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State/Territory Name: Connecticut

State Plan Amendment (SPA)#: 25-0014

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

June 3, 2025

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

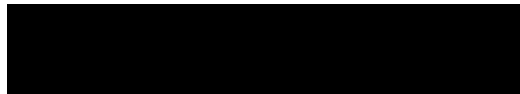
Dear Andrea Reeves,

We have reviewed Connecticut's State Plan Amendment (SPA) 25-0014 received in the Centers for Medicare and Medicaid Services (CMS) OneMAC application on March 28, 2025. This amendment provides updates to the states excluded drug listing.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that CT-25-0014 is approved with an effective date of June 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
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**

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act Sections 1927 and 42 USC 1396r-8d(2)A

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Addendum Page 11 to Attachments 3.1-A and 3.1-B

1. TRANSMITTAL NUMBER
2 5 — 0 0 1 4

2. STATE
CT

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXI

4. PROPOSED EFFECTIVE DATE
June 1, 2025

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 1,253,687
b. FFY 2026 \$ 2,297,888

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Addendum Page 11 to Attachments 3.1-A and 3.1-B

9. SUBJECT OF AMENDMENT

Provide updates to the State's excluded drug listing. Limits coverage of FDA approved weight loss medications to only include orlistat and phentermine. Xenical may be substituted for orlistat if (1) the net cost to the state after rebates is lower or (2) orlistat is not available due to supply restrictions; Coverage of select hair growth/cosmetic/OTC drugs if deemed medically necessary.

10. GOVERNOR'S REVIEW (Check One)

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ OTHER, AS SPECIFIED:

12. TYPED NAME
Andrea Barton Reeves, J.D.

13. TITLE
Commissioner

14. DATE SUBMITTED
March 28, 2025

15. RETURN TO
State of Connecticut
Department of Social Services
55 Farmington Avenue – 9th floor
Hartford, CT 06105
Attention: Ginny Mahoney

FOR CMS USE ONLY

16. DATE RECEIVED
March 28, 2025

17. DATE APPROVED
June 3, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
June 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

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 & SCOPE OF SERVICES PROVIDED TO CATEGORICALLY NEEDY GROUP(S): ALL

- (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:

- ☒ Only the weight loss medications orlistat and phentermine. Xenical may be substituted for orlistat depending on net cost or availability. These weight loss medications are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Publication," then scroll down to Chapter 7 and select "**Publication**" then scroll down to Chapter Seven and select Provider Type "**Pharmacy**" then click on "**View Chapter 7**".
- ☒ Select agents when used for anorexia, or weight gain as published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page select "**Pharmacy Information**" then scroll down to the appropriate pharmacy link.
- ☐ Agents when used to promote fertility.
- ☒ Select agents when used for cosmetic purposes or hair growth only when the state has determined that use to be medically necessary.
- ☒ Select agents when used for the symptomatic relief of cough and colds as published on the Connecticut Medical Assistance Program website: Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page select "**Pharmacy Information**" then scroll down to the appropriate pharmacy link.
- ☒ Select prescription vitamins and mineral products, except prenatal vitamins and fluoride as published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page select "**Pharmacy Information**" then scroll down to the appropriate pharmacy link.
- ☒ Select nonprescription drugs on the OTC formulary for clients as listed on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page select "**Pharmacy Information**" then scroll down to the appropriate pharmacy link.
- ☐ 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.

TN # 25-0014
Supersedes
TN # 15-041

Approval Date 6/3/2025

Effective Date 6/1/2025

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

- (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:

- ☒ Only the weight loss medications orlistat and phentermine. Xenical may be substituted for orlistat depending on net cost or availability. These weight loss medications are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Publication," then scroll down to Chapter 7 and select "**Publication**" then scroll down to Chapter Seven and select Provider Type "**Pharmacy**" then click on "**View Chapter 7**".
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 - ☐ 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.
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