

Table of Contents

State/Territory Name: Arizona

State Plan Amendment (SPA)#: 14-007

This file contains the following documents in the order, listed:

- 1) Approval Letter
- 2) 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

April 15, 2014

Monica Coury
Assistant Director
Arizona Health Care Cost Containment System
801 E. Jefferson Street,
MD#4200
Phoenix, AZ, 85034

Dear Ms. Coury,

We have reviewed Arizona's State Plan Amendment (SPA) 14-007 received in the San Francisco regional office on March 17, 2014. This amendment proposed a removal of the optional coverage of benzodiazepines, barbiturates and smoking cessation medications from the excludable drug category. This change would make these drug categories covered for Arizona's Medicaid beneficiaries.

We are pleased to inform you that the amendment is approved with an effective date of January 1, 2014. A copy of the CMS-179 form, as well as the page(s) approved for incorporation into the Arizona state plan, will be forwarded by the San Francisco regional office. If you have any questions regarding this amendment, please contact Emeka Egwim at (410) 786-1092.

Sincerely,

/s/

Kim Howell
Acting Director
Division of Pharmacy

cc: Gloria Nagle, ARA, San Francisco Regional Office
Tyler Sadwith, San Francisco Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 14-007	2. STATE Arizona
FOR: Centers for Medicare and Medicaid Services		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2014	
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 1927(d)(2) and 1927(d)(7) of the Social Security Act		7. FEDERAL BUDGET IMPACT: N/A	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A, pg. 12 Attachment 3.1A, pg. 13		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same	
10. SUBJECT OF AMENDMENT: Updates the State Plan to remove barbiturates, benzodiazepines and agents used to promote tobacco cessation			
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: Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME: Monica Coury			
14. TITLE: Assistant Director			
15. DATE SUBMITTED: 3-17-14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 17, 2014		18. DATE APPROVED: April 15, 2014	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Gloria Nagle, Ph.D, MPA		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency ARIZONA

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEED

Citation(s)	Provision(s)
1927(d)(2) and 1935(d)(2)	<p>1. 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.</p> <p>The following excluded drugs are covered:</p> <ul style="list-style-type: none"> <input type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below) <input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below) <input type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below) <input type="checkbox"/> (d) agents when used for symptomatic relief of cough and colds (see specific drug categories below) <input type="checkbox"/> (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific drug categories below) <input checked="" type="checkbox"/> (f) nonprescription drugs (see specific drug categories below)

TN No. 14-007
 Supercedes
 TN No. 05-003

Approval Date: April 15, 2014Effective Date: January 1, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency ARIZONA

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEED

Citation(s)	Provision(s)
1927(d)(2) and 1935(d)(2)	<input type="checkbox"/> (g) 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 (see specific drug categories below)

(The Medicaid agency lists specific category of drugs below)

Medicaid continues to cover non-prescription medications in accordance with AHCCCS medical policy: an over-the-counter medication in place of a covered prescription medication, that is clinically appropriate, equally safe and effective, and less costly than the covered prescription medication.

 No excluded drugs are covered

TN No. 14-007
 Supercedes
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