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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 24-0015

This file contains the following documents in the order listed:

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

Medicaid Benefits and Health Programs Group

November 19, 2024

Cindy H. Bradshaw
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201-1399

re: Mississippi State Plan Amendment (SPA) 24-0015

Dear Director Bradshaw:

The CMS Division of Pharmacy team has reviewed Mississippi's SPA 24-0015, received in the CMS Medicaid Services OneMAC application on October 7, 2024. This amendment proposes to allow Mississippi to cover prescribed drugs that are not covered outpatient drugs (including drugs authorized for import by the Food and Drug Administration) when medically necessary during drug shortages.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you MS-24-0015 is approved with an effective date of October 1, 2024. We are attaching a copy of the updated, signed CMS-179 form, as well as the page approved for incorporation into Mississippi's state plan.

If you have any questions regarding this state plan amendment, please contact Desiree Elekwa Izuakor at 667-290-9590 or desiree.elekwaizuakor@cms.hhs.gov.

S[redacted]
Mickey Morgan
Deputy Director, Division of Pharmacy

cc: Robin Bradshaw, Mississippi Department of Health
Melissa Miller, Mississippi Department of Health
Sarah Tadlock, Mississippi Department of Health
Tandra Hodges CMS, Mississippi State Lead

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: 24 — 0015

2. STATE: MS

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
October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 C.F.R. § § 440.120(a), 440.230

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 24 $ 144,892
b. FFY 25 $ 576,796

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
• Attachment 3.1-A, Exhibit 12A Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
• Attachment 3.1-A, Exhibit 12A Page 1

9. SUBJECT OF AMENDMENT

State Plan Amendment (SPA) 24-0015 is being submitted to allow adults to receive above the monthly prescription limit when prior authorized as medically necessary and to allow for coverage of prescription drugs that are not covered outpatient drugs when medically necessary during drug shortages identified by the Food and Drug Administration (FDA).

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:

[redacted]OFFICIAL

12. TYPED NAME
Drew L. Snyder

13. TITLE
Executive Director

14. DATE SUBMITTED
OCT 0 7 2024

15. RETURN TO
Drew L. Snyder
Miss. Division of Medicaid
Attn: Robin Bradshaw
550 High Street, Suite 1000
Jackson, MS 39201-1399

FOR CMS USE ONLY

16. DATE RECEIVED
October 07, 2024

17. DATE APPROVED
November 19, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 01, 2024

19 [redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Mickey Morgan

21
Deputy Director, Division of Pharmacy

22. REMARKS

Instructions on Back

State of Mississippi
DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

12a. **Prescribed Drugs**:

(1) Covered outpatient drugs are those produced by any manufacturer which has entered into and complies with an agreement under Section 1927 (a) of the Act which are prescribed for a medically acceptable indication. Compounded prescriptions (mixtures of two (2) or more ingredients) except for hyperalimentation are not covered.

(2) All Medicaid non-Early and Period Screening, Diagnostic and Treatment (EPSDT)-eligible beneficiaries are limited to six (6) prescriptions, which includes legend and prescribed OTC drugs, per month with no more than two (2) brand name (single source or innovator multiple source) drugs per month. Beneficiaries may exceed the prescription limits when prior authorized as medically necessary.

1. Preferred brand drugs listed on the Universal Preferred Drug List (PDL) do not count toward the two (2) brand limit, and

2. Over-the-counter (OTC) drugs prescribed by a physician listed on the Division of Medicaid's OTC PDL do not count toward the two (2) brand limit.

(3) Prescription limits are not applicable for Medicaid beneficiaries receiving institutional long-term care services.

(4) Drug Shortages: Prescribed drugs that are not covered outpatient drugs (including drugs authorized for import by the Food and Drug Administration) are covered when medically necessary during drug shortages identified by the Food and Drug Administration.

(5) As provided in Section 1935 (d) (1) of the Act, effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible under Part A or Part B.

(6) As provided by Sections 1927 (d)(2) and 1935 (d)(2) of the Act, the Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses, to all Medicaid beneficiaries including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit-Part D.

☒ Select obesity drugs will be covered as listed on the state's website.

☐ Agents when used to promote fertility;

☐ 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;

☐ Those drugs designated less than effective by the FDA as a result of the Drug Efficacy Study Implementation (DESI) program;