

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**

June 06, 2024

Stuart Portman  
Executive Director  
Medical Assistance Plans Division  
2 Martin Luther King Jr. Drive SE  
East Tower, 18<sup>th</sup> Floor.  
Atlanta, Georgia 30334

re: Georgia State Plan Amendment (SPA) 24-0001

Dear Director Portman:

The CMS Division of Pharmacy team has reviewed Georgia State Plan Amendment (SPA) 24-0001, received in the CMS Division of Program Operations on March 13, 2024. This amendment proposes to update provisions regarding the state's excluded drug listing.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you GA-24-0001 is approved with an effective date of January 01, 2024. Our review was limited to the material necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the revised and signed CMS-179 form, as well as the pages approved for incorporation into Georgia'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](mailto:desiree.elekwaizuakor@cms.hhs.gov).

Sincerely,

Mickey Morgan  
Deputy Director, Division of Pharmacy

cc: Peter D'Alba, Director, Pharmacy Services, GA Department of Community Health  
Lynnette R. Rhodes, GA Department of Community Health  
Brian Dowd, GA Department of Community Health  
Melonie Wilson, GA Department of Community Health  
Etta Hawkins, Georgia State Lead, CMS

---

**12a. PRESCRIBED DRUGS**Limitations

Pharmacy services will be provided to recipients under age 21 for medically accepted indications when these services are provided within the laws and regulations governing the practice of pharmacy by the State.

Covered Services

Drugs, for which Medical Assistance reimbursement is available, are limited to the following:

Covered outpatient drugs of any manufacturer that has entered into and complied with an agreement under Section 1927(a) of the Act, which are prescribed for a medically accepted indication.

As provided by Section 1927(d)(2) of the Act, certain outpatient drugs may be excluded from coverage. Those excluded are:

- Agents used for anorexia, weight loss or weight gain.
- Agents used to promote fertility.
- Drugs identified by the Centers for Medicare and Medicaid Services (CMS) as less than effective (DESI), as provided under Section 1927(k)(2).
- Select Legend Prescription Vitamins and Mineral Products will be covered as listed on the state's website.
- Select nonprescription drugs will be covered as listed on the state's website.

---

TN No. 24-0001

Supersedes

TN No. 13-026

Approval Date June 6, 2024Effective Date January 1, 2024

---

**12a. PRESCRIBED DRUGS (cont'd)**

- Legend agents when used for the symptomatic relief of cough and colds for members 21 years of age and over.
- Agents prescribed for any indication that is not medically accepted.
- Drugs from manufacturers that do not have a signed rebate agreement.
- Non-FDA approved drugs
- Any Medicare Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
- 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.