

12.a. Prescribed drugs. (continued)

3. The following categories of drugs are covered with limitations pursuant to §1927(d)(2):
- a) Agents when used for the symptomatic relief of cough and colds must be listed in the Department's "Minnesota Health Care Programs Provider Manual," on a remittance advice message, or in a Department-issued provider update.
  - b) Prescription vitamins and mineral products for children, pregnant and nursing women, and recipients with documented vitamin deficiencies. The limitations do not apply to fluoride treatments. Prenatal vitamins are restricted to pregnant and nursing women.

Notwithstanding the above paragraph, some vitamins and mineral products are available for the treatment or prevention of certain diseases:

- 1)niacin;
- 2)calcium and calcium/vitamin D; and
- 3)generic preparations equivalent to Ocuвите.

4. Medicaid does not cover drugs or active pharmaceutical ingredients when used for the treatment of sexual or erectile dysfunction. Sexual or erectile dysfunction drugs and active pharmaceutical ingredients are covered when used for the treatment of other conditions or indications approved by the FDA.
5. Medicaid 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.

12.a. Prescribed drugs. (continued)

**Prior Authorization:**

- A. The following requirements, found in §1927(d)(5) of the Act, are met:
- The prior authorization program provides a response by telephone or other telecommunication device within 24 hours of a request.
  - The prior authorization program provides for the dispensing of at least a 72-hour supply of a covered drug in an emergency situation (except for those drugs that are excluded or restricted from coverage, as noted above).
- B. Prior authorization, for a period of not more than 180 days, may automatically be required for drugs approved by the FDA on or after July 1, 2005. The 180-day period begins no later than the first day that a drug is available for shipment to pharmacies within Minnesota. The Department's Drug Formulary Committee will establish general authorization criteria to be used during the 180-day period.
- C. Based on the requirements in §1927, the State has the following policies for the supplemental drug rebate program for Medicaid recipients:
1. CMS has authorized the State of Minnesota to enter into the Michigan Multi-State Pooling Agreement (MMSPA) also referred to as the National Medicaid Pooling Initiative (NMPI) for drugs provided to Medicaid beneficiaries. The NMPI Supplemental Rebate Agreement (SRA) and the amendment to the SRA submitted to CMS on April 30, 2004 have been authorized for pharmaceutical manufacturers' existing agreements through their current expiration dates. The updated NMPI SRA submitted to the CMS on January 29, 2008, has been authorized for renewal and new agreements with pharmaceutical manufacturers for drugs provided to Medicaid beneficiaries.
  2. Supplemental drug rebates received by the State in excess of those required under the national drug rebate agreement will be shared with the Federal government on the same percentage basis as applied under the national drug rebate agreement.
  3. Manufacturers with supplemental rebate agreements are allowed to audit utilization data.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: Minnesota Department of Human Services

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

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Citation(s)

Provision(s)

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~~§1935(d)(1)~~

~~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.~~

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TN No. 13-02

Supersedes

TN No. 05-09

Approval Date 6/20/13

Effective Date 01/01/13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: Minnesota Department of Human Services

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

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Citation(s)	Provision(s)
§1927(d)(2) §1935(d)(2)	1. <del>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.</del>
	<del><b>x</b> The following excluded drugs are covered:</del>
	■ <del>(a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)</del>
	□ <del>(b) agents when used to promote fertility (see specific drug categories below)</del>
	□ <del>(c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)</del>
	■ <del>(d) agents when used for the symptomatic relief of cough and colds (see specific drug categories below)</del>
	■ <del>(e) prescription vitamins and mineral products (note that prenatal vitamins and fluoride are currently covered) (see specific drug categories below)</del>
	■ <del>(f) nonprescription drugs (see specific drug categories below)</del>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: Minnesota Department of Human Services

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT  
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Citation(s)	Provision(s)
<del>§1927(d)(2) §1935(d)(2)</del>	<del><input type="checkbox"/> (g) covered outpatient drugs that 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)</del>
	<del><input checked="" type="checkbox"/> (h) barbiturates (see specific drug categories below)</del>
	<del><input checked="" type="checkbox"/> (i) benzodiazepines (see specific drug categories below)</del>

Specific Drug Categories

- ~~(a) drugs used to promote weight gain only~~
- ~~(d) certain cough suppressants, expectorants, antihistamines and decongestants~~
- ~~(e) multivitamins, folic acid, vitamin D analogs~~
- ~~(f) cough suppressants, expectorants, antihistamines, decongestants, proton pump inhibitors, antacids, laxatives, antidiarrheals, pediculocides, vitamins and minerals, lactase, topical antiseptics, topical corticosteroids, anti-aene drugs, artificial tears, saline nasal sprays, topical antifungals, analgesics~~
- ~~(h) all barbiturates~~
- ~~(I) all benzodiazepines~~

~~No excluded drugs are covered.~~

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Supersedes  
TN No. 05-09

Approval Date 6/20/13

Effective Date 01/01/13

STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: January 1, 2013

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TN: 13-02

Approved: 6/20/13

Supersedes: 12-19 (05-09, 04-09, 03-36)

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STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: January 1, 2013

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Supersedes: 12-19 (08-01, 05-09, 04-09, 03-36)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: Minnesota Department of Human Services

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

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Citation(s)

Provision(s)

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TN No. 13-02

Supersedes

TN No. 05-09

Approval Date 6/20/13

Effective Date 01/01/13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: Minnesota Department of Human Services

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT  
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TN No. 13-02  
Supersedes  
TN No. 05-09

Approval Date 6/20/13

Effective Date 01/01/13

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: Minnesota Department of Human Services

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

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~~(h) all barbiturates~~  
~~(i) all benzodiazepines~~

No excluded drugs are covered.TN No. 13-02

Supersedes

Approval Date 6/20/13Effective Date 01/01/13TN No. 05-09