

## **Table of Contents**

**State/Territory Name: Maryland**

**State Plan Amendment (SPA) #: 22-0026**

This file contains the following documents in the order listed:

- 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



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

March 14, 2023

Tricia Roddy  
Acting Medicaid Director  
Maryland Department of Health  
201 W. Preston St., 5th Floor  
Baltimore, MD 21201

Dear Tricia Roddy:

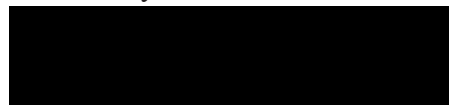
The CMS Division of Pharmacy team has reviewed Maryland's State Plan Amendment (SPA) 22-0026, received in the CMS Division of Program Operations on December 21, 2022. This SPA proposes to do the following:

- Remove coverage for drugs used for anorexia, weight loss, and weight gain from the Pharmacy coverage pages.
- Modify language on the Pharmacy coverage pages to reflect coverage of selective over-the-counter (OTC) medications.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you MD-22-0026 is approved with an effective date of January 1, 2023. We are attaching a copy of the signed, revised CMS-179 form, as well as the page approved for incorporation into Maryland'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,



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

cc: Alison Donley, Maryland Department of Health  
Tyler Colomb, Maryland Department of Health  
Talbatha Myatt, CMS Division of Program Operations

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

1. TRANSMITTAL NUMBER  
2 2 — 0 0 2 6

2. STATE  
MD

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  
January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 447.201

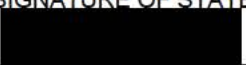
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 0  
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 3.1A pg. 25-2 (22-0026)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 3.1A pg. 25-2 (17-0002)

9. SUBJECT OF AMENDMENT  
The Maryland Department of Health proposes to make a technical correction in the State Plan, which inaccurately states that Maryland Medicaid provides coverage to full benefit dual-eligible participants for certain weight loss drugs that are excluded from Medicare Part D. Effective January 1, 2023, the State Plan will be clarified to reflect that the Maryland Medicaid program does not cover excluded drugs used for anorexia, weight loss, and weight gain to full benefit dual eligible beneficiaries for participants. This SPA also proposes modifying language in State Plan to reflect coverage of selective 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Tricia Roddy

13. TITLE  
Deputy Medicaid Director

14. DATE SUBMITTED  
12/21/22

15. RETURN TO  
Steven Schuh  
Medicaid Director  
Maryland Department of Health  
201 W. Preston St., 5th Floor  
Baltimore, MD 21201

**FOR CMS USE ONLY**

16. DATE RECEIVED  
12/21/2022

17. DATE APPROVED  
03/14/2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
01/01/2023

19. SIG 

20. TYPED NAME OF APPROVING OFFICIAL  
Cynthia R. Denemark

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Pharmacy

22. REMARKS  
01/09/2023- State authorized a Pen & Ink Change to Box 9.  
03/03/2023- State authorized a Pen & Ink Change to Box 9 (OTC Language Update).

State: Maryland

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

12. A. Prescribed Drugs  
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 used for anorexia, weight loss, weight gain (Only legend products that are not CNS stimulants are covered eg. Xenical)
- b) Agents when used to promote fertility
- c) Agents when used for the symptomatic relief cough and colds (Only legend products are covered)
- d) Prescription vitamins and mineral products, except prenatal vitamins and fluoride
- e) Selective Over-The-Counter (OTC) drugs will be covered as listed on the state's website and in the state's provider manual.
- f) 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 (see specific dmG categories below)

(The Medicaid agency lists specific category of drugs below)

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**No excluded drugs are covered.**

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