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State/Territory Name: Nebraska

State Plan Amendment (SPA)#:NE-23-0007

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 and Health Programs Group

September 21, 2023

Kevin Bagley
Division of Medicaid & Long-Term Care
Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509

Dear Kevin Bagley:

The CMS Division of Pharmacy has reviewed Nebraska's State Plan Amendment (SPA) 23-0007 received in the CMS Medicaid & CHIP Operation Group on July 5, 2023. This SPA proposes to update the language on the state's excluded drug list on the Pharmacy state plan coverage pages.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 23-0007 is approved with an effective date of July 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 Nebraska'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,



Mickey Morgan
Deputy Director
Division of Pharmacy

cc: Dawn Kastens, Nebraska Department of Health and Human Services, Nebraska Christenson Tyson, 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 3 — 0 0 0 7	2. STATE N E
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION Section 5008 of the 21st Century Cures Act and amended Section 1903(i)(21) of the SSA	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2023</u> \$ 0 b FFY <u>2024</u> \$ 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 3.1-A, Item 12a, Pages 2 and 3	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 3.1-A, Item 12a, Pages 2 and 3	
9. SUBJECT OF AMENDMENT Over the Counter and Cosmetic Drugs		

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review
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[REDACTED] AGENCY OFFICIAL 12. TYPED NAME Kevin Bagley 13. TITLE Director, Division of Medicaid & Long-Term Care 14. DATE SUBMITTED July 5, 2023	15. RETURN TO Dawn Kastens Division of Medicaid & Long-Term Care Nebraska Department of Health and Human Services 301 Centennial Mall South Lincoln, NE 68509
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FOR CMS USE ONLY	
16. DATE RECEIVED 7/5/2023	17. DATE APPROVED 9/21/2023

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/2023	19. SIGN [REDACTED]
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 Agency Nebraska

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

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
1935(d)(1)	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 1935(d)(2)	<p>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.</p> <p>X The following excluded drugs are covered:</p> <p><i>(“All” drugs categories covered under the drug class) <input type="checkbox"/></i></p> <p><i>(“Some” drugs categories covered under the drug class X -List the covered common drug categories not individual drug products directly under the appropriate drug class)</i></p> <p><i>(“None” of the drugs under this drug class are covered) <input type="checkbox"/></i></p> <p>X (a) agents when used for anorexia, weight loss, weight gain (limited to weight gain only) as outlined on the Nebraska Point of Purchase System and as listed on the Nebraska Medicaid Pharmacy Program website</p> <p><input type="checkbox"/> (b) agents when used to promote fertility</p> <p>X (c) agents when used for the symptomatic relief of cough and colds as outlined on the Nebraska Point of Purchase System and as listed on the Nebraska Medicaid Pharmacy Program website</p>

TN No. NE 23-0007
Supersedes
TN No. NE 13-25

Approval Date 9/21/2023 Effective Date 7/1/2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Nebraska

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS
FOR BOTH THE CATEGORICALLY NEEDED AND MEDICALLY NEEDED

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
X	(d) prescription vitamins and mineral products, except prenatal vitamins and fluoride
X	(e) Select nonprescription drugs are covered as outlined on the Nebraska Point of Purchase System and as listed on the Nebraska Medicaid Pharmacy Program website.
X	(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. NE 23-0007

Supersedes

TN No. NE 13-25

Approval Date 9/21/2023 Effective Date 7/1/2023