

# **Table of Contents**

**State/Territory: New Jersey**

**State Plan Amendment (SPA) #: 24-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary 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

Disabled and Elderly Health Programs Group

July 16, 2024

Jennifer Langer Jacobs  
Assistant Commissioner  
NJ Department of Human Services  
Division of Medical Assistance and Health Services  
P.O. Box 712, Mail Code#26  
Trenton, NJ 08625-0712

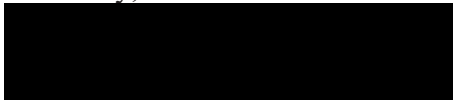
Dear Jennifer Langer Jacobs,

The CMS Division of Pharmacy team has reviewed New Jersey's State Plan Amendment (SPA) 24-0007 received in the CMS Medicaid Services OneMAC application on May 30, 2024. This SPA proposes to add coverage of prescribed drugs that are not covered outpatient drugs in cases of a drug shortage.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 24-0007 is approved with an effective date of June 1, 2024. 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 New Jersey's state plan. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144 or [terry.simananda@cms.hhs.gov](mailto:terry.simananda@cms.hhs.gov).

Sincerely,



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

cc: Julie Hubbs, NJ Department of Human Services  
Terri Fraser, CMS, NJ Medicaid State Lead

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 7</u>	2. STATE <u>NJ</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  
June 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION  
42 C.F.R. 447

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  
Addendum to Attachment 3.1-A Page 12(a).3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  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

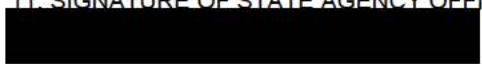
9. SUBJECT OF AMENDMENT

Coverage of Imported FDA Approved 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. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Sarah Adelman

13. TITLE  
Commissioner, Department of Human Services

14. DATE SUBMITTED  
5/30/24

15. RETURN TO  
Jennifer Langer Jacobs, Assistant Commissioner  
Division of Medical Assistance and Health Services  
P.O. Box 712, Mail Code #26  
Trenton, NJ 08625-0712

**FOR CMS USE ONLY**

16. DATE RECEIVED  
May 30, 2024

17. DATE APPROVED  
July 16, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
June 1, 2024

19.  AL

20. TYPED NAME OF APPROVING OFFICIAL  
Cynthia R. Denemark, R.Ph.

21. Director, Division of Pharmacy

22. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**STATE OF NEW JERSEY**

**LIMITATIONS ON AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY**

Covered outpatient drugs are limited to those drug products manufactured by drug companies that have entered into and comply with the federal Medicaid Drug Rebate Agreement, as provided under Section 1927(a) through (c) of the Act, which are prescribed for a medically accepted diagnostic indication (as provided by Section 1927(d) of the Act.

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.

With the exception of the Mandatory Generic Drug Substitution Program, the Medicaid agency shall provide coverage for up to six (6) days emergency supply of medications without prior authorization when authorization is required.

Effective January 1, 2006, the Medicaid agency does not cover any Part D-covered drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

The Medicaid agency provides outpatient drug coverage for the following Medicare Part D excluded or otherwise restricted drugs or classes of drugs, or their medical uses, for all full benefit dual eligibles:

- (a) legend vitamins and mineral products

24-0007-MA (NJ)

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TN: 24-0007-MA

Approval Date: July 16, 2024

Supersedes: 23-0007-MA

Effective Date: June 1, 2024