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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-14-009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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 18, 2014

Teri Green
State Medicaid Agent
Division of Health Care Financing
6101 Yellowstone Road, Suite 210
Cheyenne, WY 82002

Dear Ms. Green:

We have reviewed the Wyoming State Plan Amendment (SPA) 14-009 received in the Denver Regional Office on March 21, 2014. This amendment proposes to remove the drug categories of barbiturates, benzodiazepines and smoking cessation drugs from the list of drugs that may be excluded or otherwise restricted from coverage from the state plan effective January 1, 2014 in accordance with the provisions of section 2502 of the Affordable Care Act which amends section 1927(d)(2) of the Social Security Act by removing barbiturates, benzodiazepines and agents used to promote smoking cessation from the list of drugs a state Medicaid program may exclude from coverage or otherwise restrict. This amendment also proposes to update the Sovereign State Drug Consortium (SSDC) Supplemental Rebate Agreement and remove language in the state plan referencing the Preferred Drug List Advisory Committee (PDLAC) which is being replaced with the Pharmacy and Therapeutics (P&T) Committee. Based on the information provided, we are pleased to inform you that SPA 14-009 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 state plan will be forwarded by the Denver Regional Office. If you have any questions regarding this amendment, please contact Madlyn Kruh at (410) 786-3239.

Sincerely,

/ s /

Joseph L. Fine
Acting Director
Division of Pharmacy

cc: Richard C. Allen, ARA, Denver Regional Office
Rebecca Burch Mack, Denver Regional Office
Chris Bass, Wyoming Management Assistant

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-009	2. STATE WYOMING
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*):

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 2502 of the Affordable Care Act Section 1927(d)(2) and Section 1927(d)(7) of the Act	7. FEDERAL BUDGET IMPACT: \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Section 12.a. Requirements Relating to Covered Outpatient Drugs for the Categorically Needy	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Pages 1-3

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to update Attachment 3.1-A, Section 12.a regarding the coverage for outpatient drugs in order to comply with section 2502 of the Affordable Care Act which amends section 1927(d)(2) of the Act by removing barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs a state Medicaid program may exclude from coverage. Additionally, through this amendment, language in the Supplemental Rebate Agreements section will be updated to remove reference to the Preferred Drug List Advisory Committee (PDLAC) which was replaced by the Pharmacy and Therapeutics (P&T) Committee.

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

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED: Delegated to Teri Green, State Medicaid Agent, Division of Healthcare Financing

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="text-align: center;">/s/</div>	16. RETURN TO: TERI GREEN STATE MEDICAID AGENT DIVISION OF HEALTHCARE FINANCING 6101 YELLOWSTONE ROAD, SUITE 210 CHEYENNE, WY 82002
13. TYPED NAME: TERI GREEN	CC: CHRIS BASS, MANAGEMENT ASSISTANT (SAME ADDRESS)
14. TITLE: STATE MEDICAID AGENT	
15. DATE SUBMITTED: 03/19/14	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/19/14	18. DATE APPROVED: 6/18/14
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19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/14	20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;">/s/</div>
21. TYPED NAME: Richard C. Allen	22. TITLE: ARA, DMCHO

REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wyoming

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

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
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.
1927(d)(2) and 1935(d)(2)	<p>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.</p> <p><input checked="" type="checkbox"/> The following excluded drugs are covered:</p> <p><i>(“All” drugs categories covered under the drug class)</i> <input checked="" type="checkbox"/></p> <p><i>(“Some” drugs categories covered under the drug class)</i> <input checked="" type="checkbox"/> <i>-List the covered common drug categories not individual drug products directly under the appropriate drug class)</i></p> <p><i>(“None” of the drugs under this drug class are covered)</i> <input type="checkbox"/></p> <p><input type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain</p> <p><input type="checkbox"/> (b) agents when used to promote fertility</p> <p><input type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth</p> <p><input checked="" type="checkbox"/> (d) agents when used for the symptomatic relief of cough and colds</p>

TN No. 14-009
Supersedes
TN No. 13-001

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wyoming

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY
12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
<input checked="" type="checkbox"/>	(e) prescription vitamins and mineral products, except prenatal vitamins and fluoride
<input checked="" type="checkbox"/>	(f) nonprescription drugs Over-the-counter medications covered include analgesics, antacids, antiflatulents, antihistamines, cough and cold products, laxatives, spermicides, sodium chloride for inhalation, topical antifungals, topical antibiotics, topical antiparasitics, topical anti-inflammatory agents, and antidiarrheals.
<input type="checkbox"/>	(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 (see specific drug categories below)

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

12.a. Prescribed Drugs: Description of Service Limitation

Drugs dispensed in quantities of more than a 34-day supply will not be allowed for payment with the exception of claims received for drugs that are identified as maintenance medications by the Division.

The State will cover erectile dysfunction drugs for FDA approved indications other than for sexual or erectile dysfunction.

Drugs when billed with a date of service such that 80% of the product from a previous bill would not have been utilized and/or an accumulation of the drug from previous refills exceeds a 15 day supply, or in cases where the drug billed is a narcotic that 90% of the product from a previous bill would not have been utilized and/or an accumulation of the drug from previous refills exceeds a 7 days supply except in situations where the Division determines that the early refill is medically necessary and authorizes an over-ride for the claim.

To increase the cost-effectiveness of dispensing habits, quantities of medication may be restricted if the Medical Services Division or the Drug Utilization Review (DUR) Board determines (a) an alternate method of dispensing would be medically appropriate and more cost-effective, or (b) the dose is not a medically accepted dose supported by citations in the compendia described in Section 1927 (g)(1)(B)(i) of OBRA '93.

Supplemental Rebate Agreements: Certain covered products in accordance with Section 1927 of the Social Security Act may not be among the baseline preferred drugs identified by the State of Wyoming's Pharmacy and Therapeutics (P&T) Committee for various therapeutic classes. The state may negotiate supplemental rebate agreements that would reclassify any drug not designated as preferred in the baseline listing for as long as the agreement is in effect.

In addition, the State has the following policies for the supplemental rebate program for the Medicaid population:

The state of Wyoming has entered into an agreement with the "Sovereign States Drug Consortium (SSDC)" Medicaid multi-State purchasing pool. Funds received from supplemental

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Attachment 3.1-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wyoming

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

12.a. Prescribed Drugs: Description of Service Limitation

rebate agreements will be reported to CMS. The state will remit the federal portion of any supplemental rebates collected. Manufacturers with supplemental rebate agreements are allowed to audit utilization data.

The unit rebate amount is confidential and cannot be disclosed in accordance with Section 1927 (b)(3)(D) of the Social Security Act.

The Wyoming Department of Health, Medicaid Pharmacy Services under the Division of Healthcare Financing may require prior authorization for covered outpatient drugs. Non-preferred drugs are available with prior authorization.

The prior authorization process for covered outpatient drugs will conform to the provisions of Section 1927 (d)(5) of the Social Security Act.

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