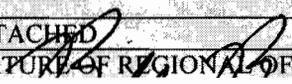


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2011-002	2. STATE ARKANSAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2011	
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: 42 CFR 440.120		7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$-0- b. FFY 2012 \$-0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 5a Attachment 3.1-B, Page 4g		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 5a, Approved 6-26-07, TN 07-09 Attachment 3.1-B, Page 4g, Approved 6-26-07, TN 07-09	
10. SUBJECT OF AMENDMENT: Based on a mandate from CMS, the verbiage on the attached pages has been revised. These revisions do not change Medicaid coverage or reimbursement of any product. The revisions have been made to more accurately reflect current prescription drug policy and to comply with instructions received by CMS.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <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: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: LeAnn Edwards	
13. TYPED NAME: Eugene I. Gessow			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: December 22, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 22 December, 2010		18. DATE APPROVED: 4 March, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 5a

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2011

CATEGORICALLY NEEDY

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

a. Prescribed Drugs

- (1) Each recipient age 21 or older may have up to six (6) prescriptions each month under the program. The first three prescriptions do not require prior authorization. The three additional prescriptions must be prior authorized. Family Planning, tobacco cessation and EPSDT prescriptions do not count against the prescription limit.
- (2) 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.
- (3) The Medicaid agency provides coverage, to the same extent that it provides coverage for all Medicaid recipients, for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses – with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 C.F.R. §423.104 (f) (1) (ii) (A) – to full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D.

The following excluded drugs, set forth on the Arkansas Medicaid Website (www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scrinfo.aspx#1927d), are covered:

- a. select agents when used for weight gain:
Androgenic Agents
 - b. select agents when used for the symptomatic relief of cough and colds:
Antitussives; Antitussive-Decongestants; Antitussive-Expectorants
 - c. select prescription vitamins and mineral products, except prenatal vitamins and fluoride:
B 12; Folic Acid, Vitamin K
 - d. select nonprescription drugs:
Antiarthritics; Antibacterials and Antiseptics; Antitussives; Antitussives-Expectorants; Analgesics; Antipyretics; Antacids; Antihistamines; Antihistamine-Decongestants; Antiemetic/Vertigo Agents; Gastrointestinal Agents; Hematinics; Laxatives; Ophthalmic Agents; Sympathomimetics; Topical Antibiotics; Topical Antifungals; Topical Antiparasitics; Vaginal Antifungals;
 - e. all barbiturates
 - f. all benzodiazepines
 - g. prescription and non-prescription products for smoking cessation:
Nicotine Gum; Nicotine Patches; Generic Zyban, Varenicline
- (4) The State will reimburse only for the drugs of pharmaceutical manufacturers who have entered into and have in effect a rebate agreement in compliance with Section 1927 of the Social Security Act, unless the exceptions in Section 1902(a)(54), 1927(a)(3) or 1927(d) apply. The State permits coverage of participating manufacturers' drugs, even though it may be using a formulary or other restrictions. Utilization controls will include prior authorization and may include drug utilization reviews. Any prior authorization program instituted after July 1, 1991 will provide for a 24-hour turnaround from receipt of the request for prior authorization. The prior authorization program also provides for at least a 72 hour supply of drugs in emergency situations.

SUPERSEDES: TN- 07-09

STATE <u>Arkansas</u>	A
DATE REC'D <u>12-22-10</u>	
DATE APPV'D <u>3-4-11</u>	
DATE EFF <u>1-1-11</u>	
HCFA 179 <u>11-02</u>	

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2011

MEDICALLY NEEDY

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