
Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 13-03

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
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

May 3, 2013

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
State of Washington Health Care Authority
P.O. Box 45502
Olympia, WA 98504-5502


Dear Ms. Teeter and Ms. Lindeblad:

We have reviewed Washington's State Plan Amendment (SPA) 13-003, received in the Seattle Regional Office on March 12, 2013. This amendment proposes to exclude from coverage benzodiazepines for all conditions and barbiturates for the treatment of epilepsy, cancer and chronic mental health disorders for full benefit dual eligibles as Medicare Part D will provide this coverage.

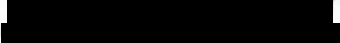
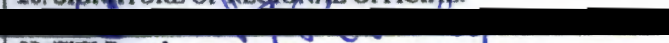
Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA WA 13-003 is approved with an effective date of January 1, 2013. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into the Washington state plan will be forwarded by the Seattle Regional Office.

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

Sincerely,


Larry Reed
Director
Division of Pharmacy

cc: Carol Peverly, ARA, Seattle Regional Office
Maria I. Garza, Seattle Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-03	2. STATE Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE Jan. 1, 2013	
5. TYPE OF PLAN MATERIAL (Check 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:		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 896,426 FFY 2013 (\$896,426) b. FFY 2014 \$ 896,426 FFY 2014 (\$896,426) P&I	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A pgs 32a, 32b Att. 3.1-B pgs 32a, 32b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 3.1-A pgs 32a, 32b Att. 3.1-B pgs 32a, 32b	
10. SUBJECT OF AMENDMENT: Pharmacy – Part D Benefit Change			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <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: Ann Myers Rules and Publications Legal and Administrative Services Health Care Authority 626 8 th Ave SE MS: 45504 Olympia, WA 98504-5504	
13. TYPED NAME: MaryAnne Lindeblad		17. DATE RECEIVED: MAR 12 2013	
14. TITLE: Medicaid Director		18. DATE APPROVED: May 3, 2013	
15. DATE SUBMITTED: 3-12-13		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2013		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: 4.30.13 The state authorizes a P&I change to box 7 to put parentheses around both figures to indicate savings.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. a. Prescribed Drugs (continued)

<u>Citation</u>	<u>Provision</u>
1935(d)(1)	In January 2006, the Medicaid agency ceased covering 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)	(a) 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.

X The following excluded drugs are covered:

- select (i) Agents when used for anorexia, weight loss, weight gain: progestin derivative appetite stimulant, androgenic agents
- no (ii) Agents when used to promote fertility
- no (iii) Agents when used for cosmetic purposes or hair growth
- select (iv) Agents when used for the symptomatic relief cough and colds: antitussives, expectorants, decongestants, nasal spray, and only the following generic, single ingredient formulations:
- Guaifenesin 100mg/5ml liquid or syrup;
 - Dextromethorphan 15mg/5ml liquid or syrup;
 - Pseudoephedrine 30mg or 60mg tablets;
 - Saline nasal spray 0.65%; and
 - Generic combination product: dextromethorphan-guaifenesin 10-100mg/5ml syrup, including sugar-free formulations.
- X (v) Prescription vitamins and mineral products, except prenatal vitamins and fluoride, for documented deficiency.
- select (vi) Nonprescription (OTC) drugs when determined by the department to be the least costly therapeutic alternative for a medically accepted indication:: analgesics/antipyretics, antacids, antibacterial topical preparations, antidiarrheals, antiemetic/antivertigo agents, antiflatulents, antihistamines, antitussives, decongestants, electrolyte replacements, emetics, expectorants, eye antihistamines, fluoride preparations, hyperglycemics, inhalation agents, insulins,

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. a. Prescribed Drugs (continued)

laxatives, lipotropics, nasal preparations, topical antifungals,
topical steroidal anti-inflammatories, topical antiparasitics

The Agency provides coverage of over-the-counter (OTC) tobacco cessation covered outpatient drugs for pregnant women regardless of age as recommended in "Treating Tobacco Use and Dependence – 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline, when the pregnant woman is participating in either an Agency-approved smoking cessation counseling program or counseling provided by her prescribing practitioner.

Over-the-counter drugs to promote smoking cessation will be covered for non-pregnant clients who are eighteen years of age or older and participating in an Agency-approved smoking cessation program.

none (vii) 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

X (viii) Barbiturates (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.)

X (ix) Benzodiazepines (Except for dual eligible individuals, effective January 1, 2013, as Part D will cover all indications.)

X (x) Agents when used to promote smoking cessation (drugs not eligible under Part D and are not covered for dual-eligible clients):

- FDA-approved prescription drugs to promote smoking cessation will be covered, consistent with FDA guidelines for non-pregnant clients who are eighteen years of age or older and participating in an Agency-approved smoking cessation program.
- The Agency provides coverage of prescription tobacco cessation covered outpatient drugs for pregnant women regardless of age as recommended in "Treating Tobacco Use and Dependence – 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline, when the pregnant woman is participating in either an Agency-approved smoking cessation counseling program or counseling provided by her prescribing practitioner.

 No excluded drugs are covered.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): ALL

12. a. Prescribed Drugs (continued)

Citation

Provision

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)

(a) 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.

X **The following excluded drugs are covered:**

select (i) Agents when used for anorexia, weight loss, weight gain:
Progestin derivative appetite stimulant, androgenic agents

No (ii) Agents when used to promote fertility

No (iii) Agents when used for cosmetic purposes or hair growth

select (iv) Agents when used for the symptomatic relief cough and colds:
antitussives, expectorants, decongestants, nasal spray, and only the following generic, single ingredient formulations:

- Guafenesin 100mg/5ml liquid or syrup;
- Dextromethorphan 15mg/5ml liquid or syrup;
- Pseudoephedrine 30mg or 60 mg tablets;
- Saline nasal spray 0.65%; and
- Generic combination product:dextromethorphan-guaifenesin 10-100mg/5ml syrup, including sugar-free formulations.

X (v) Prescription vitamins and mineral products, except prenatal vitamins and fluoride for documented deficiency

select (vi) Nonprescription (OTC) drugs when determined by the department to be the least costly therapeutic alternative for a medically accepted indication: analgesics/antipyretics, antacids, antibacterial topical preparations, antidiarrheals, antiemetic/antivertigo agents, antiflatulents, antihistamines, antitussives, decongestants, electrolyte replacements, emetics, expectorants, eye antihistamines, fluoride preparations, hyperglycemics, inhalation agents, insulins,

[Back to TOC](#)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO THE
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The Agency provides coverage of over-the-counter (OTC) tobacco cessation covered outpatient drugs for pregnant women regardless of age as recommended in "Treating Tobacco Use and Dependence – 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline, when the pregnant woman is participating in either an Agency-approved smoking cessation counseling program or counseling provided by her prescribing practitioner.

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X (x) Agents when used to promote smoking cessation (drugs not eligible under Part D and are not covered for dual eligible clients):

- FDA-approved prescription drugs to promote smoking cessation will be covered, consistent with FDA guidelines, for non-pregnant clients who are eighteen years of age or older and participating in an Agency-approved smoking cessation program.
- The Agency will provides coverage of prescription and over-the-counter (OTC) tobacco cessation covered outpatient drugs for pregnant women regardless of age as recommended in "Treating Tobacco Use and Dependence – 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline, when the pregnant woman is participating in either an Agency-approved smoking cessation counseling program or counseling provided by her prescribing practitioner.

 No excluded drugs are covered.