

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid State Plan Amendment**

#### **Pharmacy Extended Prescription Coverage and Over-the-Counter Update (SPA 15-041)**

The State of Connecticut Department of Social Services (DSS) proposes to submit a Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

#### **Changes to Medicaid State Plan**

Effective on or after August 1, 2015, SPA 15-041 will amend Attachments 3.1-A and 3.1-B of the Medicaid State Plan to allow DSS to pay for an original prescription and as many refills as ordered by a licensed authorized practitioner covering a maximum period of twelve months. This change does not apply to those items that fall within the Controlled Substances Act, which are governed by 21 USC Section 829(b) and section 21a-249h of the Connecticut General Statutes.

Additionally, effective on or after August 1, 2015, DSS will pay for low-dose aspirin for women with a diagnosis of pregnancy as recommended by the U.S. Preventive Services Task Force (USPSTF).

#### **Fiscal Information**

Based on the information that is available at this time, DSS anticipates that extending payment for prescriptions for up to one year will not have any impact on annual aggregate pharmacy expenditures in Federal Fiscal Years 2016 and 2017. DSS estimates that the addition of low-dose aspirin for pregnant women will result in a small increase in aggregate expenditures in Federal Fiscal Years 2015 and 2016, but the exact impact has not yet been determined at this time.

#### **Information on Obtaining SPA Language and Submitting Comments**

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. In addition, copies of the proposed SPA may be obtained at any DSS regional office and on the DSS web site: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”.

Written, telephone, and email requests should be sent to: Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105, Telephone: 860-424-5145, Email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov). Please reference “SPA 15-041: Pharmacy Extended Prescription Coverage and Over-the-Counter Update”. Written comments may be sent in the same manner as requests no later than July 14, 2015.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State CONNECTICUT  
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE  
CATEGORICALLY NEEDY GROUP (S): ALL**

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12. Prescribed Drugs, Dentures, Orthotic and Prosthetic Devices, Eyeglasses

a. Drugs

- (1) Payment will be made for refills of a prescription as prescribed/authorized by the licensed authorized practitioner for an acute or chronic illness or condition as follows:
  - (a) Payment will be made for the original prescription and as many refills as ordered by the licensed authorized practitioner covering a maximum period of twelve (12) months in accordance with paragraphs 12.a (6)(a) thru (d), below. This does not apply to those items which fall within the “Controlled Substance Act” that being five (5) refills or six (6) months whichever comes first as governed by 21 U.S.C. Section 829(b) and Section 21a-249(h) of the Connecticut General Statutes and as they may be amended from time to time.
  - (b) Payment shall be made for a refill of a prescription for oral contraceptives which may cover a maximum period of twelve (12) months, including the original filling.
- (2) The Department will not reimburse for an original prescription(s) or refill that exceeds the drug requirements for a period of thirty (30) days or that exceed two hundred forty (240) units except in the following instances:
  - (a) Prescriptions for chronic conditions or maintenance drugs shall be for at least a thirty (30) day supply not to exceed two hundred and forty (240) units unless a lesser amount is prescribed.
  - (b) For prescriptions for oral contraceptives, a supply sufficient for a maximum period of three (3) months may be dispensed at any one time.
- (3) The Department will not pay for the following:
  - (a) Any non-legend drugs for nursing home patients when these items are used in usual and customary amount for the routine care and treatment; the cost of such items is included in the nursing home’s daily rate as set by the Department.
  - (b) Any nutritional supplements for nursing home patients; the cost of such items is included in the nursing home’s daily rate as set by the Department.
  - (c) Any vaccines and/or biologicals which can be obtained free of charge from the Dept. of Public Health. The Department will notify pharmacists of such vaccines and biologicals.

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- (4) 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.

