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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 24-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) 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

Medicaid Benefits and Health Programs Group

July 12, 2024

Traylor Rains
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

re: Oklahoma State Plan Amendment (SPA) 24-0009

Dear Traylor Rains:

The CMS Division of Pharmacy team has reviewed Oklahoma's SPA 24-0009, received in the CMS Medicaid Services OneMAC application on May 21, 2024. This amendment proposes to remove the list of specific drug categories for prescription drugs under EPSDT, as well as add language that states that certain prescription drugs are exempt from the prescription quantity limitations and will be listed on the agency's website.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you OK-24-0009 is approved with an effective date of April 1, 2024. We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Oklahoma's state plan.

If you have any questions regarding this state plan amendment, please contact Desiree Elekwa Izuakor at 667-290-9590 or desiree.elekwaizuakor@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Cynthia R. Denemark.

Cynthia R. Denemark, R.Ph.
Director, Division of Pharmacy

cc: Heather Cox, Oklahoma Health Care Authority
Kasie McCarty, Oklahoma Health Care Authority
Sean Webster, Oklahoma Health Care Authority
Stacey Steiner, CMS, Oklahoma State Lead

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 9

2. STATE

O K

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

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.120 & 440.230

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY 2024 \$ 0
b FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 5a-1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A, Page 5a-1; TN # 24-0003B

9. SUBJECT OF AMENDMENT

State Plan Amendment to remove the list of specific exemptions to the prescription limit policy. The list will be maintained on the agency's website.

10. 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:
The governor's office does not review state plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Traylor Rains

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
May 21, 2024

15. RETURN TO

Oklahoma Health Care Authority
Attn: Traylor Rains
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

cc: Kasie McCarty; Heather Cox, Sean Webster

FOR CMS USE ONLY

16. DATE RECEIVED
May 21, 2024

17. DATE APPROVED
July 12, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2024

19. [REDACTED] AL

20. TYPED NAME OF APPROVING OFFICIAL
Cynthia R. Denmark, R.Ph

21. [REDACTED]
Director, Division of Pharmacy

22. REMARKS

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED CATEGORICALLY NEEDY**

-
- 12a. **Prescribed drugs, dentures, and prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

Prescription Drugs**Payment:**

Payment is made from Title XIX funds to pharmacies with whom the Agency has a contract on behalf of categorically needy recipients up to a maximum of six (6) prescriptions (new or refill) with a limit of two (2) brand name per month per eligible recipient. A brand limit override is available for one additional brand prescription based on medical necessity and established criteria. The policy regarding the monthly two (2) brand name limitation and the one (1) brand limit override is effective January 1, 2012.

Exceptions:

- (1) For persons served by a 1915(c) home and community based services waiver, payment is made from Title XIX funds for up to a maximum of six (6) prescriptions (new or refill) with a limit of three (3) brand name per month per eligible recipient.
- (2) Prescription drugs under EPSDT are not limited to either the six (6) prescriptions per month or the two (2) brand name drugs per month limit when medically necessary.
- (3) Certain prescription drugs are exempt from the six (6) prescriptions per month and two (2) brand name drugs per month limit. A complete list of the selected drugs exempt from monthly limits can be viewed on the agency's website.

Limitations:

- (1) Prescription quantities are limited to a 34 day supply unless (1) the medication is included in the Maintenance Drug List, in which case, a 90 day supply may be dispensed or (2) the drug has a recommended dispensing quantity less than either of those limits. Drug classes listed on the Maintenance Drug List include anticoagulation, asthma, diabetic, hormone, cardiovascular, thyroid, and seizure. A complete list of the selected drugs included on the Maintenance Drug List can be viewed on the agency's website.
- (2) Some prescription drugs may require prior authorization as determined by the Drug Utilization Review Board (DUR).
- (3) Only prescription drugs whose manufacturers have a rebate agreement with CMS are covered.
- (4) Investigational drugs are not covered, including FDA approved drugs being used in post-marketing studies.

Prior Authorization

The prior authorization process provides for a response by telephone or other telecommunications device within 24 hours of receipt of a completed prior authorization request. In emergency situations, providers may be reimbursed for a 72 hour supply of medication.