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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 12-12 Pharm

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850

Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

SEP 2 5 2012

OCT 65 2012

Andrew Allison, Ph.D. Director Division of Medicaid Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437

Dear Dr. Allison:

We have reviewed Arkansas State Plan Amendment (SPA) 12-12, Prescribed Drugs, received in the Regional Office on July 19, 2012. This amendment updates the state plan to comply with section 1860D-2(e)(2)(A) of the Act, as amended by a Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA), which requires Part D drug coverage of barbiturates used in the treatment of epilepsy, cancer, or a chronic mental health disorder and benzodiazepines effective January 1, 2013.

Barbiturates and benzodiazepines are among the excluded drugs that a state can elect to cover for its Medicaid beneficiaries. Since the coverage of barbiturates under Part D is limited to the treatment of epilepsy, cancer or a chronic mental health disorders, through SPA 12-12 the state has indicated that it will continue to cover barbiturates to the extent it covers that drug for a condition other than the three coverage will only be for non-dually eligible beneficiaries. We are pleased to inform you that the amendment is approved, effective January 1, 2013.

A copy of the HCFA-179 form, as well as the pages approved for incorporation into the Arkansas state plan, will be forwarded by the Dallas Regional Office. If you have any questions regarding this amendment, please contact Wendy Tuttle at (410) 786-8690.

Sincerely.	
Larry Reed	
-	
Director	
Division of Pharmacy	

cc: Bill Brooks, ARA, DMCHO, Dallas Regional Office Stacey Shuman, Dallas Regional Office



DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	2012-012	ADKANCAO
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TI SOCIAL SECURITY ACT (MEDIC	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE C	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Section 1860D-2(e)(2)(A) of the Social Security Act		631,530)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT;	9. PAGE NUMBER OF THE SUPERS	842,040) NEDED PLAN SECTION
	OR ATTACHMENT (If Applicable)	
Attachment 3.1-A, Page 5a	Attachment 3.1-A, Page 5a, Approved	
Attachment 3.1-B, Page 4g	Attachment 3.1-B, Page 4g, Approved	03-04-11, TN 11-02
10. SUBJECT OF AMENDMENT:		
The Arkansas Title XIX State Plan has been amended to comply with Se coverage of barbiturates and benzodiazepines for the dual eligible popula	ction 1860D-2(e)(2)(A) of the Social Sec ation.	urity Act to exclude the
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	🗌 OTHER, AS SPEC	CIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Division of Medical Services	
13. TYPED NAME:	PO Box 1437, Slot S295 Little Rock, AR 72203-1437	
Andrew Allison, PhD		
14. TITLE: Director, Division of Medical Services	Attention: LeAnn Edwards	
15. DATE SUBMITTED:		
July 19, 2012		
FOR REGIONAL OF		
17. DATE RECEIVED: 19 July, 2012	18 DATE APPROVED: 25 Scottinger, 2012	
PLAN APPROVED ON	EVE OPPART	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2013	20. SIGN	
21, TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Admir Division of Medicald & C	histrator
23. REMARKS:		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

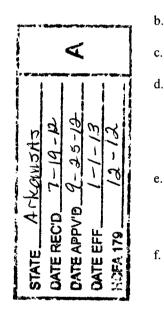
ATTACHMENT 3.1-B Page 4g

		URATIO ROVIDE	N AND SCOPE OF D	MEDICALLY NEEDY	Revised:	January 1, 2013
12.		ribed drug an optom	-	etic devices; and eyeglasses prescr	ibed by a physi	cian skilled in diseases of the eye
	a.	Prescr	ibed Drugs	SUPERSEDES:	TN1	-02
		(1)	The first three press	21 or older may have up to six (6 criptions do not require prior author).I. Family Planning, tobacco cestion limit.	rization. The th	ree additional prescriptions must
		(2)		, 2006, the Medicaid agency will who are entitled to receive Medic		

(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 Website (www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scripinfo.aspx#1927d), are covered:

- a. select agents when used for weight gain:
 - Androgenic Agents
 - select agents when used for the symptomatic relief of cough and colds:
 - Antitussives; Antitussive-Decongestants; Antitussive-Expectorants
 - select prescription vitamins and mineral products, except prenatal vitamins and fluoride: B 12; Folic Acid; 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; Opthalmic Agents; Sympathomimetics; Topical Antibiotics; Topical Antifungals; Topical Antiparasitics; Vaginal Antifungals;
 - all barbiturates (Except for dual eligible individuals effective January 1, 2013 when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover those indications per 1860D-2(e)(2)(A) of the Social Security Act, as amended by Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA)
 - all benzodiazepines (Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications per 1860D-2(e)(2)(A) of the Social Security Act, as amended by Section 175 of the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA)
- g. prescription and non-prescription products for smoking cessation: Nicotine Gum; Nicotine Patches; Generic Zyban, Varenicline
- (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 72 hour supply of drugs in emergency situations.



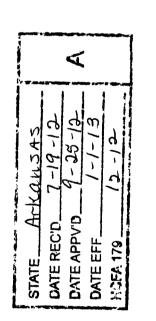
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

		URATIO PROVIDE		ORICALLY NEEDY	Revised:	January 1, 2013
12.		ribed drug an optom		netic devices; and eyeglasses pres	cribed by a physi	ician skilled in diseases of the eye
	a. Prescribed Drugs		ibed Drugs	SUPERSEDES:	TN- 11	-02
		(1)	Each recipient age 21 or older may have up to six (6) prescriptions each month under the program. The first three prescriptions do not require prior authorization. The three additional prescriptions must be prior authorized. Family Planning, tobacco cessation and EPSDT 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.

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