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State/Territory: Puerto Rico

State Plan Amendment (SPA) #: 24-0008

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

Medical Benefits Health Programs Group

November 21, 2024

Dinorah Collazo
Executive Medicaid Director
Puerto Rico Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Dear Dinorah Collazo,

The CMS Division of Pharmacy team has reviewed Puerto Rico's State Plan Amendment (SPA) 24-0008 received in the Centers for Medicare and Medicaid Services (CMS) OneMAC application on September 5, 2024. This SPA proposes to amend the provision to authorize coverage of select weight loss drugs when medically necessary.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 24-0008 is approved with an effective date of July 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 revised, signed CMS-179 form, as well as the page approved for incorporation into Puerto Rico'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.

Sincerely,



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

cc: Roxanna K. Rosario Serrano, Puerto Rico Department of Health
Milagros Soto, Puerto Rico Department of Health
Nicole McKnight, Medicaid & CHIP Operations Group, CMS
Ricardo Holligan, Financial Management Group, CMS
Ivelisse Salce, Puerto Rico Medicaid State Lead, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> <u>0</u> <u>0</u> <u>0</u> <u>8</u>	2. STATE Puerto Rico
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE July 1, 2024	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 1927 of the Act	7. FEDERAL BUDGET IMPACT a. FFY <u>2024</u> \$ <u>13,955,250</u> b. FFY <u>2025</u> \$ <u>55,821,000</u>		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Description for Attachment 3.1-A, p. 10	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Description for Attachment 3.1-A, p. 10		
10. SUBJECT OF AMENDMENT Coverage of select weight loss drugs when medically necessary for obesity.			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Designated to the Medicaid Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. [REDACTED] ICIAL 13. [REDACTED] Dmoran Collazo	16. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184		
14. TITLE Executive Medicaid Director			
15. DATE SUBMITTED September 3, 2024			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED September 5, 2024	18. DATE APPROVED November 21, 2024		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024	20. [REDACTED]		
21. TYPED NAME Cynthia R. Denemark, R.Ph.	22. TITLE Director, Division of Pharmacy		
23. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT
DRUGS FOR THE CATEGORICALLY NEEDY

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
1935 (d)(1)	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.
27(d)(2) and 1935(d)(2)	<p>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.</p> <p><input checked="" type="checkbox"/> The following excluded drugs are covered:</p> <p style="padding-left: 40px;"><i>("All" drugs categories covered under the drug class)</i> <i>("Some" drugs categories covered under the drug class)</i> <i>-List the covered drug categories not individual drug products directly under the appropriate drug class)</i> <i>("None" of the drugs under this drug class are covered)</i></p> <p><input checked="" type="checkbox"/> (a) agents when used for anorexia and weight gain are excluded as a general rule. Puerto Rico provides coverage of medically necessary mental health drugs when used in the treatment of anorexia according to the medical psychiatric practice accepted norms as required for the diagnosis, prevention, and treatment of the mental health disease.</p> <p>Select medically necessary weight loss drugs will be covered as listed on Puerto Rico's website.</p> <p><input type="checkbox"/> (b) agents when used to promote fertility</p> <p><input type="checkbox"/> (c) agents when used for the symptomatic relief of cough and colds</p>

 TN No. 24-0008

Supersedes

TN No. 23-0006

 Approval Date: November 21, 2024 Effective Date: July 1, 2024