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State/Territory Name: Florida

State Plan Amendment (SPA)#: 25-0010

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid Benefits and Health Programs Group

November 19, 2025

Brian Meyer
State Medicaid Director
Florida Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, FL 32308

Dear Brian Meyer,

We have reviewed Florida's State Plan Amendment (SPA) 25-0010 received in the Centers for Medicare and Medicaid Services (CMS) OneMAC application on September 29, 2025. This amendment authorizes reimbursement for carved-out drugs at a rate equivalent to the wholesaler or provider actual acquisition cost.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that FL-25-0010 is approved with an effective date of September 30, 2025.

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

Sincerely,

[redacted]

Catherine A. Traugott, R.Ph., J.D.
Acting Director
Division of Pharmacy

cc: Ann Dalton, Florida, Agency for Health Care Administration
Shanise Jackson, Florida, Agency for Health Care Administration
Devona Pickle, Florida, Agency for Health Care Administration
Edwin Lang, Florida, Agency for Health Care Administration
Julianne Henry, Florida, Agency for Health Care Administration
Mekia Jackson, Florida, Agency for Health Care Administration
Jesseka Forbes, Florida, Agency for Health Care Administration
Susan Hamrick, Florida, Agency for Health Care Administration
Kia Carter-Anderson, CMS, Medicaid and CHIP Operations Group

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0010

2. STATE: FL

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

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

4. PROPOSED EFFECTIVE DATE
September 30, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Part 447 Subpart I

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024-25 $ 0
b. FFY 2025-26 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B page 4

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 4.19-B page 4

9. SUBJECT OF AMENDMENT
Amendment to include reimbursement for cell and gene therapies, at a rate no less than the wholesaler or provider actual acquisition cost. Amendment to include reimbursement for carved-out drugs at a rate equivalent to the wholesaler or provider actual acquisition cost.

10. GOVERNOR'S REVIEW *(Check One)*
( ) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
(●) OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Brian Meyer

13. TITLE
Deputy Secretary for Medicaid

14. DATE SUBMITTED
9-29-25

15. RETURN TO
Mr. Brian Meyer

Deputy Secretary for Medicaid
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #8
Tallahassee, Florida 32308

Attention: Shanise Jackson

FOR CMS USE ONLY

16. DATE RECEIVED
09/29/2025

17. DATE APPROVED
11/19/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
09/30/2025

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Catherine A. Traugott, R. Ph., J. D.

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Pharmacy

22. REMARKS

11/6/2025 - The state authorized a Pen & Ink change to Box 9, updating the subject language.

PRESCRIBED DRUGS

Florida Medicaid reimburses for prescribed drugs in accordance with the provisions of Title 42 Code of Federal Regulations, Section 447 Subpart I.

1. Florida Medicaid reimburses for covered drugs dispensed by an approved Florida Medicaid pharmacy provider, or a provider enrolled as a dispensing practitioner, in an amount not to exceed the lesser of the following four items:

   a. The Actual Acquisition Cost (AAC) plus a professional dispensing fee (PDF) of $10.24. The National Average Drug Acquisition Cost (NADAC) will be used for the AAC when available. If the NADAC is unavailable, the AAC will be equal to wholesaler acquisition cost.
   b. The Wholesaler Acquisition Cost (WAC) plus a PDF of $10.24.
   c. The State Maximum Allowable Cost plus a PDF of $10.24.
   d. The provider's Usual and Customary Charge (U&C).

   Florida Medicaid reimburses for the following utilizing the above payment methodology:
   - Covered outpatient drugs dispensed by a retail community pharmacy
   - Specialty drugs dispensed primarily through the mail
   - Drugs not purchased pursuant to the 340B Program by a covered entity
   - Drugs dispensed in an institutional or long-term care pharmacy when not included as part of an inpatient stay

   Florida Medicaid utilizes the NADAC in the reimbursement methodology, which ensures that the Federal Upper Limit price in the aggregate will not be exceeded.

2. Florida Medicaid utilizes the actual purchased drug price plus a PDF in the reimbursement methodology for drugs acquired via the Federal Supply Schedule.

3. Florida Medicaid utilizes the actual purchased drug price plus a PDF in the reimbursement methodology for drugs acquired via nominal price.

4. Florida Medicaid reimburses for drugs purchased under the 340B program at the actual purchased drug price, which cannot exceed the 340B ceiling price, plus a dispensing fee of $10.24. This provision only applies to covered entities, Indian Health Services, tribal organizations, urban Indian pharmacies and federally qualified health centers or the contracted agents that dispense drugs purchased at prices authorized under section 340B of the Public Health Service Act.

5. Florida Medicaid reimburses for clotting factor to the vendors awarded the State's hemophilia contract at the negotiated price.

6. Florida Medicaid reimburses for covered prescribed drugs administered by a licensed practitioner in an office setting as provided by the Centers for Medicare & Medicaid Services (CMS) quarterly in the format of drug pricing files, available at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/index.html, or when no ASP rate is available, at WAC.

7. Florida Medicaid reimburses for covered prescribed drugs purchased under the 340B program administered in an outpatient facility at an amount not to exceed the 340B ceiling price.

8. Florida Medicaid does not reimburse for investigational or experimental drugs.

9. Florida Medicaid reimburses for high-cost drugs, as listed on the state's website, exempt from the DRG and EAPG bundled payment at the wholesaler or provider AAC.