

CT SPA 15-0041

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

May 16, 2018

Roderick Bremby, Commissioner  
Department of Social Services  
25 Sigourney Street  
Hartford, Connecticut 06106

Dear Mr. Bremby:

On April 30, 2018, our Central Office sent you a letter approving your proposed State Plan amendment (SPA) No. 15-041. This letter transmits via e-mail the Transmittal and Notice of Approval State Plan Material (CMS-179) and the approved State Plan pages.

In SPA 15-041, the state proposes to amend Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan to pay for an original prescription and as many refills as ordered by a licensed authorized practitioner covering a maximum period of twelve months (extended from six months). This change does not apply to those items that fall within the Controlled Substances Act, which are governed by 21 USC Section 829(b) and section 21 a-249h of the Connecticut General Statutes.

Changes are reflected in the following sections of your approved State Plan:

- Addendum page 11 to Attachment 3.1A
- Addendum page 11 to Attachment 3.1B

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,

/S/

Richard R. McGreal  
Associate Regional Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
15-041

2. STATE: CT

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:  
August 1, 2015

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
Section 1905(a)(12) of the Social Security Act  
42 C.F.R. § 440.120

7. FEDERAL BUDGET IMPACT:  
a. FFY 2015 \$300 (cost)  
b. FFY 2016 \$3,300 (cost)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Addendum Pages 11 to Attachment 3.1-A  
Addendum Pages 11 to Attachment 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (if applicable)

Addendum page 11 to Attachment 3.1-A  
Addendum page 11 to Attachment 3.1B

10. SUBJECT OF AMENDMENT: Effective August 1, 2015, SPA 15-041 amends Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan to pay for an original prescription and as many refills as ordered by a licensed authorized practitioner covering a maximum period of twelve months (extended from six months). This change does not apply to those items that fall within the Controlled Substances Act, which are governed by 21 USC Section 829(b) and section 21a-249h of the Connecticut General Statutes.

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/S/

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED: September 29, 2015

16. RETURN TO:

State of Connecticut  
Department of Social Services - 9<sup>th</sup> Floor  
55 Farmington Avenue  
Hartford, CT 06105-3724

Attention: Ginny Mahoney

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 29, 2015

18. DATE APPROVED: April 30, 2018

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
August 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:  
/S/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

23. REMARKS: Pen and ink changes to Box 8, 9, and 10 approved by State

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State CONNECTICUT**

**AMOUNT, DURATION & SCOPE OF SERVICES PROVIDED TO CATEGORICALLY NEEDY GROUP(S): ALL**

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- (4) 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.

The following drugs or classes of drugs are excluded from coverage by the Medicaid agency, except the drugs checked, for which the Medicaid agency provides coverage, as described below, to ALL Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D:

- ☒ Agents when used for anorexia, weight loss, weight gain  
(Weight gain medications, anabolic steroids, growth hormones only)
- ☐ Agents when used to promote fertility
- ☐ Agents when used for cosmetic purposes or hair growth
- ☒ Agents when used for the symptomatic relief of cough and colds
- ☒ Prescription vitamins and mineral products, except prenatal vitamins and fluoride
- ☒ Nonprescription drugs on the OTC formulary; and low-dose aspirin covered for men ages 45 to 79 years, women who are pregnant, and women ages 55 to 79 years when the potential benefit outweighs the potential harm.  
(OTC formulary includes the following drugs for all clients: Antacids, H2 Receptor inhibitors, nasal mast stabilizer, laxatives, proton pump inhibitors, analgesis/antipyretics/NDAIDS, antihistamines, topical Antifungals, and vaginal Antifungals. OTC formulary includes the following drugs only covered for clients under age 21: cough, cold and allergy preparation; peak flow meters; and infant formulas).
- ☐ 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

- (5) **Certification of Brand Name Drugs**  
Reimbursement for multiple-source drugs for which CMS has designated a FUL is not limited to the FUL if a licensed authorized practitioner determines that a specific brand is medically necessary for a particular patient provided the requirements noted in section 5(a) are met.

- (6) **Prior Authorization Requirements:**  
PA shall be available in accordance with 1927(d)(5) of the Social Security Act. The state shall provide a response within two (2) hours upon a request for prior authorization. An automatic fourteen (14) day supply of medication shall be made available if no prior authorization has been requested and granted. In addition, a one-time five (5) day emergency supply shall be made available when the department representative has been contacted and no prior authorization has been requested and granted.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State CONNECTICUTAMOUNT, DURATION & SCOPE OF SERVICES PROVIDED TO MEDICALLY NEEDY GROUP(S): ALL

- (4) 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.

The following drugs or classes of drugs are excluded from coverage by the Medicaid agency, except the drugs checked, for which the Medicaid agency provides coverage, as described below, to ALL Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D:

- ☒ Agents when used for anorexia, weight loss, weight gain  
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