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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 desiree.elekwaizuakor@cms.hhs.gov.

Sincerely,

Cynthia R. Denemark, R.Ph.
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 NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>0</u> <u>5</u>	2. STATE <u>S</u> <u>C</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 July 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.120		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ <u>0</u> b. FFY 2025 \$ <u>(42,000,000)</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Limitation Supplement page, 5c (New Page)		8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
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) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED: Mr. Kerr was designed by the Governor to review and approve all State Plans.			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206	
12. TYPED NAME Robert M. Kerr			
13. TITLE Director			
14. DATE SUBMITTED March 22, 2024			
FOR CMS USE ONLY			
16. DATE RECEIVED March 22, 2024		17. DATE APPROVED May 30, 2024	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL Cynthia R. Denemark, R.PH		21. TITLE OF APPROVING OFFICIAL Director, Division of Pharmacy	
22. REMARKS			

- (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.