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State/Territory Name: Wisconsin

State Plan Amendment (SPA)#:WI-24-0021

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

Medical Benefits Health Programs Group

November 27, 2024

Bill Hanna
Medicaid Director
Department Of Health and Human Services
1 W Wilson St
P.O. Box 309
Madison, WI 53701

Dear Bill Hanna,

The CMS Division of Pharmacy team has reviewed Wisconsin's State Plan Amendment (SPA) 24-0021 received in the CMS Medicaid Services OneMAC application on September 27, 2024. This SPA proposes to modify the language provisions for coverage of weight loss drugs as outlined on the Wisconsin Medicaid Drug Search Tool found on the state's website.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 24-0021 is approved with an effective date of July 1, 2024. 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 page approved for incorporation into Wisconsin'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,

A black rectangular box redacting the signature of Mickey D. Morgan.

Mickey D. Morgan
Deputy Director
Division of Pharmacy

cc: Allie Merfeld, State Plan Amendment Coordinator, Wisconsin Department of Health
Mai Le-Yeun, 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 4 — 0 0 2 1

2. STATE

WI3. 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

7/1/2024

5. FEDERAL STATUTE/REGULATION CITATION

§ 1905(a)(12)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 6c and 6d in Supplement 1 to Attachment 3.1-A8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Page 6c and 6d in Supplement 1 to Attachment 3.1-A

9. SUBJECT OF AMENDMENT

This amendment is to modify language in the Medicaid State Plan drug coverage pages to better reflect coverage information by referencing the state's web page resource for coverage information.

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:

Bill Hanna

13. TITLE

Medicaid Director

14. DATE SUBMITTED

9/27/2024

15. RETURN TO

Allie Merfeld
State Plan Amendment Coordinator
Department of Health Services
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

FOR CMS USE ONLY16. DATE RECEIVED
09/27/202417. DATE APPROVED
11/27/2024**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2024

19. SIGN

20. TYPED NAME OF APPROVING OFFICIAL

MICKEY MORGAN

21. TITLE OF APPROVING OFFICIAL

DEPUTY DIRECTOR

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wisconsin

MEDICAID PROGRAM: REQUIREMENTS RELATING TO
COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

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.

The Medicaid agency provides coverage for the following excluded or 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.

The following excluded drugs are covered:

- ☒ (a) agents when used for weight loss
Drugs covered by the program are outlined on the Wisconsin Medicaid Drug Search Tool found on the state's website.
- ☐ (b) agents when used to promote fertility (see specific drug categories below)
- ☒ (c) agents when used for the symptomatic relief cough and colds
- ☒ (d) prescription vitamins and mineral products, except prenatal vitamins and fluoride
- ☒ (e) nonprescription drugs

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wisconsin

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED
OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

- ☐ (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 (see specific drug categories below)