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State/Territory Name: Tennessee

State Plan Amendment (SPA)#: 26-0001

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

February 25, 2026

Stephen M. Smith
Director, Division of TennCare
310 Great Circle Road
Nashville, Tennessee 37243

Dear Stephen M. Smith,

We have reviewed Tennessee's State Plan Amendment (SPA) 26-0001 received in the Centers for Medicare and Medicaid Services (CMS) OneMAC application on January 27, 2026. This amendment provides updates to the state's limitations on the amount, duration, and scope of coverage for select prescribed drugs.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that TN-26-0001 is approved with an effective date of June 1, 2026.

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

Sincerely,



Mickey Morgan
Deputy Director
Division of Pharmacy

cc: Aaron Butler, Division of TennCare
Tandra Hodges, CMS, Medicaid and CHIP Operations Group

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 1

2. STATE

TN

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

June 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Parts 440 and 441

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1.A.1, Page 26;
Attachment 3.1.B.1, Page 26

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1.A.1, Page 26;
Attachment 3.1.B.1, Page 26

9. SUBJECT OF AMENDMENT

Provides updates to the state's limitations on the amount, duration, and scope of coverage for select prescribed drugs.

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 Signature]

15. RETURN TO

Tennessee Department of Finance & Administration
Division of TennCare
310 Great Circle Road
Nashville, Tennessee 37243

12. TYPED NAME
Stephen Smith

13. TITLE
Director, Division of TennCare

14. DATE SUBMITTED
01/27/2026

Attention: Aaron Butler

FOR CMS USE ONLY

16. DATE RECEIVED
01/27/2026

17. DATE APPROVED
02/25/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
06/01/2026

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Mickey Morgan

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

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

LIMITATION ON AMOUNT DURATION AND SCOPE OF MEDICAL
CARE AND SERVICES PROVIDED

- (c) Buprenorphine and buprenorphine/naloxone products and sedative hypnotics for persons aged 21 and older are restricted as specified below:
 - (i) Oral buprenorphine products for treatment of opioid use disorder are limited to evidence-based doses that address individualized patient needs and recovery goals. Utilization management processes will be used to ensure alignment of prescribed dosages with supporting clinical data.
 - (ii) Sedative hypnotic medications shall not exceed fourteen (14) pills per month for sedative hypnotic formulations in pill form such as Ambien and Lunesta, one hundred forty milliliters (140 ml) per month of chloral hydrate, or one (1) bottle every sixty (60) days of Zolpimist.
- (2) No payment will be made for an innovator multiple source drug (brand name drug) if, under applicable State law, a less expensive multiple source drug could have been dispensed, but only to the extent that such amount exceeds the upper payment limit for such multiple source drug. In the event a prescriber indicates on the face of the prescription (“dispense as written”) that he is requiring a specific brand name drug be dispensed for a specific TennCare member or if a TennCare member appeals coverage of a generic drug and the appeal process

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

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