

## **Table of Contents**

**State/Territory Name: New Mexico**

**State Plan Amendment (SPA) #: 13-01**

This file contains the following documents in the order listed:

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

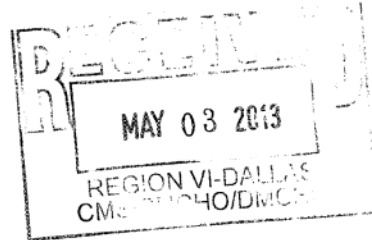
DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

April 26, 2013

Julie B. Weinberg  
Director  
Medical Assistance Division  
P.O. Box 2348  
Santa Fe, NM 87504



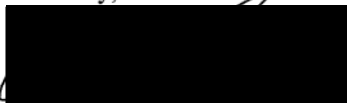
Dear Ms. Weinberg:

We have reviewed New Mexico State Plan Amendment (SPA) 13-01, Prescribed Drugs, received in the Dallas Regional Office on February 1, 2013. This amendment proposes to exclude from coverage benzodiazepines for all conditions and barbiturates for the treatment of epilepsy, cancer and chronic mental health disorders for full benefit dual eligible as Medicare Part D will provide this coverage.



Based on the information provided, we are pleased to inform you that SPA 13-01 is approved with an effective date of January 1, 2013. A copy of the signed CMS-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,

  
Larry Reed  
Director  
Division of Pharmacy

cc: Bill Brooks, ARA, Dallas Regional Office  
Suzette Seng, Dallas Regional Office

|   |  |   |                        |
|---|--|---|------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  |  | 1. TRANSMITTAL NUMBER:<br>13-01   | 2. STATE<br>New Mexico |
| FOR: HEALTH CARE FINANCING ADMINISTRATION   |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |                        |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  | 4. PROPOSED EFFECTIVE DATE<br>January 1, 2013   |                        |
| 5. TYPE OF PLAN MATERIAL (Check One):<br><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:<br>42 CFR Parts 417, 422, and 423<br>Section 175 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)<br>Section 1860D-2(e)(2)(A) of the Social Security Act   |  | 7. FEDERAL BUDGET IMPACT:<br>for FFY 2013: -\$168,000 (reduction)<br>for FFY 2014: -\$224,000 (reduction)   |                        |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Attachment 3.1.A.1 Page 1, 2 and 3<br>Attachment 3.1.B.1 Page 1 and 2  |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br>Attachment 3.1.A.1 :<br>Page 1 supercedes Page 1 and 2<br>Page 2 supercedes Pages 2 and 3<br>Page 3 supercedes Page 3<br>Attachment 3.1.B.1 :<br>Page 1 supercedes Pages 1 and 2<br>Page 2 supercedes Pages 2 and 3 |                        |
| 10. SUBJECT OF AMENDMENT:<br>MIPAA Section 175 (Benzodiazepines and Barbiturates)   |  |   |                        |
| 11. GOVERNOR'S REVIEW (Check One):<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT      X OTHER, AS SPECIFIED: Authority Delegated to the Medicaid Director.<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |   |                        |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br>  |  | 16. RETURN TO:<br>Julie B. Weinberg, Director<br>Medical Assistance Division<br>P.O. Box 2348<br>Santa Fe, NM 87504 - 2348  |                        |
| 13. TYPED NAME: Julie B. Weinberg   |  |   |                        |
| 14. TITLE: Director, Medical Assistance Division  |  |   |                        |
| 15. DATE SUBMITTED: February 1, 2013<br>Revised HCFA-179 form resubmitted April 18, 2013  |  |   |                        |
| <b>FOR REGIONAL OFFICE USE ONLY</b>   |  |   |                        |
| 17. DATE RECEIVED:<br>1 February, 2013  |  | 18. DATE APPROVED:<br>26 April, 2013  |                        |
| PLAN APPROVED - ONE COPY  |  |   |                        |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>1 January, 2013   |  | 20. SIGNATURE:    |                        |
| 21. TYPED NAME: Bill Brooks   |  | 22. TITLE: Associate Regional Administrator<br>Division of Medicaid and children's health.  |                        |
| 23. REMARKS:  |  |   |                        |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: NEW MEXICO

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

12.a. Prescribed Drugs: Description of Service Limitation

Attachment 3.1.A 1  
Page 1

| 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) | 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. |
|---------------------------|--|

The following excluded drugs are covered:

(“All” drugs categories covered under the drug class)

(“Some” drugs categories covered under the drug class)   
-List the covered common drug categories not individual drug products directly under the appropriate drug class)

(“None” of the drugs under this drug class are covered)

