

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

December 20, 2021

Ms. Elizabeth Pitman
Director, Division of Medical Services
Office of Rules Promulgation
P.O. Box 1437, slot S295
Little Rock, AR 72203-1437

Dear Ms. Pitman:

The CMS Division of Pharmacy team has reviewed Arkansas's State Plan Amendment (SPA) 21-0009 received in the CMS Medicaid & CHIP Operations Group on October 08, 2021. This SPA proposes to clarify and expand the prescription limitations in the Arkansas Medicaid Program.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 21-0009 is approved with an effective date of January 1, 2022.

We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Arkansas's state plan. If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or charlotte.amponsah@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of John M. Coster.

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: Lisa Teague, DHS Program Administrator
Cynthia Neuhofel, Pharmacist, Assistant Director

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER 2 1 — 0 0 0 9 | 2. STATE Arkansas |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 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 | | 4. PROPOSED EFFECTIVE DATE 01-1-2022 |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) | | |
| 6. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(12) | 7. FEDERAL BUDGET IMPACT a. FFY 2022 \$ \$32,806,544 b. FFY 2023 \$ \$43,742,058 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 3.1A5a 3.1B4g | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 3.1A5a, Approved 08/11/20, TN 20-0013 3.1B4g Approved 08/11/20, TN 20-0013 | |

10. SUBJECT OF AMENDMENT
 TO CLARIFY AND EXPAND THE PRESCRIPTION LIMITATIONS IN THE ARKANSAS MEDICAID PROGRAM.

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

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|---|---|
| 13. TYPED NAME Elizabeth Pitman | 16. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437 |
| 14. TITLE Director, Division of Medical Services | Attn: Mac Golden |
| 15. DATE SUBMITTED 10-8-21 | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED October 8, 2021 | 18. DATE APPROVED December 20, 2021 |
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PLAN APPROVED - ONE COPY ATTACHED

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| 19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2022 | 20. SIGNATURE OF REGIONAL OFFICIAL |
| 21. TYPED NAME John M. Coster, Ph.D, R.Ph. | 22. TITLE Director, Division of Pharmacy |

23. REMARKS

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised:

January 1, 2022

CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist
- a. Prescribed Drugs
- (1) Each recipient age twenty-one (21) or older may have up to six (6) prescriptions each month under the program. Family Planning, tobacco cessation, oral prescription drugs for opioid use disorder prescribed by an X-DEA waived provider as part of a Medication Assisted Treatment plan, EPSDT, **high blood pressure, hypercholesterolemia, blood modifiers, diabetes and respiratory illness inhaler** prescriptions do not count against the prescription limit.
 - (2) 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.
 - (3) The Medicaid agency provides coverage, to the same extent that it provides coverage for all Medicaid recipients, for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses – with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 C.F.R. §423.104 (f) (1) (ii) (A) – to full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D.

The following excluded drugs, set forth on the [Arkansas Medicaid Pharmacy Vendor's Website](#), are covered:

- a. select agents when used for weight gain:
Androgenic Agents;
 - b. select agents when used for the symptomatic relief of cough and colds:
Antitussives; Antitussive-Decongestants; and Antitussive-Expectorants;
 - c. select prescription vitamins and mineral products, except prenatal vitamins and fluoride:
B 12; Folic Acid; and Vitamin K;
 - d. select nonprescription drugs:
Antiarthritics; Antibacterials and Antiseptics; Antitussives; Antitussives-Expectorants; Analgesics; Antipyretics; Antacids; Antihistamines; Antihistamine-Decongestants; Antiemetic/Vertigo Agents; Gastrointestinal Agents; Hematinics; Laxatives; Ophthalmic Agents; Sympathomimetics; Topical Antibiotics; Topical Antifungals; Topical Antiparasitics; and Vaginal Antifungals; and
 - e. non-prescription products for smoking cessation.
- (4) The State will reimburse only for the drugs of pharmaceutical manufacturers who have entered into and have in effect a rebate agreement in compliance with Section 1927 of the Social Security Act, unless the exceptions in Section 1902(a)(54), 1927(a)(3), or 1927(d) apply. The State permits coverage of participating manufacturers' drugs, even though it may be using a formulary or other restrictions. Utilization controls will include prior authorization and may include drug utilization reviews. Any prior authorization program instituted after July 1, 1991 will provide for a 24-hour turnaround from receipt of the request for prior authorization. The prior authorization program also provides for at least a seventy-two (72) hour supply of drugs in emergency situations.

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Revised: January 1, 2022

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