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State/Territory Name: Washington

State Plan Amendment (SPA) #: 17-0020

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

May 15, 2017

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

RE: Washington State Plan Amendment (SPA) Transmittal Number 17-0020

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) approved State Plan Amendment (SPA) 17-0020 on May 4, 2017. This SPA was approved effective January 1, 2017. The approved SPA amends the limitations on prescription drug coverage to clarify that agents when used for cosmetic purposes or hair growth will only be covered when the state has determined that use to be medically necessary.

Enclosed you will find a copy of the official CMS Form 179, amended state plan pages, and copy of the May 4, 2017, approval letter from the CMS Pharmacy Team for your records.

If you have any questions, please contact me, or your staff may contact Maria Garza at maria.garza@cms.hhs.gov or (206) 615-2542.

Sincerely,

A solid black rectangular box used to redact the signature of David L. Meacham.

David L. Meacham
Associate Regional Administrator

cc:
Ann Myers, HCA
Charles Agte, HCA



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

May 4, 2017

Ms. Maryanne Lindeblad
Medicaid Director
Office of Rules and Publications
Legal and Administrative Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716
Attn: Ann Myers

Dear Ms. Lindeblad:

We have reviewed Washington's State Plan Amendment (SPA) 17-0020, Cures Act Limitations on Drugs, received in the Seattle Regional Office on March 20, 2017. This SPA proposes to amend the limitations on prescription drug coverage to clarify that agents when used for cosmetic purposes or hair growth will only be covered when the state has determined that use to be medically necessary.

Based on the information provided, we are pleased to inform you that, consistent with the regulations at 42 CFR 430.20, SPA 17-0020 is approved with an effective date of January 1, 2017. 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 or terry.simananda@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of John M. Coster.

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

CC: David L. Meacham, ARA, Seattle Regional Office
Maria Garza, Seattle Regional Office

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

1. TRANSMITTAL NUMBER:
17-0020

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4. PROPOSED EFFECTIVE DATE
January 1, 2017

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:
Section 1903(i)(21) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$0
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A page 32a, 32b
~~Attachment 3.2-A page 32a, 32b (P&I)~~
Attachment 3.1-B page 32a, 32b (P&I)

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

Attachment 3.1-A page 32a, 32b
~~Attachment 3.2-A page 32a, 32b (P&I)~~
Attachment 3.1-B page 32a, 32b (P&I)

10. SUBJECT OF AMENDMENT

Cures Act Limitations on Drugs

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

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:

3-30-17

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
3/30/17

18. DATE APPROVED:
5/4/17

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1/1/17

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
David L. Meacham

22. TITLE:
Associate Regional Administrator

23. REMARKS:

3-30-17: State authorized P&I changes to box 8 and 9.

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
1935(d)(2)

(a) 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.

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

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

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

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

select (v) 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: antacids, analgesics, antihistamines, antipruritics, 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 (vi) 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.

(b) Agents when used for cosmetic purposes or hair growth are noncovered. Exceptions for noncovered services are allowed when medically necessary and prior authorized by the state.

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 1935(d)(2)	(a) 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. <u>X</u> The following excluded drugs are covered: <u>select</u> (i) Agents when used for anorexia, weight loss, weight gain: Progestin derivative appetite stimulant, androgenic agents <u>No</u> (ii) Agents when used to promote fertility <u>select</u> (iii) Agents when used for the symptomatic relief cough and colds: antitussives, expectorants, decongestants, nasal spray, and only the following generic, single ingredient formulations: <u>X</u> (iv) Prescription vitamins and mineral products, except prenatal vitamins and fluoride for documented deficiency Guafenesin 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. <u>select</u> (v) 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,

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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 (vi) 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.

(b) Agents when used for cosmetic purposes or hair growth are noncovered. Exceptions for noncovered services are allowed when medically necessary and prior authorized by the state.

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