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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 12-12 Pharm

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 S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services
Disabled and Elderly Health Programs Group

SEP 25 2012

OCT 05 2012

Andrew Allison, Ph.D.
Director
Division of Medicaid Services
PO Box 1437, Slot S295
Little Rock, AR 72203-1437

Dear Dr. Allison:

We have reviewed Arkansas State Plan Amendment (SPA) 12-12, Prescribed Drugs, received in the Regional Office on July 19, 2012. This amendment updates the state plan to comply with section 1860D-2(e)(2)(A) of the Act, as amended by a Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA), which requires Part D drug coverage of barbiturates used in the treatment of epilepsy, cancer, or a chronic mental health disorder and benzodiazepines effective January 1, 2013.

Barbiturates and benzodiazepines are among the excluded drugs that a state can elect to cover for its Medicaid beneficiaries. Since the coverage of barbiturates under Part D is limited to the treatment of epilepsy, cancer or a chronic mental health disorders, through SPA 12-12 the state has indicated that it will continue to cover barbiturates to the extent it covers that drug for a condition other than the three covered by Part D. The coverage of benzodiazepines under Part D is inclusive of all indications so state coverage will only be for non-dually eligible beneficiaries. We are pleased to inform you that the amendment is approved, effective January 1, 2013.

A copy of the HCFA-179 form, as well as the pages approved for incorporation into the Arkansas state plan, will be forwarded by the Dallas Regional Office. If you have any questions regarding this amendment, please contact Wendy Tuttle at (410) 786-8690.

Sincerely,


Larry Reed
Director
Division of Pharmacy

cc: Bill Brooks, ARA, DMCHO, Dallas Regional Office
Stacey Shuman, Dallas Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2012-012	2. STATE ARKANSAS
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 January 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: Section 1860D-2(e)(2)(A) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2013 (\$631,530) b. FFY 2014 (\$842,040)	
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 03-04-11, TN 11-02 Attachment 3.1-B, Page 4g, Approved 03-04-11, TN 11-02	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to comply with Section 1860D-2(e)(2)(A) of the Social Security Act to exclude the coverage of barbiturates and benzodiazepines for the dual eligible population.			
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: Andrew Allison, PhD			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: July 19, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 19 July, 2012		18. DATE APPROVED: 25 September, 2012	
PLAN APPROVED - ONE COPY AS			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2013		20. SIGNATURE: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2013

MEDICALLY 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

SUPERSEDES: TN- 11-02

- (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/scripinfo.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 (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 per 1860D-2(e)(2)(A) of the Social Security Act, as amended by Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA)
- f. all benzodiazepines (Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications per 1860D-2(e)(2)(A) of the Social Security Act, as amended by Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA)
- g. prescription and non-prescription products for smoking cessation:
Nicotine Gum; Nicotine Patches; Generic Zyban, Varenicline

A	
STATE	ARKANSAS
DATE REC'D	7-19-12
DATE APP'D	9-25-12
DATE EFF	1-1-13
HCFA 179	12-12

- (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.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2013

CATEGORICALLY NEEDY

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HCEA	179 12-12

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B 12; Folic Acid, Vitamin K
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