

## NOTICE OF PROPOSED CHANGES TO THE STATE MEDICAID PLAN

The Department of Social Services (DSS) proposes to amend its Medicaid State Plan on or after October 1, 2010.

Pursuant to Section 4107 of the Patient Protection and Affordable Care Act of 2010, DSS intends to amend Attachments 3.1-A and 3.1-B of the Connecticut Medicaid State Plan pertaining to tobacco cessation services. This change will allow coverage of smoking cessation services for pregnant women. In particular, DSS will cover diagnostic, therapy and counseling services and FDA-approved legend and non-legend (over-the-counter) tobacco cessation drugs for pregnant women.

The anticipated costs for these additional services are \$180,000 in SFY 2011 and \$290,000 in SFY 2012.

Copies of the proposed changes may be obtained at each of the DSS's regional offices and on the DSS web site: [www.dss.state.ct.us](http://www.dss.state.ct.us). Go to "Publications" and then to "News and Updates". For information please contact 860-424-5145.

Written comments may be sent by October 12, 2010 to:

Director of Medical Care Administration  
Re: State Plan Amendment for Smoking Cessation Services  
Department of Social Services  
25 Sigourney Street, 11<sup>th</sup> floor  
Hartford, CT 06106

**TATE 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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- (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  
(OTC formulary includes: Antacids, H2 antacids, birth control products, calcium and magnesium preparations, diabetic related products, electrolytic replacement products, hematinics, nutritional supplements, vitamins, cough, cold and allergy, nasal mast stabilizer, laxatives, antihistamines, decongestants, topical Antifungals, vaginal Antifungals, artificial tear products)
- 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
- Barbiturates
- Benzodiazepines
- Smoking cessation (except dual eligibles as Part D will cover and for pregnant women, both legend and non-legend products will be covered by the Medicaid agency)

- (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 6(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.

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

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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)
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