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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 23-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 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

Medicaid Benefits and Health Programs Group

September 15, 2023

Drew L. Snyder
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201-1399

re: Mississippi State Plan Amendment (SPA) 23-0013

Dear Drew Snyder:

The CMS Division of Pharmacy team has reviewed Mississippi's State Plan Amendment (SPA) 23-0013, received in the CMS Division of Program Operations on July 11, 2023. This amendment proposes to allow the state to add coverage for selected drugs that treat obesity.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you MS-23-0013 is approved with an effective date of July 1, 2023. We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Mississippi'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,

A black rectangular box redacting the signature of Mickey Morgan.

Mickey Morgan
Deputy Director, Division of Pharmacy

cc: Robin Bradshaw, Mississippi Division of Medicaid
George S. Polles, Mississippi Division of Medicaid
Sarah Tadlock, Mississippi Division of Medicaid
Etta Hawkins, Mississippi 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 1 3

2. STATE

MS

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

July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. § 447
Section 1927(d)(2) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ 3,879,448
b. FFY 24 \$ 15,400,205

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Exhibit 12A, Page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A, Exhibit 12A, Page 1
SPA 19-0004

9. SUBJECT OF AMENDMENT

State Plan Amendment (SPA) 23-0013 Drugs to Treat Obesity is being submitted to add coverage for selected drugs that treat obesity, effective July 1, 2023.

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

/s/

12. TYPED NAME

Drew L. Snyder

13. TITLE

Executive Director

14. DATE SUBMITTED

7/11/2023

15. RETURN TO

Drew L. Snyder
Miss. Division of Medicaid
Attn: Robin Bradshaw
550 High Street, Suite 1000
Jackson, MS 39201-1399

FOR CMS USE ONLY

16. DATE RECEIVED

07/11/2023

17. DATE APPROVED

09/15/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

07/01/2023

19. SIGNATURE OF APPROVING OFFICIAL

[REDACTED]

20. TYPED NAME OF APPROVING OFFICIAL

Mickey Morgan

21. TITLE OF APPROVING OFFICIAL

Deputy Director, Division of Pharmacy

22. REMARKS

State of Mississippi

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

12a. **Prescribed Drugs:**

- (1) Covered outpatient drugs are those produced by any manufacturer which has entered into and complies with an agreement under Section 1927 (a) of the Act which are prescribed for a medically acceptable indication. Compounded prescriptions (mixtures of two (2) or more ingredients) except for hyperalimentation are not covered.
- (2) All Medicaid non-Early and Period Screening, Diagnostic and Treatment (EPSDT)-eligible beneficiaries are limited to six (6) prescriptions, which includes legend and prescribed OTC drugs, per month with no more than two (2) brand name (single source or innovator multiple source) drugs per month.
 1. Preferred brand drugs listed on the Universal Preferred Drug List (PDL) do not count toward the two (2) brand limit, and
 2. Over-the-counter (OTC) drugs prescribed by a physician listed on the Division of Medicaid's OTC PDL do not count toward the two (2) brand limit.
- (3) Prescription limits are not applicable for Medicaid beneficiaries receiving institutional long-term care services.
- (4) As provided in Section 1935 (d) (1) of the Act, effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible under Part A or Part B.
- (5) As provided by Sections 1927 (d)(2) and 1935 (d)(2) of the Act, the Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses, to all Medicaid beneficiaries including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit-Part D.
 - Select obesity drugs will be covered as listed on the state's website.
 - Agents when used to promote fertility;
 - 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;
 - Those drugs designated less than effective by the FDA as a result of the Drug Efficacy Study Implementation (DESI) program;