- (a) agents when used for anorexia, weight loss, weight gain
- (b) agents when used to promote fertility
- (c) agents when used for cosmetic purposes or hair growth
- (d) agents when used for the symptomatic relief of cough and colds

|             |            |
|-------------|------------|
| A           |            |
| STATE       | NEW MEXICO |
| DATE REC'D  | 2-14-13    |
| DATE APPV'D | 4-26-13    |
| DATE EFF    | 1-1-13     |
| HCFA 179    | 13-01      |

TN No. 13-01

Approval Date 4-26-13

Supersedes 05-04

Effective Date 1-1-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: NEW MEXICO

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

12.a. Prescribed Drugs: Description of Service Limitation

Attachment 3.1.A 1  
Page 2

Citation(s)

Provision(s)

|            |            |
|------------|------------|
| A          |            |
| STATE      | NEW MEXICO |
| DATE RECD  | 2-14-13    |
| DATE APPVD | 4-26-13    |
| DATE EFF   | 1-1-13     |
| HCFA 179   | 13-01      |

- (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride
- (f) nonprescription drugs
- (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)
- (h) 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)
- (i) benzodiazepines (Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)
- (j) smoking cessation drugs (Except for dual eligible individuals as Part D will cover these drugs)

TN No. 13-01

Approval Date 4-26-13

Supersedes 05-04

Effective Date 1-1-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: NEW MEXICO

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

12.a. Prescribed Drugs: Description of Service Limitation

Attachment 3.1.A 1  
Page 3

(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 (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)

(i) **Benzodiazepines:** All items (Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)

(j) **Smoking cessation drugs:** All items. The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) smoking/tobacco cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence – 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

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| A          |            |
| STATE      | New Mexico |
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No excluded drugs are covered

TN No. 13-01

Approval Date 4-26-13

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Effective Date 1-1-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: NEW MEXICO

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

12.a. Prescribed Drugs: Description of Service Limitation

Attachment 3.1.B.1  
Page 1

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)

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.

|            |            |
|------------|------------|
| A          |            |
| STATE      | New Mexico |
| DATE RECD  | 2-14-13    |
| DATE APPVD | 4-26-13    |
| DATE EFF   | 1-1-13     |
| HCFA 179   | 13-01      |

The following excluded drugs are covered:

*("All" drugs categories covered under the drug class)*

*("Some" drugs categories covered under the drug class)*

*-List the covered common drug categories not individual drug products directly under the drug class)*

*("None" of the drugs under this drug class are covered)*

- (a) agents when used for anorexia, weight loss, weight gain
- (b) agents when used to promote fertility
- (c) agents when used for cosmetic purposes or hair growth
- (d) agents when used for the symptomatic relief of cough and colds

TN No. 13-01

Approval Date 4-26-13

Supersedes 05-04

Effective Date 1-1-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: NEW MEXICO

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

12.a. Prescribed Drugs: Description of Service Limitation

Attachment 3.1.B.1  
Page 2

Citation(s)

Provision(s)

- (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride
- (f) nonprescription drugs
- (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)
- (h) 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)
- (i) benzodiazepines (Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)
- (j) smoking cessation drugs (Except for dual eligible individuals as Part D will cover these drugs)

NOT APPLICABLE

|                            |          |
|----------------------------|----------|
| STATE <u>New Mexico</u>    | <b>A</b> |
| DATE REC'D <u>2-14-13</u>  |          |
| DATE APPV'D <u>4-26-13</u> |          |
| DATE EFF <u>1-1-13</u>     |          |
| HCFA 179 <u>13-01</u>      |          |

TN No. 13-01

Supersedes 05-04

Approval Date 4-26-13

Effective Date 1-1-13



|                             |          |
|-----------------------------|----------|
| STATE <u>New Mexico</u>     | <b>A</b> |
| DATE REC'D <u>11-22-05</u>  |          |
| DATE APPV'D <u>12-16-05</u> |          |
| DATE EFF <u>1-1-06</u>      |          |
| HCFA 179 <u>05-04</u>       |          |

Attachment 3.1.B.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 MEDICALLY NEEDY

| Citation (s)              | Provision (s)   |
|---------------------------|---|
| 1927(d)(2) and 1935(d)(2) | <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)<br><input type="checkbox"/> (h) barbiturates (see specific drug categories below)<br><input type="checkbox"/> (i) benzodiazepines (see specific drug categories below)<br><input checked="" type="checkbox"/> (j) smoking cessation drugs (Except dual eligibles as Part D will cover) (see specific drug categories below)<br><br>(The Medicaid agency lists specific category of drugs below) |

NOT APPLICABLE

*Deleted  
per  
13-01*

     No excluded drugs are covered.

TN No. 05-04  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 12-16-05 Effective Date January 1, 2006