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State/Territory: Illinois

State Plan Amendment (SPA) #: 23-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

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

Medical Benefits and Health Programs Group

August 21, 2023

Theresa Eagleson
Director, Division of Medical Programs
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0002

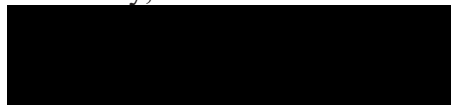
Dear Theresa Eagleson,

The CMS Division of Pharmacy team has reviewed Illinois State Plan Amendment (SPA) 23-0015 received in the CMS Medicaid & CHIP Operations Group on June 1, 2023. This SPA proposes to update the language on the state's excluded drug list, including provisions for coverage of select over-the-counter (OTC) drugs.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 23-0015 is approved with an effective date of April 1, 2023. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Illinois's state plan. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144 or terry.simananda@cms.hhs.gov.

Sincerely,



Cynthia R. Denemark, R.Ph.
Director
Division of Pharmacy

cc: Mary Doran, Illinois Department of Healthcare and Family Services
Courtenay Savage, Illinois State Lead, Medicaid Program Operations, CMS

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

1. TRANSMITTAL NUMBER 2 3 — 0 0 1 5 2. STATE IL

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
April 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
Section 1902 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Page 12
Attachment 3.1-B, Page 11

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, Page 12
Attachment 3.1-B, Page 11

9. SUBJECT OF AMENDMENT

This SPA proposes modifying language in the State Plan to reflect coverage of select over-the-counter (OTC) medications.

10. 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:

[Redacted]
Theresa Eagleson

15. RETURN TO
Department of Healthcare and Family Services
Bureau of Program and Policy Coordination
Attn: Mary Doran
201 South Grand Avenue East
Springfield, IL 62763-0001

13. TITLE
Director of Healthcare and Family Services

14. DATE SUBMITTED
June 1, 2023

FOR CMS USE ONLY

16. DATE RECEIVED
June 1, 2023

17. DATE APPROVED
August 21, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2023

19. [Redacted] AL

20. TYPED NAME OF APPROVING OFFICIAL
Cynthia R. Denemark, R.Ph.

21. TITLE OF APPROVING OFFICIAL
Director, Division of Pharmacy

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

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

- 1927(d)(2) and 1935(d)(2) 1. 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.
- The following excluded drugs are covered:
- (a) Agents when used for anorexia, weight loss, weight gain.
 - 04/23 (b) Select agents when used to promote fertility.
Select fertility agents will be covered as listed on the state’s website.
 - 04/23 (c) Select agents when used for the symptomatic relief of cough and colds.
Select cough and cold relief agents will be covered as listed on the state’s website.
 - 04/23 (d) Select prescription vitamins and mineral products, except prenatal vitamins and fluoride.
Select prescription vitamins and mineral products will be covered as listed on the state’s website.
 - 04/23 (e) Nonprescription drugs.
Select over-the-counter (OTC) drugs will be covered as listed on the state’s website.

State: **Illinois**

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED
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- 04/23 (e) Nonprescription drugs.
Select over-the-counter (OTC) drugs will be covered as listed on the state’s website.