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State/Territory Name: Northern Mariana

State Plan Amendment (SPA) #: 22-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary 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



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

September 09, 2022

Ralph DLG. Torres
Office of the Governor
CNMI Medicaid Agency
Caller Box 10007
Saipan, MP 96950

Dear Ralph DLG. Torres:

The CMS Division of Pharmacy team has reviewed Northern Mariana's State Plan Amendment (SPA) 22-0001 received in the CMS Division of Program Operations on June 14, 2022. This SPA waives Northern Mariana from participation in the Medicaid Drug Rebate Program (MDRP) under the authority of 1902(j) of the Social Security Act.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 22-0001 is approved with an effective date of June 1, 2022. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Northern Mariana's state plan. If you have any questions regarding this amendment, please contact Charlotte Hammond at (410) 786-1092 or charlotte.hammond@cms.hhs.gov.

Sincerely,

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: Vicenta Borja, Northern Mariana, Office of the Governor
Barbara Prehmus, CMS Division of Program Operations - West Branch

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER 2 2 — 0 0 0 1 |
| | 2. STATE CNMI MP |
| | 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE JUNE 1, 2022 |
| 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447, Subpart I | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022 \$ 0 b. FFY 2023 \$ 0 |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1A, 12a. Prescribed Drugs On and Off-Island Drugs | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Drugs Attachment 3.1A, 12a. Prescribed Drugs On and Off-Island. Page 10 of 17; TN#: MP-13-001 |

9. SUBJECT OF AMENDMENT
 Exemption from the ~~Medicaid Drug Rebate Program~~ The purpose of this SPA is to waive out of the Medicaid Drug Rebate Program (MDRP) under 1902(j) authority.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

| | |
|---|---|
| 11. SIGNATURE OF STATE AGENCY _____ RALPH DLG. TORRES | 15. RETURN TO OFFICE OF THE GOVERNOR CNMI MEDICAID AGENCY CALLER BOX 10007 SAIPAN, MP 96950 |
| 12. TYPED NAME RALPH DLG. TORRES | |
| 13. TITLE GOVERNOR | |
| 14. DATE SUBMITTED JUNE 1, 2022 | |

FOR CMS USE ONLY

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| 16. DATE RECEIVED JUNE 14, 2022 | 17. DATE APPROVED SEPTEMBER 09, 2022 |
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PLAN APPROVED - ONE COPY ATTACHED

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|---|---|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL JUNE 1, 2022 | 19. SIGNATURE _____ |
| 20. TYPED NAME OF APPROVING OFFICIAL JOHN M. COSTER | 21. TITLE OF APPROVING OFFICIAL DIRECTOR, DIVISION OF PHARMACY |

22. REMARKS
 Authorization received via email (6/30/22) for Pen & Ink changes to Boxes 2, 7 and 8 to correct territory designation and errors, and to Box 9 to add clarifying language.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**12.a. Prescribed Drugs**

- Consistent with the authority described at section 1902(j) of the Social Security Act, the requirement for the Commonwealth of the Northern Mariana Islands to comply with the requirements of section 1902(a)(54) of the Social Security Act is waived. As a result, CNMI is not required to comply with the applicable requirements of section 1927 of the Social Security Act, or the implementing regulations at 42 CFR Part 447, Subpart I.
- Prescribed drugs must be prescribed by a licensed physician or practitioner as defined by federal and CNMI law.
- Coverage for brand-name medications is excluded when they are not listed in the CNMI Medicaid Drug Formulary or when an FDA approved A-rated generic equivalent is available. Prior approval is necessary if the drug is exempted.
- Limited to 30-day supply unless larger quantity is required for off-island travel. Any quantity larger than 30-day supply must have prior authorization by the Medicaid Agency.
- Investigational drugs or listed as “less than effective” drugs are not covered.
- Excluded Drugs, even when prescribed by a physician or other authorized provider are not covered:
 - Tetrahydrocannabinol, Marinol or any form of cannabinoids, medical marijuana or marijuana alternative
 - For Weight loss
 - For Erectile dysfunction
 - For Promotion of fertility
 - That do not have a National Drug Code (NDC)
- A limitation of six (6) filled prescriptions per month. The only exception is if the doctor has submitted to the Medicaid Agency a “Medical Plan of Care” and prior approval is granted.

TN No. 22-0001

Supersedes

TN No. MP 13-001Approval Date 9/09/22Effective Date 6/1/2022