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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 24-0026

This file contains the following documents 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 27, 2024

Lori A. Weaver
Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Re: New Hampshire State Plan Amendment (SPA) 24-0026

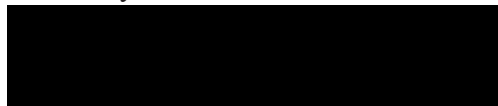
Dear Commissioner Weaver:

The CMS Division of Pharmacy team has reviewed New Hampshire SPA 24-0026, received in the CMS Medicaid Services OneMAC application on May 3, 2024. This amendment will allow New Hampshire to cover select imported drugs due to shortages identified by the Food and Drug Administration.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you NH-24-0026 is approved with an effective date of April 1, 2024. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into New Hampshire'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: Jody Farwall, New Hampshire Department of Health and Human Services
Sara Hall, New Hampshire Department of Health and Human Services
Henry Lipman, New Hampshire, State Medicaid Director
Dawn Tierney, New Hampshire, Medicaid Business and Policy
Joyce Butterworth, CMS, Division of Program Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 4 — 0 0 2 6</u>	2. STATE <u>NH</u>
	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 <u>April 1, 2024</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 USC 1396r-8(a)(3)</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-A, page 5a(2)</u> <u>Attachment 3.1-B, page 4d</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-A, page 5a(2) (TN 23-0031)</u> <u>Attachment 3.1-B, page 4d (TN 23-0031)</u>	

9. SUBJECT OF AMENDMENT
Coverage of Imported Drugs due to Shortages

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. [REDACTED] NCY OFFICIAL	15. RETURN TO Sara Hall Division of Medicaid Services - Brown Building 129 Pleasant Street Concord, NH 03301
12. [REDACTED] Ann H. Landry	
13. TITLE Associate Commissioner	
14. DATE SUBMITTED May 3, 2024	

FOR CMS USE ONLY

16. DATE RECEIVED May 3, 2024	17. DATE APPROVED June 27, 2024
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18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2024	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
Governor's comments, if any, will follow.

12a. Prescribed Drugs (continued)

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) 1. 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.

No excluded drugs are covered

The following excluded drugs are covered:

- (a) select agents when used for anorexia, weight loss, weight gain will be covered as listed on the state's website.
- (b) agents when used to promote fertility
- (c) agents when used for the symptomatic relief of cough and colds
- (d) prescription vitamins and mineral products, except prenatal vitamins and fluoride (all are covered)
- (e) select nonprescription drugs will be covered as listed 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

2. Drug Shortages: Prescribed drugs that are not covered outpatient drugs (including drugs authorized for import by the Food and Drug Administration) are covered when medically necessary during drug shortages identified by the Food and Drug Administration.

TN No: 24-0026
Supersedes
TN No: 23-0031

Effective Date: 4/1/2024
Approval Date: 6/27/2024

12a. Prescribed Drugs (continued)

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) 1. 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.

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