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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 24-0005

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

May 30, 2024

Robert M. Kerr, Director South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206

re: South Carolina State Plan Amendment (SPA) 24-0005

Dear Director Kerr:

The CMS Division of Pharmacy team has reviewed South Carolina's SPA 24-0005, received in the CMS Division of Program Operations on March 22, 2024. This amendment proposes to implement a state-directed pharmacy benefit single preferred drug list (PDL) for Fee for Service and their participating Managed Care Organizations.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you SC-24-0005 is approved with an effective date of July 1, 2024. We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into South Carolina's state plan.

If you have any questions regarding this state plan amendment, please contact Desiree Elekwa Izuakor at 667-290-9590 or <u>desiree.elekwaizuakor@cms.hhs.gov</u>.

Sincerely,



Director, Division of Pharmacy

cc: Margaret Alewine, South Carolina Department of Health and Human Services Shelia Chavis, South Carolina Department of Health and Human Services Etta Hawkins, South Carolina State Lead, CMS

TRANSMITTAL AND NOTION OF ADDROVAL OF	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	2 4 <u>0 0 0 5</u> SC
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT
	XIX () XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	4. PROPOSED EFFECTIVE DATE
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2024
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 440.120	a FFY 2024 \$ 0
	b. FFY 2025 \$ (42,000,000)
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A Limitation Supplement page, 5c (New Page)	
9. SUBJECT OF AMENDMENT	
This SPA will implement a state-directed pharmacy benefit single preferred drug list (PDL) for all participating managed care organizations and the fee-for-service program. 10. GOVERNOR'S REVIEW (Check One) Q GOVERNOR'S OFFICE REPORTED NO COMMENT (Other, AS SPECIFIED:	
O COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Mr. Kerr was designed by the Governor to review and approve all State Plans.
11. S OF ENCY OFFICIAL	15. RETURN TO
	South Carolina Department of Health and Human Services
12. T	Post Office Box 8206
	Columbia, SC 29202-8206
13. TITLE Director	
14. DATE SUBMITTED March 22, 2024	
FOR CMS USE ONLY	
	17. DATE APPROVED
March 22, 2024 PLAN APPROVED - ON	May 30, 2024
	19. SIGNATURE OF APPROVING OFFICIAL
July 1, 2024	
	21. TITLE OF APPROVING OFFICIAL
Cynthia R. Denemark, R.PH	Director, Division of Pharmacy
22 REMARKS	

22. REMARKS

Attachment 3.1-A Limitation Supplement Page 5c

(E) Single State-Managed Pharmacy Benefit Preferred Drug List -Effective July 1, 2024, South Carolina shall implement a Preferred Drug List (PDL) for the pharmacy benefit to be utilized by Fee for Service and their participating Managed Care Organizations.

> SC: 24-0005 EFFECTIVE DATE: 07/01/24 APPROVAL DATE: 05/30/2024 SUPERSEDES: New Page