

# **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #:14-007**

This file contains the following documents in the order listed:

- 1) Cover Letter
- 2) Approval Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

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**

---

March 10, 2016

Mary C. Mayhew, Commissioner  
Department of Health and Human Services  
11 State House Station  
221 State Street  
Augusta, Maine 04333-0011

Dear Commissioner Mayhew:

We are pleased to enclose a copy of approved Maine State Plan Amendment (SPA) No. 14-007, which was submitted to my office on March 27, 2014. This SPA transmitted a proposed amendment to Maine's approved Title XIX State Plan to amend the pharmacy coverage section of the state plan. As requested by the State, the SPA has been approved effective January 1, 2014.

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

- Attachment 3.1A, pages 5 and 5.1.

If you have any questions you may contact Aimee Campbell-O'Connor at (617) 565-1642 or by email at [Aimee.Campbell-Oconnor@cms.hhs.gov](mailto:Aimee.Campbell-Oconnor@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of MaineCare Services  
John M. Coster, Director, CMS, Division of Pharmacy

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

March 10, 2017

Mary C. Mayhew, Commissioner  
Department of Health and Human Services  
Commissioner's Office  
11 State House Station  
Augusta, Maine 04333-001

Dear Commissioner Mayhew:

We have reviewed the Maine State Plan Amendment (SPA) 14-007 submitted to the Boston 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.

Based on the information provided, we are pleased to inform you that SPA 14-007 is approved with an effective date of January 1, 2014. A copy of the signed CMS-179 form as well as the pages approved for incorporation into the Maine state plan will be forwarded by the Boston Regional Office.


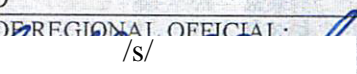
If you have any questions regarding this SPA, please contact Renee Hilliard at (410) 786-2991.

Sincerely,

/s/

John Coster, Ph.D., RPh.  
Director, Division of Pharmacy

cc: Rich McGreal, ARA, Boston Regional Office

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 14-007	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 ( <i>Check One</i> ): <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: SECTIONS 2502 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, P.L. 111-148 ; SECTION 1927(D)(2) AND SECTION 1927(D)(7) OF THE SOCIAL SECURITY ACT		7. FEDERAL BUDGET IMPACT: a. FFY <u>2014</u> increase of \$ <u>772,502.90</u> b. FFY <u>2015</u> increase of \$ <u>1,033,306.50</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachement 3.1-A Pages <del>5a, 5b, 5c</del> 5 and 5.1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachement 3.1-A Pages <del>5a, 5b, 5c</del> 5 and 5.1	
10. SUBJECT OF AMENDMENT: PHARMACY SERVICES - COVERAGE OF BARBITURATES, BENZODIAZEPINES, AND ALL DRUGS USED FOR SMOKING CESSATION			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Commissioner, Dept. of Health and Human Services <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  /s/		16. RETURN TO:  Stefanie Nadeau Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
13. TYPED NAME: Mary C. Mayhew		14. TITLE: Commissioner, Department of Health and Human Services	
15. DATE SUBMITTED: 03-27-2014		17. DATE RECEIVED: 3/27/14	
<b>FOR REGIONAL OFFICE USE ONLY</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14		18. DATE APPROVED: 3/10/17	
PLAN APPROVED – ONE COPY ATTACHED			
21. TYPED NAME: Richard McGreal		20. SIGNATURE OF REGIONAL OFFICIAL:  /s/	
23. REMARKS: Boxes 8 and 9- page numbering changes with SPA 12-007 approved after submission of this SPA, necessitated an update to the 179 so that the pagination would be consistent with previously approved pages and the states updated submission for 14-007. The state approved pen and ink updates to the 179.		22. TITLE: Associate Regional Administrator	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHMENT TO  
ATTACHMENT 3.1-A PAGE 5

State/Territory: Maine

OFFICIAL

**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

---

Item 12a Prescribed Drugs

Limited to prescribed medications, including certain prescribed over-the-counter drugs.

Mandatory Generic Substitution:

Effective July 1, 2012 the Department shall require substitution for a brand-name drug of a generic and therapeutically equivalent drug, absent prior authorization from the Department. If the prescriber has indicated that the brand-name drug must be dispensed and that the brand-name drug is medically necessary, the Department may authorize based upon its review for medical necessity.

Exemptions from mandatory substitution:

The Department shall grant prior authorization, without determining the medical necessity of a brand-name drug, on the basis of these exemptions:

1. Brand-name drugs for children under the age of eighteen (18);
2. Pregnant women;
3. Brand-name drugs required by federal law;
4. Brand-name drugs for the treatment of cancer;
5. Brand-name drugs for treatment of HIV or AIDS;
6. Brand-name antipsychotic drugs;
7. Brand-name drugs that have been determined by the Department to be more cost-effective for the Department than a generic and therapeutically equivalent drug.

The Department shall grant prior authorization without determining the medical necessity of a brand-name drug on the basis of these exemptions, except where federal upper limits of payment apply.

If there is a FUL established, the prescriber must handwrite "brand medically necessary" on the actual script or use an electronic alternative in accordance to the guidelines established by the National Council for Prescription Drug Programs.

The Department will reimburse providers for active pharmaceutical ingredients (APIs) and excipients used in extemporaneously compounded drugs. The following website specifies the active pharmaceutical ingredients covered by the state: <http://www.mainearepdl.org/>.

---

TN No. 14-007

Supersedes

Approval Date: 3/10/17

Effective Date: 1/1/2014

TN No. 12-007

State/Territory: Maine

---

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 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:

The following excluded drugs are covered:

- Drugs when used for anorexia, weight loss, weight gain

*(None)*

- Drugs when used to promote fertility

*(None)*

- Drugs when used for cosmetic purposes or hair growth

*(None)*

- Drugs when used for the symptomatic relief of cough and colds

*Systemic decongestants, topical decongestants, antitussive-expectorants*

- Prescription vitamins and mineral products

- Non-prescription drugs (Over-the-Counter)

*Analgesic; antiasthmatics; otic agents; gastro intestinal (GI) agents including GI-anti-flatulents, GI stimulants, GI-antidiarrheal/antacids, antiperistaltic agents, GI-digestive enzymes, GI-H2-Antagonists, GI,-misc. and GI-proton pump inhibitors; NSAIDS; Ophthalmic artificial tears and lubricants; other antihistamines; topical antifungals; topical corticosteroids; topical anesthetics; and iron.*

---

TN No. 14-007

Supersedes

Approval Date: 3/10/17

Effective Date: 1/1/2014

TN No. 13-013