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State/Territory Name: Wyoming

State Plan Amendment (SPA) #: WY-23-0016

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

February 8, 2024

Lee Grossman
State Medicaid Agent
Division of Health Care Financing
Herschler Building
122 West 25th Street, 4 West
Cheyenne, WY 82002


Dear Lee Grossman,

The CMS Division of Pharmacy team has reviewed Wyoming's State Plan Amendment (SPA) 23-0016 received in the CMS Medicaid & CHIP Operations Group on September 29, 2023. This SPA proposes to update the state's Excluded Drug listing.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 23-0016 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 pages approved for incorporation into Wyoming's state plan. If you have any questions regarding this amendment, please contact Omar Alemi at (720) 853-2724 or omar.alemi@cms.hhs.gov.

Sincerely,



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

cc: Jennifer Conrick, State Plan Team, Wyoming State Medicaid
Ford Blunt, Wyoming State Medicaid Lead, CMS
Edwin Walazcek, Wyoming State Medicaid team, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER WY-23-0016	2. STATE WY
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> 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 Section 1927(d)(2) of the Act		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, Section 12.a. Requirements Relating to Covered Outpatient Drugs for the Categorically Needy, Pages 1-4		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Section 12.a., Pages 1-4	
9. SUBJECT OF AMENDMENT The purpose of this amendment is to update Attachment 3.1-A, Section 12.a. to refine the language regarding which nonprescription drugs Wyoming Medicaid will cover. This amendment also removes the reference to cosmetic and hair growth agents as required by CURES Act guidance.			
10. GOVERNOR'S REVIEW (Check One)			
<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="radio"/> OTHER, AS SPECIFIED:	
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO LEE GROSSMAN STATE MEDICAID AGENT DIVISION OF HEALTHCARE FINANCING HERSCHLER BUILDING 122 WEST 25TH STREET, 4 WEST CHEYENNE, WY 82002	
12. TYPED NAME Lee Grossman		CC: JENNIFER CONRICK, EXECUTIVE ASSISTANT	
13. TITLE State Medicaid Agent			
14. DATE SUBMITTED 09/29/2023			
FOR CMS USE ONLY			
16. DATE RECEIVED 09/29/2023		17. DATE APPROVED 2/8/2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 07/1/2023		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Cynthia R. Denemark, R.Ph.		21. TITLE OF APPROVING OFFICIAL Director, Division of Pharmacy	
22. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wyoming

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY 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><input checked="" type="checkbox"/> The following excluded drugs are covered:</p> <p><input type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain</p> <p><input type="checkbox"/> (b) agents when used to promote fertility</p> <p><input checked="" type="checkbox"/> (c) select agents when used for the symptomatic relief of cough and colds as outlined on the state website</p> <p><input checked="" type="checkbox"/> (d) select prescription vitamins and mineral products, except prenatal vitamins and fluoride as outlined on the state website</p> <p><input checked="" type="checkbox"/> (e) select nonprescription drugs as outlined on the state website</p>

TN No. 23-0016
Supersedes
TN No. 14-009

Approval Date 2/8/2024

Effective Date July 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wyoming

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

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
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- (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)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency Wyoming

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

12.a. Prescribed Drugs: Description of Service Limitation

Drugs dispensed in quantities of more than a 34-day supply will not be allowed for payment with the exception of claims received for drugs that are identified as maintenance medications by the Division.

The State will cover erectile dysfunction drugs for FDA approved indications other than for sexual or erectile dysfunction.

Drugs when billed with a date of service such that 80% of the product from a previous bill would not have been utilized and/or an accumulation of the drug from previous refills exceeds a 15 day supply, or in cases where the drug billed is a narcotic that 90% of the product from a previous bill would not have been utilized and/or an accumulation of the drug from previous refills exceeds a 7 days supply except in situations where the Division determines that the early refill is medically necessary and authorizes an over-ride for the claim.

To increase the cost-effectiveness of dispensing habits, quantities of medication may be restricted if the Medical Services Division or the Drug Utilization Review (DUR) Board determines (a) an alternate method of dispensing would be medically appropriate and more cost-effective, or (b) the dose is not a medically accepted dose supported by citations in the compendia described in Section 1927 (g)(1)(B)(i) of OBRA '93.

Supplemental Rebate Agreements: Certain covered products in accordance with Section 1927 of the Social Security Act may not be among the baseline preferred drugs identified by the State of Wyoming's Pharmacy and Therapeutics (P&T) Committee for various therapeutic classes. The state may negotiate supplemental rebate agreements that would reclassify any drug not designated as preferred in the baseline listing for as long as the agreement is in effect.

In addition, the State has the following policies for the supplemental rebate program for the Medicaid population:

The state of Wyoming has entered into an agreement with the "Sovereign States Drug Consortium (SSDC)" Medicaid multi-State purchasing pool. Funds received from supplemental

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Attachment 3.1-A
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MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE
CATEGORICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

rebate agreements will be reported to CMS. The state will remit the federal portion of any supplemental rebates collected. Manufacturers with supplemental rebate agreements are allowed to audit utilization data.

The unit rebate amount is confidential and cannot be disclosed in accordance with Section 1927 (b)(3)(D) of the Social Security Act.

The Wyoming Department of Health, Medicaid Pharmacy Services under the Division of Healthcare Financing may require prior authorization for covered outpatient drugs. Non-preferred drugs are available with prior authorization.

The prior authorization process for covered outpatient drugs will conform to the provisions of Section 1927 (d)(5) of the Social Security Act.

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