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State/Territory Name: Delaware

State Plan Amendment (SPA)#: 26-0003

This file contains the following documents in the order listed below:

- 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



Medicaid Benefits and Health Programs Group

June 3, 2026

Andrew Wilson, Director
Delaware Division of Medicaid and Medical Assistance
P.O. Box 906
New Castle, DE 19720

Dear Andrew Wilson:

We have reviewed Delaware's State Plan Amendment (SPA) 26-0003 received in the Centers for Medicare and Medicaid Services (CMS) OneMAC application on March 19, 2026. This SPA proposes to amend the state plan to allow greater flexibility in covering select drugs when used for weight management, including weight loss and weight gain.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that DE-26-0003 is approved with an effective date of January 1, 2026.

We are attaching a copy of the signed, updated CMS-179 form, as well as the page approved for incorporation into Delaware's state plan. If you have any questions regarding this amendment, please contact Whitney Swears at 410-786-6543 or via email at Whitney.Swears@cms.hhs.gov.

Sincerely,



Mickey Morgan
Director
Division of Pharmacy

cc: Brian Mabie, Delaware Division of Medicaid and Medical Assistance
Melissa Dohring, Delaware Division of Medicaid and Medical Assistance
Taneka Rivera, CMS, Medicaid and CHIP Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 3

2. STATE

DE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/2026

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §440.120

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0

b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

3.1-A page 5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

3.1-A page 5

9. SUBJECT OF AMENDMENT

Glucagon-Like Peptide-1 (GLP-1)

The State is amending the state plan to allow greater flexibility in covering select drugs when used for weight management.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



OTHER, AS SPECIFIED:



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. DocuSigned by: AGENCY OFFICIAL

Andrew Wilson

13. TITLE

Director

14. DATE SUBMITTED

3/19/2026

15. RETURN TO

Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle, DE19720

FOR CMS USE ONLY

16. DATE RECEIVED

3/19/2026

17. DATE APPROVED

6/3/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

1/1/2026

19. SIG

20. TYPED NAME OF APPROVING OFFICIAL

Mickey Morgan

21. TIT

Director, Division of Pharmacy

22. REMARKS

4/30/26- The state authorized a pen and ink change to update the Subject of Amendment in Box 9.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE.**

LIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

12.a. Prescribed Drugs:

Drug Coverage.

- 1) Drug products are covered when prescribed or ordered by a physician, or other licensed practitioner within the scope of their practice and when obtained from a licensed pharmacy. When required by state or federal law, DMMA members may request coverage of FDA approved medications, distributed by a CMS rebate participating labeler, without a prescription. Covered drugs, as defined in Section 1927(k)(2) of the Act, are those which are prescribed for a medically accepted indication, medically necessary, and produced by any pharmaceutical manufacturer, which has entered into and complies with a drug rebate agreement under Section 1927(a) of the Act.
- 2) The State will cover agents when used for cosmetic purposes or hair growth only when the state has determined that use to be medically necessary.
- 3) Select agents when used for weight loss and weight gain will be covered as listed on the state's website.
- 4) Drugs excluded from coverage by Delaware Medicaid as provided by Section 1927(d)(2) of the Act, include:
 - a. Drugs designated less than effective by the FDA (DESI drugs) or which are identical, similar, or related to such drugs;
 - b. Drugs when used to promote fertility;
 - c. Drugs that have an investigational or experimental or unproven efficacy or safety status;
 - d. Drugs when used for the treatment of sexual dysfunction or erectile dysfunction.
- 5) Compound prescriptions must include at least one medication that on its own would be a covered outpatient drug.
- 6) Drug Shortages: Prescribed drugs that are not covered outpatient drugs (including drugs authorized for import by the Food and Drug Administration) are covered when medically necessary during drug shortages identified by the Food and Drug Administration.

Quantity and Duration

1. Dosage limits: Medications are limited to a maximum dose recommended by the FDA and appropriate medical compendia described in section 1927(k) of the Social Security Act, that indicate that doses that exceed FDA guidelines are both safe and effective or doses that are specified in regional or national guidelines published by established expert groups such as the American Academy of Pediatrics, or guidelines recommended by the Delaware Medicaid Drug Utilization Review (DUR) Board and accepted by the DHSS Secretary.