The following drugs or classes of drugs are excluded from coverage by the Medicaid agency, except the drugs checked, for which the Medicaid agency provides coverage, as described below, to ALL Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D:

- Agents when used for anorexia, weight loss, weight gain  
(Weight gain medications, anabolic steroids, growth hormones only)
  - Agents when used to promote fertility
  - Agents when used for cosmetic purposes or hair growth
  - Agents when used for the symptomatic relief of cough and colds
  - Prescription vitamins and mineral products, except prenatal vitamins and fluoride
  - Nonprescription drugs on the OTC formulary covered for clients under the age of 21; those drugs determined by the Department to be appropriate for coverage based on clinical efficacy, safety and cost are covered for all clients; low-dose aspirin covered for men ages 45 to 79 years and women ages 55 to 79 years when the potential benefit outweighs the potential harm; low-dose aspirin for women who are pregnant; and folic acid covered for women planning or capable of pregnancy.  
(OTC formulary includes: Antacids, H2 antacids, spermicidal foam and jelly, cough, cold and allergy, nasal mast stabilizer, laxatives, antihistamines, decongestants, topical Antifungals, vaginal Antifungals).
  - 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
- (5) Certification of Brand Name Drugs  
Reimbursement for multiple-source drugs for which CMS has designated a FUL is not limited to the FUL if a licensed authorized practitioner determines that a specific brand is medically necessary for a particular patient provided the requirements noted in section 5(a) are met.
- (6) Prior Authorization Requirements:  
PA shall be available in accordance with 1927(d)(5) of the Social Security Act. The state shall provide a response within two (2) hours upon a request for prior authorization. An automatic fourteen (14) day supply of medication shall be made available if no prior authorization has been requested and granted. In addition, a one-time five (5) day emergency supply shall be made available when the department representative has been contacted and no prior authorization has been requested and granted.

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b. Drugs

- (5) Payment will be made for refills of a prescription as prescribed/authorized by the licensed authorized practitioner for an acute or chronic illness or condition as follows:
  - (c) Payment will be made for the original prescription and as many refills as ordered by the licensed authorized practitioner covering a maximum period of twelve (12) months in accordance with paragraphs 12.a (6)(a) thru (d), below. This does not apply to those items which fall within the “Controlled Substance Act” that being five (5) refills or six (6) months whichever comes first as governed by 21 U.S.C. Section 829(b) and Section 21a-249(h) of the Connecticut General Statutes and as they may be amended from time to time.
  - (d) Payment shall be made for a refill of a prescription for oral contraceptives which may cover a maximum period of twelve (12) months, including the original filling.
- (6) The Department will not reimburse for an original prescription(s) or refill that exceeds the drug requirements for a period of thirty (30) days or that exceed two hundred forty (240) units except in the following instances:
  - (c) Prescriptions for chronic conditions or maintenance drugs shall be for at least a thirty (30) day supply not to exceed two hundred and forty (240) units unless a lesser amount is prescribed.
  - (d) For prescriptions for oral contraceptives, a supply sufficient for a maximum period of three (3) months may be dispensed at any one time.
- (7) The Department will not pay for the following:
  - (d) Any non-legend drugs for nursing home patients when these items are used in usual and customary amount for the routine care and treatment; the cost of such items is included in the nursing home’s daily rate as set by the Department.
  - (e) Any nutritional supplements for nursing home patients; the cost of such items is included in the nursing home’s daily rate as set by the Department.
  - (f) Any vaccines and/or biologicals which can be obtained free of charge from the Dept. of Public Health. The Department will notify pharmacists of such vaccines and biologicals.

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- (8) 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.

The following drugs or classes of drugs are excluded from coverage by the Medicaid agency, except the drugs checked, for which the Medicaid agency provides coverage, as described below, to ALL Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D:

- Agents when used for anorexia, weight loss, weight gain  
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(OTC formulary includes: Antacids, H2 antacids, spermicidal foam and jelly, cough, cold and allergy, nasal mast stabilizer, laxatives, antihistamines, decongestants, topical Antifungals, vaginal Antifungals).
  - 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
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TN # 15-041  
Supersedes  
TN# 15-036

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

Effective Date 08/01/2015