

Table of Contents

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 23-0031

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



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

May 18 2023

Lori A. Weaver
Interim Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Re: New Hampshire State Plan Amendment (SPA) NH 23-0031

Dear Interim Commissioner Weaver:

The CMS Division of Pharmacy team has reviewed New Hampshire's State Plan Amendment (SPA) 23-0031, received in the CMS Division of Program Operations on March 30, 2023. This SPA proposes to update coverage of the state's excluded drug list.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you NH-23-0031 is approved with an effective date of March 1, 2023. We are attaching a copy of the signed, revised CMS-179 form, as well as the pages approved for incorporation into New Hampshire'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.

Sincerely,

A large black rectangular box redacting the signature of Cynthia R. Denemark.

Cynthia R. Denemark, R.Ph.
Acting Director, Division of Pharmacy

cc: Joyce Butterworth, CMS Division of Program Operations
Jody Farwell, New Hampshire Department of Health and Human Services
Henry Lipman, New Hampshire State Medicaid Director
Dawn Tierney, New Hampshire Medicaid Business and Policy

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 3 — 0 0 3 1

2. STATE
NH

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

4. PROPOSED EFFECTIVE DATE
March 1, 2023

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

5. FEDERAL STATUTE/REGULATION CITATION
42 USC 1396r-8(d)(6), and 1396o

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, pages 5a(2) - 5a(5)
Attachment 3.1-B, pages 4d, 4e, 4f, and 4g

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Attachment 3.1-A, page 5a(2) (TN 14-003), page 5a(3) (TN
13-005), page 5a(4) (TN 06-005), page 5a(5) (TN 06-005)
Attachment 3.1-B, page 4d (TN 14-003), page 4e
(TN 13-005), page 4 (TN 06-005), page 4g (TN 06-005)

9. SUBJECT OF AMENDMENT
FDA OTC switch of Naloxone and some oral contraceptives
Update coverage of the state's excluded drug list.

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

12. TYPE
Ann H. Landry

13. TITLE
Associate Commissioner

14. DATE SUBMITTED
3-30-2023

15. RETURN TO
Jody Farwell
Division of Medicaid Services - Brown Building
129 Pleasant Street
Concord, NH 03301

FOR CMS USE ONLY

16. DATE RECEIVED
March 30, 2023

17. DATE APPROVED
May 18, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Cynthia R. Denemark, R.Ph.

21. TITLE
Acting Director, Division of Pharmacy

22. REMARKS

Governor's comments, if any, will follow.

05/9/2023- State authorized a Pen & Ink Change to Box 9.

12a. Prescribed Drugs (continued)

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.

1927(d)(2) and 1. The Medicaid agency provides coverage for the following excluded or
1935(d)(2) otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.

☐ **No excluded drugs are covered**

☒ **The following excluded drugs are covered:**

☒ (a) select agents when used for anorexia, weight loss, weight gain will be covered as listed on the state's website.

☐ (b) agents when used to promote fertility

☐ (c) agents when used for the symptomatic relief of cough and colds

☒ (d) prescription vitamins and mineral products, except prenatal vitamins and fluoride (all are covered)

☒ (e) select nonprescription drugs will be covered as listed on the state's website.

☐ (f) 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

TN No: 23-0031

Supersedes

TN No: 14-003

Approval Date: 05/18/2023

Effective Date: 03/01/2023

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX – NH
Attachment 3.1-A
Page 5a(3) (Reserved)

Reserved

TN No: 23-0031
Supersedes
TN No: 13-005

Approval Date: 05/18/2023

Effective Date: 03/01/2023

Reserved

Reserved

12a. Prescribed Drugs (continued)

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- ☒ (d) prescription vitamins and mineral products, except prenatal vitamins and fluoride (all are covered)
- ☒ (e) select nonprescription drugs will be covered as listed on the state's website.
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TN No: 23-0031
Supersedes
TN No: 14-003

Approval Date: 05/18/2023 Effective Date: 03/01/2023

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Title XIX – NH
Attachment 3.1-B
Page 4e (Reserved)

Reserved

TN No: 23-0031
Supersedes
TN No: 13-005

Approval Date: 05/18/2023

Effective Date: 03/01/2023

Reserved

TN No: 23-0031
Supersedes
TN No: 06-005

Approval Date: 05/18/2023

Effective Date: 03/01/2023

Reserved

TN No: 23-0031
Supersedes
TN No: 06-005

Approval Date: 05/18/2023

Effective Date: 03/01/2023