

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA)#: 24-0012**

This file contains the following documents in the order listed below:

- 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**  
**Medical Benefits and Health Programs Group**

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June 20, 2024

Mike Levine  
Assistant Secretary for MassHealth  
The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, 3<sup>rd</sup> Floor  
Boston, MA 02108

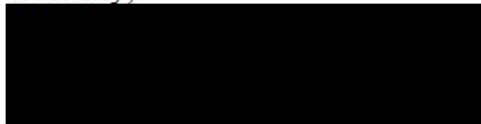
Dear Assistant Secretary Levine:

We have reviewed Massachusetts State Plan Amendment (SPA) 24-0012 received in the Centers for Medicare and Medicaid Services (CMS) OneMAC application on March 29, 2024. This SPA updates language in the State Plan Pages regarding pharmacy coverage of drugs for the treatment of obesity.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that MA-24-0012 is approved with an effective date of January 1, 2024.

We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Texas State Plan. If you have any questions regarding this amendment, please contact Whitney Swears at [Whitney.Swears@cms.hhs.gov](mailto:Whitney.Swears@cms.hhs.gov).

Sincerely,



Deputy Director  
Division of Pharmacy

cc: Kaela Konefal, MassHealth  
Alison Kirchgasser, MassHealth  
Ambrosia Watts, CMS, Medicaid and CHIP Operations Group  
Marie DiMartino, CMS, Medicaid and CHIP Operations Group

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

1. TRANSMITTAL NUMBER 24-0012 2. STATE MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
1/01/2024

5. FEDERAL STATUTE/REGULATION CITATION  
42 USC 1396r-8

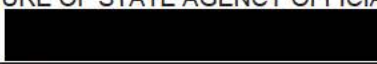
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 24 \$ 6,175,000  
b. FFY 25 \$ 8,256,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Supplement to Attachment 3.1-A p. 3a1b, 3a2  
Supplement to Attachment 3.1-B pp. 3a1a- 3a1b, 3a2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Supplement to Attachment 3.1-A p. 3a1b, 3a2  
Supplement to Attachment 3.1-B pp. 3a1a- 3a1b, 3a2

9. SUBJECT OF AMENDMENT  
  
An amendment to update Pharmacy coverage of drugs for the treatment of obesity.


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:  
Not required under 42 CFR 430.12(b)(2)(i)

11. SIGNATURE OF STATE AGENCY OFFICIAL  
  
12. TYPED NAME  
Mike Levine  
13. TITLE  
Assistant Secretary for MassHealth  
14. DATE SUBMITTED  
3/29/2024

15. RETURN TO  
  
The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
One Ashburton Place, 3rd Floor  
Boston, MA 02108

**FOR CMS USE ONLY**

16. DATE RECEIVED  
3/29/2024  
18. EFFECTIVE DATE OF APPROVED MATERIAL  
01/01/2024

17. DATE APPROVED  
6/20/2024  
19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
Mickey Morgan

21. TITLE OF APPROVING OFFICIAL  
Deputy Director

22. REMARKS  
  
State authorized pen and ink updates to boxes 7 and 8 to reference page Supplement to Attachment 3.1-A page 3a1b

State Plan under Title XIX of the Social Security Act  
State: Massachusetts  
Amount, Duration and Scope of Medical  
And Remedial Care and Services Provided to the Categorically Needy

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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) select agents when used for anorexia, weight loss, weight gain as outlined on the MassHealth Drug List on the state’s website
- (b) agents when used to promote fertility
- (c) agents when used for the symptomatic relief of cough and colds (covered only when dispensed to members residing in a nursing facility or an intermediate care facility for individuals with intellectual disabilities)
- (d) select prescription vitamins and mineral products, except prenatal vitamins and fluoride-containing products as outlined on the MassHealth Drug List on the state’s website
- (e) select nonprescription drugs as outlined on the MassHealth Drug List on the state’s website
- (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

**State Plan under Title XIX of the Social Security Act  
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Reserved

**State Plan under Title XIX of the Social Security Act**  
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2. A rebate agreement between the state and a drug manufacturer for drugs provided to the Medicaid program, submitted to CMS on March 31, 2016, and entitled, “State of Massachusetts Supplemental Rebate Agreement” has been authorized by CMS, and a value-based rebate agreement between the state and a drug manufacturer for drugs provided to the Medicaid program, submitted to CMS on March 12, 2019, and entitled, “State of Massachusetts Value-Based Supplemental Rebate Agreement” has been authorized by CMS..
3. Manufacturers with supplemental rebate agreements are allowed to audit utilization data. Supplemental rebates received by the state in excess of those required under the National Drug Rebate Agreement (NDRA) will be shared with the federal government on the same percentage basis as applied under the NDRA.
4. The unit rebate amount under the NDRA is confidential and cannot be disclosed in accordance with Section 1927(b)(3)(D) of the Social Security Act. No substantial changes will be made to the supplemental rebate agreement without CMS authorization. Supplemental rebates received pursuant to these agreements are only for the MassHealth program.
5. All drugs covered by the program, irrespective of a supplemental rebate agreement, will comply with the provisions of the NDRA.
6. The prior authorization process for covered outpatient drugs conforms to Section 1927(d)(5) of the Social Security Act. The prior authorization process provides for a turnaround response by either telephone or other telecommunications device within twenty-four hours of receipt of a prior authorization request. In emergency situations, providers may dispense at least a seventy-two hour supply of medication.
7. The state may agree within the terms of a supplemental rebate agreement that the covered drug(s) may or may not be subject to prior authorization, for as long as the agreement is in effect, and that the state may obtain supplemental drug rebates in either case. This may include instances in which the state imposes prior authorization on a drug or drugs for clinical purposes, instances in which the state imposes prior authorization on a drug or drugs as part of a “step-edit” approach, and instances in which the state imposes prior authorization on a drug or drugs (which may include a generic drug) when the application of the supplemental rebate on the preferred drug or drugs results in a lower net cost to the state. The state may also enter value- or outcome-based agreements.
8. Only drugs supplied to MassHealth members will be covered under these agreements. In addition to collecting supplemental rebates for fee-for-service claims, the state may, at its option, also collect supplemental rebates for MassHealth member utilization through MCE(s) under an agreement.
9. The state may continue to collect supplemental rebates under agreements that are currently in process or effect based on the form of agreement approved by CMS as part of MA-TN-012-005 until those agreements are otherwise terminated or amended to align with the CMS-approved forms referred to in paragraph 2, above.

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.

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