## Janice K. Brewer, Governor Thomas J. Betlach, Director

801 East Jefferson, Phoenix, AZ 85034 PO Box 25520, Phoenix, AZ 85002 Phone: 602-417-4000 www.azahcccs.gov



*Our first care is your health care* ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

March 17, 2014

Gloria Nagle Centers for Medicare and Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706

Dear Ms. Nagle:

Enclosed is Arizona State Plan Amendment (SPA) #14-007, effective January 1, 2014, which updates the State Plan to remove barbiturates, benzodiazepines and agents used to promote tobacco cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict.

If you have any questions about the enclosed SPA, please contact Christopher Vinyard at (602) 417-4034.

Sincerely,

Monica Coury Assistant Director Office of Intergovernmental Relations

Cc: Cheryl Young Tyler Sadwith Peter Banks Emeka Egwim

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	14-007	Arizona
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	NDMENT (Separate Transmittal for each 7. FEDERAL BUDGET IMPACT:	amendment)
Section 1927(d)(2) and 1927(d)(7) of the Social Security Act	N/A	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	
Attachment 3.1A, pg. 12 Attachment 3.1A, pg. 13	Same	
10. SUBJECT OF AMENDMENT:		
Updates the State Plan to remove barbiturates, benzodiazepines and agents used to promote tobacco cessation 11. GOVERNOR'S REVIEW ( <i>Check One</i> ):		
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPEC	IFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Maria	Monica Coury 801 E. Jefferson, MD#4200	
13. TYPED NAME:	Phoenix, Arizona 85034	
Monica Coury 14. TITLE:		
Assistant Director		
15. DATE SUBMITTED:		
3-17-14 FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:	
PLAN APPROVED – ON	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFF	FICIAL:
21. TYPED NAME:	22. TITLE:	
23. REMARKS:		

Attachment 3.1-A

Page 12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency ARIZONA

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

Citation(s)	Provision(s)	
1927(d)(2) and 1935(d)(2)	1. 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:	
	<ul> <li>(a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)</li> </ul>	
	<ul> <li>(b) agents when used to promote fertility (see specific drug categories below)</li> </ul>	
	<ul> <li>(c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)</li> </ul>	
	<ul> <li>(d) agents when used for symptomatic relief of cough and colds (see specific drug categories below)</li> </ul>	
	<ul> <li>(e) prescription vitamins and mineral products, except prenatal vitamins and fluoride (see specific drug categories below)</li> </ul>	
	<ul> <li>✓ (f) nonprescription drugs (see specific drug categories below)</li> </ul>	

Approval Date: \_\_\_\_\_

Attachment 3.1-A

Page 13

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State Agency ARIZONA

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

Citation(s)	Provision(s)
1927(d)(2) and 1935(d)(2)	□ (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 (see specific drug categories below)
	✓—(i) benzodiazepines (see specific drug categories below) (The Medicaid agency lists specific category of drugs below)
	Medicaid continues to cover barbiturates and benzodiazepines not covered by a Part D plan and non-prescription drugs-medications in
	accordance with AHCCCS medical policy: an over-the-counter medication -in place of a covered prescription medication, that is covered only if clinically appropriate, equally effective, safesafe and
	effective, and less costly than the covered prescription drugmedication.
	No excluded drugs are covered