

Table of Contents

State/Territory Name: Connecticut

State Plan Amendment (SPA)#: 25-0004

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Medicaid Benefits and Health Programs Group

May 6, 2025

Andrea Reeves, Commissioner
Connecticut Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

Dear Andrea Reeves,

We have reviewed Connecticut's State Plan Amendment (SPA) 25-0004 received in the Centers for Medicare and Medicaid Services (CMS) OneMAC application on March 28, 2025. This amendment authorizes the state to enter into value-based supplemental drug rebate agreements on a voluntary basis.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that CT-25-0004 is approved with an effective date of January 1, 2025.

We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into the Connecticut state plan. If you have any questions regarding this amendment, please contact Michael Forman at Michael.forman@cms.hhs.gov.

Sincerely,



Mickey Morgan
Acting Director
Division of Pharmacy

cc: William Halsey, Connecticut Department of Social Services
Fatmata Williams, Connecticut Department of Social Services
Herman Kranc, Connecticut Department of Social Services
Jason T. Gott, Connecticut Department of Social Services
Michaela Rosenberger, Connecticut Department of Social Services
Mehul Dalal, Connecticut Department of Social Services
Dana Robinson-Rush, Connecticut Department of Social Services
Ginny L Mahoney, Connecticut Department of Social Services
Jody Terranova, Connecticut Department of Social Services
Joel Norwood, Connecticut Department of Social Services
Claudia Henderson, Connecticut Department of Social Services
Marie DiMartino, CMS, Medicaid and CHIP Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 5 — 0 0 0 4</u>	2. STATE <u>CT</u>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
5. FEDERAL STATUTE/REGULATION CITATION Social Security Act Sections 1927 and 42 CFR 447.502, -512, -518		4. PROPOSED EFFECTIVE DATE January 1, 2025	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Addendum page 11c to Attachments 3.1-A and 3.1-B		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u>	
9. SUBJECT OF AMENDMENT This SPA will amend Attachment 3.1-A and 3.1-B in order to enter into a pharmacy value-based purchasing supplemental rebate agreement with manufacturers on a voluntary basis. The conditions of the value/outcomes-based contract shall be agreed upon by both the state and manufacturer.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Addendum page 11c to Attachments 3.1-A and 3.1-B	
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 35%;"> <input type="radio"/> OTHER, AS SPECIFIED: </div> </div>			
11. SIG		15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney	
12. TYP	Andrea Barton Reeves, J.D.	13. TITLE Commissioner	
13. TITLE	Commissioner		
14. DATE SUBMITTED	March 28, 2025		
FOR CMS USE ONLY			
16. DATE RECEIVED	March 28, 2025	17. DATE APPROVED	May 6, 2025
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL	January 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL [Redacted Signature]	
20. TYPED NAME OF APPROVING OFFICIAL	Mickey Morgan	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Pharmacy	
22. REMARKS			

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

(8) Preferred Drug List with Prior Authorization

- (a) Pursuant to 42 U.S.C. §1396r-8 and Section 17b-274d of the Connecticut General Statutes, as amended by Section 83 of Public Act 03-3 (June Special Session) and, effective August 1, 2004, as amended by Section 8 of Public Act 04-258, the State is establishing a preferred drug list with prior authorization for drugs not included on the preferred drug list as set forth in paragraph 12.a(6) above.
- (b) Prior authorization may be established for certain drug classes, particular drugs or medically accepted indication for uses and doses.
- (c) The State will appoint a Pharmaceutical and Therapeutics Committee in accordance with federal and state law.

(9) Effective January 1, 2025, CMS has authorized the State of Connecticut to enter into value-based supplemental rebate agreements with manufacturers on a voluntary basis. The conditions of the value-based supplemental rebate agreement shall be agreed upon by both the state and manufacturer.

TN # 25-0004
Supersedes
TN # 11-020

Approval Date 05/06/2025

Effective Date 01/01/2025

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

(8) Preferred Drug List with Prior Authorization

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