Medicaid program.
5. In accordance with Utah Law 58-17b-606(4), when a multi-source legend drug is available in the generic form, reimbursement for the generic form of the drug will be made unless the treating physician demonstrates a medical necessity for dispensing the non-generic, brand-name legend drug. However, the Department of Health pharmacists may override the generic mandate provisions if a financial benefit will accrue to the state (See Utah Code 58-17b-606(5)).
6. The Division shall implement a preferred drug list for selected therapeutic drug classes beginning August 1, 2007. The therapeutic classes will be selected and a preferred drug or drugs for each therapeutic class implemented at the discretion of the Division.

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T.N. # 14-008

Approval Date 01/24/14

Supersedes T.N. # 13-001

Effective Date 1-1-14

PRESCRIBED DRUG SERVICES

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T.N. # 14-008

Approval Date 01/24/14

Supersedes T.N. # 13-001

Effective Date 1-1-14