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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 24-0002

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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

April 18, 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) 24-0002

Dear Director Kerr:

The CMS Division of Pharmacy team has reviewed South Carolina's SPA 24-0002, received in the CMS Division of Program Operations on February 13, 2024. This amendment proposes to update language for excluded drugs covered by SCDHHS including weight loss medicine, prescription vitamins & minerals and OTC drugs.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you SC-24-0002 is approved with an effective date of January 1, 2024. We are attaching a copy of the signed CMS-179 form, as well as the pages 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 -S

Digitally signed by
Cynthia R. Denemark -S
Date: 2024.04.18
11:49:15 -0400

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency: South Carolina Department of Health and Human ServicesMEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED OUTPATIENT
DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1927(d) (2) and 1935(d) (2) 1.	<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>— The following excluded drugs are covered:</p> <p><input checked="" type="checkbox"/> (a) selective agents when used for anorexia, weight loss, weight gain will be covered as listed in the state's provider manual.</p> <p><input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below)</p> <p><input type="checkbox"/> (c) agents when used for the symptomatic relief cough and colds (see specific drug categories below)</p> <p><input checked="" type="checkbox"/> (d) selective prescription vitamins and mineral products, except prenatal vitamins and fluoride will be covered as listed in the state's provider manual.</p> <p><input checked="" type="checkbox"/> (e) selective over the counter (OTC) drugs will be covered as listed in the state's provider manual.</p>

TN No. SC 24-0002

Supersedes

Approval Date 04/18/2024Effective Date 01/01/24TN No. SC 17-0007

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Agency South Carolina Department of Health and Human Services

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

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	<input type="checkbox"/> (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 (see specific drug categories below)

 No excluded drugs are covered.