

Table of Contents

State/Territory Name: Florida

State Plan Amendment (SPA) #: 14-002

This file contains the following documents in the order listed:

- 1) RO Follow-Up Approval Letter
- 2) Pharmacy Approval Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 17, 2014

Mr. Justin Senior
Deputy Secretary for Medicaid
2727 Mahan Drive, MS#8
Tallahassee, Florida 32308

Attention: April Cook

RE: Title XIX State Plan Amendment (SPA), FL 14-002

Dear Mr. Senior:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on March 17, 2014. The State's requested effective date of January 1, 2014 has been accepted.

Enclosed for your records are:

1. a copy of the approval letter dated June 11, 2014 that was submitted to the State by Joseph L. Fine, Acting Director, Division of Pharmacy;
2. the original signed 179; and
3. the approved plan page.

If you have any additional questions or need further assistance, please contact Etta Hawkins at (404) 562-7429 or Etta.Hawkins@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

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

June 11, 2014

Justin M. Senior
Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32308
Attention: April Cook

Dear Mr. Senior:

We have reviewed Florida State Plan Amendment (SPA) 14-002, Dual Eligible Drug Benefit for Pharmacy, received in the Atlanta Regional Office on March 27, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act. Additionally, this amendment proposes to remove urinary analgesics and proton pump inhibitors from the list of nonprescription drugs that have been previously legend drugs that are covered.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 14-002 is approved with an effective date of January 1, 2014. A copy of the CMS-179 form, as well as the pages approved for incorporation into the Florida state plan, will be forwarded by the Atlanta Regional Office. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144.

Sincerely,

/s/

Joseph L. Fine
Acting Director
Division of Pharmacy

cc: Jackie Glaze, ARA, Atlanta Regional Office
Etta Hawkins, Atlanta Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2014-002	2. STATE Florida
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, 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 2502 of the Affordable Care Act amends section 1927(d)(2) of the Social Security Act and 1927(d)(7) of the Act		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2013-2014 (\$9) FFY 2014-2015 (\$3)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A pages 46-46a Attachment 3.1-B pages 45-45a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A pages 46-46a Attachment 3.1-B pages 45-45a	
10. SUBJECT OF AMENDMENT: Dual Eligible Drug Benefit for Pharmacy			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Reviewed by the Deputy Secretary for Medicaid who is the Governor's designee.	
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 th Floor Atlanta, Ga 30303-3159	
13. TYPED NAME: Jerry Dubberly			
14. TITLE: Chief, Division of Medicaid			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 04/03/13		18. DATE APPROVED: 09/13/13	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/13		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Charna R. Pettaway		22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with the following changes to item 7a, 7b, 8, 9 and 10 as authorized by State Agency e-mails dated 06/27/13 Block # 7a and 7b Changed to read: FFY 13 0 and FFY 14 0; Block # 8 Changed to read: Attachment 4.19-B pages 8.1 thru 8.11; Block # 9 Changed to read: Attachment 4.19-B pages 8.1 thru 8.11; Block #10 Changed to read: The purpose of this amendment is to extend Georgia's hospital provider fee which is set to expire June 30, 2013.			

Covered Legend Drugs:

Covered outpatient drugs are those produced by any manufacturer that has entered into and complies with an agreement under Section 1927(a) of the Act, and which are prescribed for a medically accepted indication. Drugs must be prescribed and dispensed in accordance with medically accepted indications for uses and dosages.

Coverage for immunizations is limited to the following recipients who are not covered by Medicare Part D:

- Influenza and pneumococcal vaccine for institutionalized recipients age 21 through 64 ; and
- Herpes Zoster (Shingles) vaccine for institutionalized recipients age 60 through 64

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 as provided by Section 1935 (d)(1) of the Act.

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.

As provided by Section 1927(d)(2) of the Act, certain outpatient drugs may be excluded from coverage. Those excluded are DESI drugs; experimental drugs; anorectics (unless prescribed for an indication other than obesity); non-legend drugs (except as specified below), aspirin, aluminum and calcium products used as phosphate binders, sodium chloride for specific medical indications; and any drugs for which the manufacturer has not entered into rebate agreements with the Department of Health and Human Services, the Veteran's Administration and the Public Health Service.

As provided by Section 1935(d)(2) of the ACT:

☒ **The following excluded drugs are covered:**

- ☐ (a) agents when used for anorexia, weight loss, weight gain
- ☒ *None of the drugs under this drug class are covered*
- ☐ (b) agents when used to promote fertility
- ☒ *None of the drugs under this drug class are covered*
- ☐ (c) agents when used for cosmetic purposes or hair growth
- ☒ *None of the drugs under this drug class are covered*
- ☒ (d) agents when used for the symptomatic relief cough and colds
- ☒ *Some drugs categories covered under the drug class*
 - Legend cough and cold preparations, including antitussives, decongestants, and expectorants are covered for recipients under the age of 21 years.
 - Legend or OTC single entity guaifenesin products are covered for all recipients.
- ☒ (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride.

Amendment 2014-002
Effective 01/01/2014
Supersedes 2013-001
Approved 06-11-14

- ☒ *Some drug categories covered under the drug class*
 - Legend vitamin and mineral products are covered for dialysis patients.
- ☒ (f) nonprescription drugs
- ☒ *Some drug categories covered under the drug class*
 - Aspirin; 650mg acetaminophen tablets; aluminum and calcium products used as phosphate binders; sodium chloride for specific medical indications for all recipients

When prescribed the following OTC medications that have previously been legend drugs are covered:

 - Topical antiparasitics
 - Vaginal antifungals
 - OTC single-entity antihistamines (Loratidine and Cetirizine with age restrictions on liquids) and antihistamine-decongestant combinations (Loratidine D and Cetirizine D with age restrictions on liquids).
- ☐ (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
- ☒ *None of the drugs under this drug class are covered*

Drug Rebate Agreement: The state is in compliance with Section 1927 of the Act. Based on the requirements for Section 1927 of the Act, the state has the following policies for drug rebate agreements:

- The drug file permits coverage of participating manufacturers' drugs.
- Compliance with the reporting requirements for state utilization information and restrictions to coverage.

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