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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 20-0009-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

February 21, 2020

Melody Anthony, State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Dear Mrs. Anthony:

The CMS Division of Pharmacy team has reviewed Oklahoma's State Plan Amendment (SPA) 20-0009-A received in the Dallas Regional Operations Group on December 13, 2019. This SPA removes monthly prescription limit for drugs that require frequent monitoring. In addition, it increase prescription quantity for drugs within the maintenance drug list from 100 dosage units to a 90-day supply per claim.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 20-0009-A is approved with an effective date of January 1, 2020. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Oklahoma's state plan will be forwarded by the Dallas Regional Operations Group.

If you have any questions regarding this amendment, please contact Mickey Morgan at (410) 786-4048 or mickey.morgan@cms.hhs.gov.

Sincerely,

/s/

Cynthia R. Denemark, R.Ph.
Deputy Director
Division of Pharmacy

cc: Terry Cothran, Pharmacy Director, Oklahoma Health Care Authority
Sandra Manzo de Puebla, Oklahoma Health Care Authority
Kasie McCarty, Oklahoma Health Care Authority
Bill Brooks, Director, CMS Regional Operations Group
Stacey Shuman, CMS Regional Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 00 09 A

2. STATE

Oklahoma

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2020

5. TYPE OF 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

42 CFR 440.120

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 187,725

b. FFY 2021 \$ 257,769

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 5a-1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Attachment 3.1-A, Page 5a-1; TN # 16-030

10. SUBJECT OF AMENDMENT

- Remove monthly prescription limit for drugs that require frequent monitoring, medication assisted treatment, naloxone, prenatal vitamins, and tobacco cessation products.

- Increase prescription quantity for drugs within the maintenance drug list from 100 dosage units to a 90-day supply per claim.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Melody Anthony

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

December 13, 2019

16. RETURN TO

Oklahoma Health Care Authority

Attn: Maria Maule

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

December 13, 2019

18. DATE APPROVED

February 21, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

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

-
- 12a. **Prescribed drugs, dentures, and prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.**

Prescription Drugs**Payment:**

Payment is made from Title XIX funds to pharmacies with whom the Agency has a contract on behalf of categorically needy recipients up to a maximum of six (6) prescriptions (new or refill) with a limit of two (2) brand name per month per eligible recipient. A brand limit override is available for one additional brand prescription based on medical necessity and established criteria. The policy regarding the monthly two (2) brand name limitation and the one (1) brand limit override is effective January 1, 2012.

Exceptions:

- (1) For persons served by a 1915(c) home and community based services waiver, payment is made from Title XIX funds for up to a maximum of six (6) prescriptions (new or refill) with a limit of three (3) brand name per month per eligible recipient.
- (2) Prescription drugs under EPSDT, antineoplastics, antiretroviral agents for persons diagnosed with acquired immune deficiency syndrome (AIDS)/human immunodeficiency virus (HIV), certain prescriptions which require frequent monitoring, contraceptives, medication assisted treatment, naloxone, prenatal vitamins, tobacco cessation products, and hemophilia drugs are not limited to either the six (6) prescriptions per month or the two (2) brand name drugs per month limit.

Limitations:

- (1) Prescription quantities are limited to a 34 day supply unless (1) the medication is included in the Maintenance Drug List, in which case, a 90 day supply may be dispensed or (2) the drug has a recommended dispensing quantity less than either of those limits. Drug classes listed on the Maintenance Drug List include anticoagulation, asthma, diabetic, hormone, cardiovascular, thyroid, and seizure. A complete list of the selected drugs included on the Maintenance Drug List can be viewed on the agency's website at www.okhca.org.
- (2) Some prescription drugs may require prior authorization as determined by the Drug Utilization Review Board (DUR).
- (3) Only prescription drugs whose manufacturers have a rebate agreement with CMS are covered.
- (4) Investigational drugs are not covered, including FDA approved drugs being used in post-marketing studies.

Prior Authorization

The prior authorization process provides for a response by telephone or other telecommunications device within 24 hours of receipt of a completed prior authorization request. In emergency situations, providers may be reimbursed for a 72 hour supply of medication.

Revised 01-01-20

TN# 20-0009 AApproval Date 02/21/2020Effective Date 01/01/2020Supersedes TN# 16-0030