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State/Territory Name: Washington

State Plan Amendment (SPA) #: 16-0004

This file contains the following documents in the order listed:

- 1) Supplemental Letter
- 2) Approval Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

July 8, 2016

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 16-0004

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Pharmacy Team recently approved State Plan Amendment (SPA) 16-0004, effective January 1, 2016. This SPA updates the state's Medicaid coverage of over-the-counter medications ordered for Medicaid recipients.

The state has or will receive an approval of this SPA from the CMS Pharmacy Team. The Seattle Regional Office is also providing an additional copy as we were the recipient of the original, signed amendment request, and we maintain the official State Plan.

Enclosed you will find a copy of the official CMS form 179, amended page(s), and copy of the approval letter from the Pharmacy Team for your records.

If you have any questions concerning the Seattle Regional Office role in the processing of this SPA, please contact me, or have your staff contact Maria Garza at maria.garza@cms.hhs.gov or (206) 615-2542.

Sincerely,

Digitally signed by David L.
Meacham -S



Date: 2016.07.13 15:00:59 -07'00'

David L. Meacham
Associate Regional Administrator

Enclosure(s)

cc:
Ann Myers, HCA
Charles Agte, HCA

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

Disabled and Elderly Health Programs Group

July 8, 2016

Ms. Dorothy Frost Teeter, Director
Ms. MaryAnne Lindeblad, Medicaid Director
Health Care Authority
626 8th Ave. SE MS: 42716
Olympia, WA 98504-2716
Attn: Ann Myers

Dear Ms. Teeter and Ms. Lindeblad:

We have reviewed Washington State Plan Amendment (SPA) 16-0004 received in the Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office on February 16, 2016. This amendment proposes to update the list of nonprescription (OTC) drugs from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in accordance with section 1927(d)(2) of the Social Security Act.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 16-0004 is approved with an effective date of January 1, 2016. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the Washington state plan, will be forwarded by the Seattle Regional Office.

If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: David Meacham, ARA, Seattle Regional Office
Maria Garza, Seattle Regional Office

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**1. TRANSMITTAL NUMBER:
16-0004**

**2. STATE
Washington**

**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)**

**4. PROPOSED EFFECTIVE DATE
January 1, 2016**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

**6. FEDERAL STATUTE/REGULATION CITATION:
1902(a) of the Social Security Act**

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$ 0
b. FFY 2017 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 32a and 32b
Attachment 3.1-B, Page 32a and 32b

**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):**

Attachment 3.1-A, Page 32a and 32b
Attachment 3.1-B, Page 32a and 32b

10. SUBJECT OF AMENDMENT:

Technical update to the list of over-the counter medications

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

MaryAnne Lindeblad

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Ann Myers
Rules and Publications
Division of Legal Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 2/16/16

18. DATE APPROVED: 7/8/16

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/16

20. SIGNATURE OF

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. a. Prescribed Drugs (continued)

Citation**Provision**

1935(d)(1) In January 2006, the Medicaid agency ceased covering any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

1927(d)(2) and (a) The Medicaid agency provides coverage for the following excluded or
1935(d)(2) 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.

X **The following excluded drugs are covered:**

select (i) Agents when used for anorexia, weight loss, weight gain: progestin derivative appetite stimulant, androgenic agents

no (ii) Agents when used to promote fertility

no (iii) Agents when used for cosmetic purposes or hair growth

select (iv) Agents when used for the symptomatic relief cough and colds: antitussives, expectorants, decongestants, nasal spray, and only the following generic, single ingredient formulations:

Guafenesin 100mg/5ml liquid or syrup;
Dextromethorphan 15mg/5ml liquid or syrup;
Pseudoephedrine 30mg or 60mg tablets;
Saline nasal spray 0.65%; and
Generic combination product: dextromethorphan-guaifenesin 10-100mg/5ml syrup, including sugar-free formulations.

X (v) Prescription vitamins and mineral products, except prenatal vitamins and fluoride, for documented deficiency.

select (vi) Nonprescription (OTC) drugs when determined by the department to be the least costly therapeutic alternative for a medically accepted indication in the following therapeutic classes: allylamines, analgesics, antacids, anthelmintics, anti-inflammatories, antiallergics, antibacterials, antidiarrheals, antiemetics, antiflatulents, antifungals, antihistamines, antihypoglycemics, anti-infectives, antiparasitics, antipruritics, antipyretics, antitussives, antivertigo agents, cathartics, contraceptive foams, contraceptives, corticosteroids, decongestants, EENT preparations, emergency contraceptives, emetics,

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. a. Prescribed Drugs (continued)

expectorants, gi antihistamines, histamine h2-antagonists, iron preparations, keratoplastic agents, laxatives, liniments, lotions, mucolytics, nicotine replacement therapies, nonsteroidal anti-inflammatory, pediculicides, progestins, proton-pump inhibitors, respiratory tract agents, salicylates, scabicides, steroidal anti-inflammatories, sympathomimetics, vasoconstrictors.

none (vii) 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

 No excluded drugs are covered.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

12 a. Prescribed Drugs (continued)

Citation	Provision
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.
1927(d)(2) and (a) 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><u>X</u> The following excluded drugs are covered:</p> <p><u>select</u> (i) Agents when used for anorexia, weight loss, weight gain: Progestin derivative appetite stimulant, androgenic agents</p> <p><u>No</u> (ii) Agents when used to promote fertility</p> <p><u>No</u> (iii) Agents when used for cosmetic purposes or hair growth</p> <p><u>select</u> (iv) Agents when used for the symptomatic relief cough and colds: antitussives, expectorants, decongestants, nasal spray, and only the following generic, single ingredient formulations:</p> <ul style="list-style-type: none"> • Guaifenesin 100mg/5ml liquid or syrup; • Dextromethorphan 15mg/5ml liquid or syrup; • Pseudoephedrine 30mg or 60 mg tablets; • Saline nasal spray 0.65%; and • Generic combination product:dextromethorphan-guaifenesin 10-100mg/5ml syrup, including sugar-free formulations. <p><u>X</u> (v) Prescription vitamins and mineral products, except prenatal vitamins and fluoride for documented deficiency</p> <p><u>select</u> (vi) Nonprescription (OTC) drugs when determined by the department to be the least costly therapeutic alternative for a medically accepted indication in the following therapeutic classes: allylamines, analgesics, antacids, anthelmintics, anti-inflammatories, antiallergics, antibacterials, antidiarrheals, antiemetics, antiflatulents, antifungals, antihistamines, antihypoglycemics, anti-infectives, antiparasitics, antipruritics, antipyretics, antitussives, antivertigo agents, cathartics, contraceptive foams, contraceptives,</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

12.a.

Prescribed Drugs (continued)

corticosteroids, decongestants, EENT preparations, emergency contraceptives, emetics, expectorants, gi antihistamines, histamine h2-antagonists, iron preparations, keratoplastic agents, laxatives, liniments, lotions, mucolytics, nicotine replacement therapies, nonsteroidal anti-inflammatory, pediculicides, progestins, proton-pump inhibitors, respiratory tract agents, salicylates, scabicides, steroidal anti-inflammatories, sympathomimetics, vasoconstrictors.

none (vii) 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

___ No excluded drugs are covered.