

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 State Operation

APR 26 2006

Robin Arnold-Williams
Secretary
Washington State Department of Social and Health Services
Post Office Box 45010
Olympia, WA 98504-5010

RECEIVED

MAY 10 2006

Dear Secretary Arnold-Williams:

Rules and Publications

We have reviewed Washington State Plan Amendment (SPA) 06-005 received in the Seattle Regional Office on April 3, 2006. Under this Amendment, the State of Washington proposes to amend its State Plan to reflect that Medicaid beneficiaries who are entitled to receive Medicare benefits under Part A or Part B will no longer receive their pharmacy benefits under the State Medicaid Program, except for excluded drugs. Under excluded or otherwise restricted drugs or classes of drugs, or their medical uses, this Amendment also includes coverage for selected drug categories for all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit-Part D.

Based on the information provided, we are pleased to inform you that Washington SPA 06-005 is approved, effective April 1, 2006. The Seattle Regional Office will forward to you a copy of the CMS-179 form, as well as the pages approved for incorporation into the Washington Medicaid State Plan.

If you have any questions regarding this amendment, please contact Bernadette Leeds at (410) 786-9463.

Sincerely,

A handwritten signature in cursive script, appearing to read "Deirdre Duzor".

Deirdre Duzor
Director
Division of Pharmacy
Disabled & Elderly Health Programs Group

cc: Karen O'Connor, ARA, Seattle Regional Office
Maria Garza, Seattle Regional Office
Gene Frogge, Seattle Regional Office
Ann Myers, Washington Department of Social and Health Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
06-005

2. STATE
Washington

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
~~January 1, 2006~~ April 1, 2006
P+I

5. 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)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:
a. FFY 2006 \$0
b. FFY 2007 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A pages 32a and 32b
Attachment 3.1-B pages 32a and 32b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
none

10. SUBJECT OF AMENDMENT:

Medicare Part D Pharmacy – Excluded Drugs

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Robin Arnold-Williams

13. TYPED NAME:

ROBIN ARNOLD-WILLIAMS

14. TITLE:

Secretary

15. DATE SUBMITTED:

4-4-06

16. RETURN TO:

Ann Myers
Department of Social and Health Services
Health and Recovery Services Administration
925 Plum St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **APR - 4 2006**

18. DATE APPROVED: **APR 26 2006**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **APR - 1 2006**

20. SIGNATURE OF REGIONAL OFFICIAL:

Karen S. O'Connor
Associate Regional Administrator

21. TYPED NAME: **KAREN S. O'CONNOR**

22. TITLE: **Associate Regional Administrator**

23. REMARKS: *P+I change authorized by state to change proposed eff date in block 4.*
Division of Medicaid & Children's Health

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. a. Prescribed Drugs (continued)

<u>Citation</u>	<u>Provision</u>
1935(d)(1)	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)	(a) 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.
	<u> X</u> The following excluded drugs are covered:
	<u> X</u> (i) Agents when used for anorexia, weight loss, weight gain: progestin derivative appetite stimulant, androgenic agents
	<u> no</u> (ii) Agents when used to promote fertility
	<u> no</u> (iii) Agents when used for cosmetic purposes or hair growth
	<u> X</u> (iv) Agents when used for the symptomatic relief cough and colds: antitussives, expectorants, sympathomimetic agents, decongestants, antihistamine combination drugs, anticholinergic agents
	<u> X</u> (v) Prescription vitamins and mineral products, except prenatal vitamins and fluoride: vitamin A, vitamin B12, folic acid, vitamin B1, vitamin B2, vitamin B6, vitamin D, vitamin E, vitamin C, vitamin B complex, selenium, zinc, vitamin K, sustained acting niacin, aminobenzoate potassium, hydroxocobalamin
	<u> X</u> (vi) Nonprescription (OTC) drugs: analgesics/antipyretics, antacids, antidiarrheals, antibacterial topical preparations, antiemetic/antivertigo agents, antiflatulents, antifungals, antihistamines, antitussives, antiseptics, antiseborrheic agents, blood sugar diagnostics, decongestants, ear wax removers, electrolyte depleters, electrolyte replacements, emetics, expectorants, eye lubricants, eye vasoconstrictors, hemorrhoidal preparations, hyperglycemics, inhalation agents, irrigants,

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. a. Prescribed Drugs (continued)

irritants/counter-irritants, keratolytics,
laxatives/cathartics, lipotropics, nasal preparations,
ointment/cream bases, oral sodium preparations,
topical steroidal anti-inflammatories, topical
antiparasitics, topical antivirals, topical anesthetics,
urinary tract anesthetic/analgesics agents

no (vii) 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

X (viii) Barbiturates:
Butalbital, Phenobarbital, Amobarbital, Pentobarbital,
and Secobarbital.

X (ix) Benzodiazepines:

no (x) Agents when used to promote smoking cessation (for non-
dual eligibles as Part D will cover):

 No excluded drugs are covered.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

12. a. Prescribed Drugs (continued)

<u>Citation</u>	<u>Provision</u>
1935(d)(1)	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)	(a) 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:

- X (i) Agents when used for anorexia, weight loss, weight gain: progestin derivative appetite stimulant, androgenic agents
- no (ii) Agents when used to promote fertility
- no (iii) Agents when used for cosmetic purposes or hair growth
- X (iv) Agents when used for the symptomatic relief cough and colds:
antitussives, expectorants, sympathomimetic agents, decongestants, antihistamine combination drugs, anticholinergic agents
- X (v) Prescription vitamins and mineral products, except prenatal vitamins and fluoride:
vitamin A, vitamin B12, folic acid, vitamin B1, vitamin B2, vitamin B6, vitamin D, vitamin E, vitamin C, vitamin B complex, selenium, zinc, vitamin K, sustained acting niacin, aminobenzoate potassium, hydroxocobalamin
- X (vi) Nonprescription (OTC) drugs:
analgesics/antipyretics, antacids, antidiarrheals, antibacterial topical preparations, antiemetic/antivertigo agents, antiflatulents, antifungals, antihistamines, antitussives, antiseptics, antiseborrheic agents, blood sugar diagnostics, decongestants, ear wax removers, electrolyte depleters, electrolyte replacements, emetics, expectorants, eye lubricants, eye vasoconstrictors, hemorrhoidal preparations, hyperglycemics, inhalation agents, irrigants, irritants/counter-irritants, keratolytics, laxatives/cathartics, lipotropics, nasal preparations,

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

12. a. Prescribed Drugs (continued)

ointment/cream bases, oral sodium preparations,
topical steroidal anti-inflammatories, topical
antiparasitics, topical antivirals, topical anesthetics,
urinary tract anesthetic/analgesics agents

no (vii) 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

X (viii) Barbiturates:
Butalbital, Phenobarbital, Amobarbital, Pentobarbital,
and Secobarbital.

X (ix) Benzodiazepines:

no (x) Agents when used to promote smoking cessation (for non-
dual eligibles as Part D will cover):

 No excluded drugs are covered.