

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

cc: Greg
Allen-
FYI

May 08, 2014

Jason A. Helgerson
Medicaid Director
New York State Department of Health
Bureau of Federal Relations & Provider Assessments
99 Washington Ave – One Commerce Plaza
Suite 1430
Albany, NY 12210

RECEIVED

MAY 14 2014

NYS DOH-OFFICE OF
HEALTH INSURANCE PROGRAMS

M-193

Dear Mr. Helgerson:

We have reviewed New York's State Plan Amendment (SPA) 13-72, Prescribed Drugs, received in the New York Regional Office on January 6, 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 13-72 is approved with an effective date of January 1, 2014. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the New York state plan will be forwarded by the New York Regional Office.

If you have any questions regarding this SPA, please contact Delaine Deardorff-Beck at (410) 786-2991.

Sincerely,

Joseph L. Fine
Acting Director
Division of Pharmacy

cc: Michael Melendez, ARA, New York Regional Office
Ivelisse Salce, New York Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL OR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 13-72	2. STATE New York
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
O: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2014	

TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

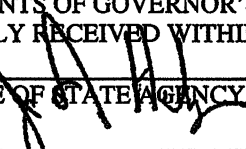
FEDERAL STATUTE/REGULATION CITATION: Section 2502 of the Affordable Care Act	7. FEDERAL BUDGET IMPACT: a. FFY 01/01/14-09/30/14 \$ 12,255 b. FFY 10/01/14-09/30/15 \$ 12,255
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PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Supplement: Page 2c Attachment 3.1-B Supplement: Page 2c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Supplement: Page 2c Attachment 3.1-B Supplement: Page 2c
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10. SUBJECT OF AMENDMENT:
 Medicaid Excludable Drug List for Medicare Part D
 FMAP = 50%

1. 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

2. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave - One Commerce Plaza Suite 1430 Albany, NY 12210
3. TYPED NAME: Jason A. Helgerson	
4. TITLE: Medicaid Director Department of Health	
5. DATE SUBMITTED: January 6, 2014	

FOR REGIONAL OFFICE USE ONLY

7. DATE RECEIVED:	18. DATE APPROVED: MAY 08, 2014
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PLAN APPROVED - ONE COPY ATTACHED

9. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 01, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
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11. TYPED NAME: JOHN GUHL	22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICALS & CHILDREN'S HEALTH OPERATIONS
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13. REMARKS:

[REDACTED]

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6. 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.
7. 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:**
- (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 cough and colds: Some - benzonatate only
 - (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride: Some - select B Vitamins (niacin, pyridoxine, thiamine, cyanocobalamin); Folic Acid; Vitamin K; Vitamin D (ergocalciferol, cholecalciferol); Iron (including polysaccharide iron complex); Iodine
 - (f) nonprescription drugs: Some - select allergy, asthma and sinus products; analgesics; cough and cold preparations; digestive products; insulin; feminine products; topical products; smoking cessation products, minerals and vitamin combinations
 - (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

12b. Prior approval is required for all dentures.

12c. Prior approval is required for prosthetic and orthotic devices over a dollar amount established by the State Department of Health and identified for providers in the MMIS DME Provider Manual.

Prior approval is required for artificial eyes as specified in the MMIS Ophthalmic Provider Manual.

Program also includes coverage of orthotic appliances including hearing aids. All hearing aids require prior approval.

12d. Prior approval is required for certain special lenses and unlisted eye services as specified for providers in the MMIS Ophthalmic Provider Manual.

13a. Diagnostic Services (see 13.d Rehabilitative Services – Early Intervention).

13b. Screening Services (see 13.d Rehabilitative Services – Early Intervention).

13c. Preventive Services (see 13.d Rehabilitative Services – Early Intervention).

13d. Rehabilitative Services

(1) Directly Observed Therapy (DOT) – Clients must be assessed as medically appropriate for DOT based upon the client's risk of non adherence to a medication regimen necessary to cure an active, infectious, potentially fatal disease process and to prevent the development and spread of an infectious, potentially fatal disease which may not respond to conventional therapies.

TN#: #13-72

Approval Date: MAY 08 2014

Supersedes TN#: #12-35

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**New York
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