Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 14-005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 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

November 3, 2014

Mr. Romaine Gilliland Director Department of Health and Human Services 4126 Technology Way, Suite 100 Carson City, Nevada 89706

Dear Mr. Gilliland:

We have reviewed Nevada State Plan Amendment (SPA) 14-005, Prescribed Drugs, received in the San Francisco Regional Office on August 15, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 14-005 is approved with an effective date of July 1, 2014. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the Nevada state plan will be forwarded by the San Francisco Regional Office.

If you have any questions regarding this SPA, please contact Lisa Ferrandi at (410) 786-5445.

Sincerely,

/s/

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

cc: Hye Sun Lee, Acting ARA, San Francisco Regional Office Brian Zolynas, San Francisco Regional Office Tyler Sadwith, San Francisco Regional Office

	Carlot City and the same of th
1. TRANSMITTAL NUMBER: 14-005	2. STATE NEVADA
3. PROGRAM IDENTIFICATION: TITE SOCIAL SECURITY ACT (MEDIC	
4. PROPOSED EFFECTIVE DATE July 1, 2014	
	30-55V2
ONSIDERED AS NEW PLAN	
	imendment)
a. FFY 2014 \$0	
TERRORE SPECIAL PLANS PROTESTION STATES	
9. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable):	DED PLAN SECTION
Attachment 3.1-A, page 5a1	(Continued)
e smoking cessation from the list of drug OTHER, AS SPECIF The Governor's Offi	FIED: ce does not
MACCOCCE TECH EMPLOYEE AND SERVICE CO. (tate Plan Amendment.
DHCFP/Medicaid	
1100 East William Street, Suite 101	
Carson City, NV 89701	
ICE USE ONLY	
18. DATE APPROVED: November 3	, 2014
18. DATE APPROVED: November 3 COPY ATTACHED	
18. DATE APPROVED: November 3	
	4. PROPOSED EFFECTIVE DATE July 1, 2014 ONSIDERED AS NEW PLAN DMENT (Separate Transmittal for each of the separate Separa

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY 12.a. Prescribed Drugs: Description of Service Limitation			
	\boxtimes	(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)	