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State/Territory: New Jersey

State Plan Amendment (SPA) #: 23-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Page

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 5, 2023

Jennifer Langer Jacobs
Assistant Commissioner
NJ Department of Human Services
Division of Medical Assistance and Health Services
P.O. Box 712, Mail Code #26
Trenton, NJ 08625-0712

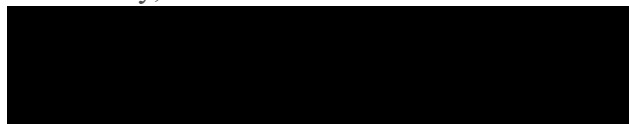
Dear Jennifer Langer Jacobs,

The CMS Division of Pharmacy team has reviewed New Jersey's State Plan Amendment (SPA) 23-0002 received in the CMS Medicaid & CHIP Operations Group on March 8, 2023. This SPA proposes to amend the pharmacy page's provision to cover all prescriptions for FDA-approved oral contraceptives for up to a 12-month supply at one time.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 23-0002 is approved with an effective date of January 1, 2023. 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 New Jersey's state plan. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144 or terry.simananda@cms.hhs.gov.

Sincerely,



Mickey Morgan
Acting Deputy Director
Division of Pharmacy

cc: Julie Hubbs, NJ Department of Human Services
Terri Fraser, NJ Medicaid State Lead, CMS

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 2

2. STATE

NJ

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

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 97,706

b. FFY 2024 \$ 144,281

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Addendum to Attachment 3.1-A Page 12(a)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

same

9. SUBJECT OF AMENDMENT

Contraceptives up to a 12 month supply at one time

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]

12. TYPED NAME

Sarah Adelman

13. TITLE

Commissioner, Department of Human Services

14. DATE SUBMITTED

3/8/23

15. RETURN TO

**Jennifer Langer Jacobs, Assistant Commissioner
Division of Medical Assistance and Health Services
P.O. Box 712, Mail Code #26
Trenton, NJ 08625-0712**

FOR CMS USE ONLY

16. DATE RECEIVED

March 8, 2023

17. DATE APPROVED

May 5, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Mickey Morgan

21. TITLE OF APPROVING OFFICIAL

Acting Deputy Director, Division of Pharmacy

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF NEW JERSEY

LIMITATIONS ON AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY

12(a) Pharmacy services

Coverage of drugs is available, limited to the following:

All initial prescriptions shall be limited to a 34-day supply and all refills shall be limited to a 34-day supply or 100 unit doses, whichever is greater, with no more than five refills in a six-month period. Prescription refills shall not be dispensed until 85% of the medication originally dispensed or refilled could have been consumed in accordance with the prescriber's original directions for use.

Exception: All prescriptions for FDA-approved oral contraceptives shall be covered for up to a 12-month supply at one time.

Outpatient prescription drugs, multi-source generic and single-source brand-name drugs, are covered without prior authorization, unless otherwise required by the State's Prospective Drug Utilization Review (PDUR) or the State's Mandatory Generic Drug Substitution Program.

In the State's Mandatory Generic Drug Substitution Program, multi-source brand-name drugs require prior authorization when determined medically necessary by the Medicaid program. Up to a ten (10) day supply of a multi-source brand-name drug may be dispensed without prior authorization. Certain multi-source brand-name drugs including, but not limited to narrow therapeutic index (NTI) drugs and mental health drugs, are excluded from prior authorization, as determined by the Commissioner. Requests for prior authorization are responded to by the State within twenty-four (24) hours.

In the State's PDUR Program, prior authorization is required through a medical exception process (MEP) for prescribed drugs that exceed prospective drug utilization review (PDUR) standards recommended by the New Jersey Drug Utilization Review Board and approved by the Commissioner of the Department of Human Services and the Commissioner of the Department of Health and Senior Services. These standards include, but are not limited to severe drug-drug interactions, maximum daily dosage, therapeutic duplication and durations of drug use. Certain drugs subject to the MEP may require prior authorization when dispensing an initial supply of medication.

TN: 23-0002-MA

Supersedes: 09-05-MA

23-0002-MA (NJ)
Approval Date: 5/5/2023

Effective Date: 1/1/2023