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State/Territory Name: Georgia

State Plan Amendment (SPA)#: GA-24-0001

This file contains the following document 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



Center for Medicaid and CHIP Services

Medicaid Benefits and Health Programs Group

June 06, 2024

Stuart Portman
Executive Director
Medical Assistance Plans Division
2 Martin Luther King Jr. Drive SE
East Tower, 18th Floor.
Atlanta, Georgia 30334

re: Georgia State Plan Amendment (SPA) 24-0001

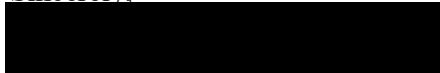
Dear Director Portman:

The CMS Division of Pharmacy team has reviewed Georgia State Plan Amendment (SPA) 24-0001, received in the CMS Division of Program Operations on March 13, 2024. This amendment proposes to update provisions regarding the state's excluded drug listing.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you GA-24-0001 is approved with an effective date of January 01, 2024. Our review was limited to the material necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the revised and signed CMS-179 form, as well as the pages approved for incorporation into Georgia's state plan. If you have any questions regarding this state plan amendment, please contact Desiree Elekwa Izuakor at 667-290-9590 or desiree.elekwaizuakor@cms.hhs.gov.

Sincerely,



Mickey Morgan
Deputy Director, Division of Pharmacy

cc: Peter D'Alba, Director, Pharmacy Services, GA Department of Community Health
Lynnette R. Rhodes, GA Department of Community Health
Brian Dowd, GA Department of Community Health
Melonie Wilson, GA Department of Community Health
Etta Hawkins, Georgia State Lead, CMS

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

1. TRANSMITTAL NUMBER
2 4 — 0 0 0 1

2. STATE
GA

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, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a) of the Social Security Act, 42 CFR 440.230

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Page 5a, 5a1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, Page 5a, 5a1

9. SUBJECT OF AMENDMENT
Update provisions regarding ~~outpatient over the counter drugs~~ the state's excluded drug listing.

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. TYPED NAME OF APPROVING OFFICIAL
[Redacted]

12. TYPED NAME
Lynnette R. Rhodes

13. TITLE
Chief Health Policy Officer

14. DATE SUBMITTED
March 12, 2024

15. RETURN TO
Stuart Portman
Executive Director
Medical Assistance Plans Division
2 Martin Luther King Jr. Drive SE
East Tower, 18th Floor
Email: Stuart.Portman@dch.ga.gov

FOR CMS USE ONLY

16. DATE RECEIVED
March 13, 2024

17. DATE APPROVED
June 06, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 01, 2024

19. [Redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Mickey Morgan

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

22. REMARKS

June 3, 2024 – State authorized the following Pen & Ink changes:

1. Box 7: Added Page 5a1.
2. Box 8: Added Page 5a1.
3. Box 9: Updated the subject to read- "Update provisions regarding the state's excluded drug listing."

12a. PRESCRIBED DRUGSLimitations

Pharmacy services will be provided to recipients under age 21 for medically accepted indications when these services are provided within the laws and regulations governing the practice of pharmacy by the State.

Covered Services

Drugs, for which Medical Assistance reimbursement is available, are limited to the following:

Covered outpatient drugs of any manufacturer that has entered into and complied with an agreement under Section 1927(a) of the Act, which are prescribed for a medically accepted indication.

As provided by Section 1927(d)(2) of the Act, certain outpatient drugs may be excluded from coverage. Those excluded are:

- Agents used for anorexia, weight loss or weight gain.
- Agents used to promote fertility.
- Drugs identified by the Centers for Medicare and Medicaid Services (CMS) as less than effective (DESI), as provided under Section 1927(k)(2).
- Select Legend Prescription Vitamins and Mineral Products will be covered as listed on the state's website.
- Select nonprescription drugs will be covered as listed on the state's website.

TN No. 24-0001

Supersedes

TN No. 13-026

Approval Date June 6, 2024Effective Date January 1, 2024

12a. PRESCRIBED DRUGS (cont'd)

- Legend agents when used for the symptomatic relief of cough and colds for members 21 years of age and over.
- Agents prescribed for any indication that is not medically accepted.
- Drugs from manufacturers that do not have a signed rebate agreement.
- Non-FDA approved drugs
- Any Medicare Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
- 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.