

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, CHIP and Survey & Certification
Disabled and Elderly Health Programs Group

AUG 16 2010

AUG 20 2010

Ms. Carolyn Ingram
Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, NM 87504-2348

Dear Ms. Ingram:

We have reviewed New Mexico State Plan Amendment (SPA) 10-007, Prescribed Drugs, received in the Regional Office on June 24, 2010. This amendment removes coverage of therapeutic nutrients and electrolytes because they do not meet the definition of a covered outpatient drug as defined in Section 1927(k) of the Social Security Act. However, these products are covered under the State's durable medical equipment benefit. We are pleased to inform you that the amendment is approved, effective July 1, 2010.

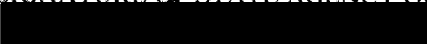
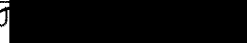
A copy of the HCFA-179 form, as well as the pages approved for incorporation into the New Mexico state plan, will be forwarded by the Dallas Regional Office. If you have any questions regarding this amendment, please contact Wendy Tuttle at (410) 786-8690.

Sincerely,

A large black rectangular redaction box covering the signature of Larry Reed.

Larry Reed
Director
Division of Pharmacy

cc: Bill Brooks, Associate Regional Administrator, Dallas Regional Office
Suzette Seng, Dallas Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-007	2. STATE New Mexico
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 July 1, 2010	
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 COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Medicare Prescription Drug Improvement and Modernization Act and Section 1935 (a) 95a		7. FEDERAL BUDGET IMPACT: a. FFY 10 \$0 b. FFY 11 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1 A.1, page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1 A.1, page 3 (TN: 05-09)	
10. SUBJECT OF AMENDMENT: Conforming to MMA requirements for outpatient prescription drug coverage			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Carolyn Ingram, Director Medical Assistance Division P.O. Box 2348 Santa Fe, NM 87504	
13. TYPED NAME: Carolyn Ingram			
14. TITLE: Director, Medical Assistance Division			
15. DATE SUBMITTED: June 18, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 24 June, 2010		18. DATE APPROVED: 16 August, 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Dir of Medicaid & Children's Health	
23. REMARKS:			

STATE	<u>NEW MEXICO</u>	A
DATE REC'D	<u>6-24-10</u>	
DATE APPV'D	<u>8-16-10</u>	
DATE EFF	<u>7-1-10</u>	
HCFA 179	<u>10-07</u>	

Attachment 3.1.A.1
Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency NEW MEXICO

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

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	<input checked="" 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) <input checked="" type="checkbox"/> (h) barbiturates (see specific drug categories below) <input checked="" type="checkbox"/> (i) benzodiazepines (see specific drug categories below) <input checked="" type="checkbox"/> (j) smoking cessation drugs (Except dual eligibles as Part D will cover) (see specific drug categories below)
	(a) Agents when used for anorexia, weight loss, weight gain: Appetite stimulants, anorexic agents, and fat absorption-decreasing agents
	(d) Agents when used for symptomatic relief of cough and colds: Antihistamines, antitussives, decongestants, and expectorants
	(e) Prescription vitamin and mineral products: Single and multiple vitamins and minerals and combinations
	(f) Nonprescription drugs: Coverage for the following categories when an item is a drug of choice for a common medical condition or is an appropriate economical and therapeutic alternative to a prescription drug item: analgesics; anti-emetics; anti-inflammatory agents; anti-parasites; dermatological agents; enzyme replacements; gastrointestinal agents including H-2 antagonists, proton pump inhibitors, laxatives, and antacids; insulin; ophthalmic agents; otic agents; and respiratory agents.
	(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: All items
	(h) Barbiturates: All items
	(i) Benzodiazepines: All items
	(j) Smoking cessation drugs: All items

SUPERSEDES: TN- 05-04

 No excluded drugs are covered.

TN No. 10-07
Supersedes
TN No. 05-04

Approval Date 8-16-10 Effective Date 7-1-10