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State/Territory: Pennsylvania

State Plan Amendment (SPA) #: 22-0025

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

Disabled and Elderly Health Programs Group

March 1, 2023

Megan Snead
Acting Health Secretary
Pennsylvania Department of Human Services
P.O. Box 2675
Harrisburg, PA 17105

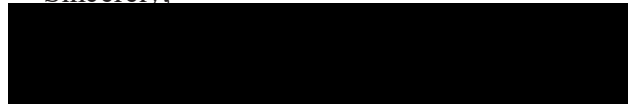
Dear Megan Snead,

The CMS Division of Pharmacy team has reviewed Pennsylvania's State Plan Amendment (SPA) 22-0025 received in the CMS Medicaid & CHIP Operations Group on December 8, 2022. This SPA proposes to amend the pharmacy pages provisions to cover select non-legend drug products. Additionally, this SPA removes language that pertains to agents when used for cosmetic purposes or hair growth, pursuant to the 21st Century Cures Act.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 22-0025 is approved with an effective date of January 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 updated, signed CMS-179 form, as well as the pages approved for incorporation into Pennsylvania'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.
Acting Director
Division of Pharmacy

cc: Sally Kozak, Medicaid Director, Pennsylvania Department of Human Services
Dan Bates, Pennsylvania Department of Human Services
Terri Cathers, Pennsylvania Department of Human Services
Eve Lickers, Pennsylvania Department of Human Services
Lacey Gates, Pennsylvania Department of Human Services
Dan Belnap, Pennsylvania Medicaid State Lead, CMS

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 2 5

2. STATE

PA

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

Sections 1927(d)(2) and 1935(d)(2) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 7,551,537
b. FFY 2024 \$ 7,604,173

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A/3.1B, pages 5cc and 5d

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1A/3.1B, pages 5cc and 5d

9. SUBJECT OF AMENDMENT

Prescribed Drugs - Coverage for Anorexia, Weight Loss and Weight Gain 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

[Redacted Signature]

12. TYPED NAME

M. Snead

13. TITLE

Acting Secretary of Human Services

14. DATE SUBMITTED

December 8, 2023

15. RETURN TO

Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
Bureau of Policy, Analysis and Planning
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

FOR CMS USE ONLY

16. DATE RECEIVED

December 8, 2023

17. DATE APPROVED

March 1, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Cynthia R. Denmark, R. Ph.

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Pharmacy

22. REMARKS

2/17/2023 - State Authorized P&I change to Box 14

SERVICES

Provision(s) (1927(d)(2) and 1935(d)(2))

7. 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 drugs are covered:

- (a) agents when used for anorexia, weight loss, weight gain
- (b) agents when used to promote fertility
- (c) agents when used for symptomatic relief of cough and colds, excluding mouthwashes, lozenges, troches, throat sprays, and rubs when prescribed for beneficiaries under 21 years of age and residents of nursing homes and intermediate care facilities
- (d) prescription vitamins and mineral products, including prenatal vitamins and fluoride
- (e) nonprescription drugs
 - i. Payment for non-legend drugs is limited to the following:
 - A. Those drug products marketed by drug companies which have entered into rebate agreements with the federal government as provided under Section 4401 of the Omnibus Budget Reconciliation Act of 1990.
 - B. Non-legend drug products when prescribed by a licensed prescriber within the scope of the prescriber's practice listed on the Department's website.

SERVICES

Provision(s) (continued) (1927(d)(2) and 1935(d)(2))

- (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
- (g) DESI drugs and any identical, similar, or related products or combination of these products.