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State/Territory Name: Puerto Rico

State Plan Amendment (SPA)#: PR-25-0005

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 Health Programs Group

December 10, 2025

Carlos Santiago Rosario
Executive Medicaid Director
Puerto Rico Medicaid Program
Puerto Rico Department of Health
P. O. Box 70184
San Juan, PR 00936-8184

Dear Carlos Santiago Rosario,

The CMS Division of Pharmacy team has reviewed Puerto Rico's State Plan Amendment (SPA) 25-0005 received in the CMS Medicaid Services OneMAC application on October 16, 2025. This SPA proposes to remove coverage of select weight loss drugs when medically necessary.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 25-0005 is approved with an effective date of January 1, 2026. 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, updated CMS-179 form, as well as the page approved for incorporation into Puerto Rico's state plan. If you have any questions regarding this amendment, please contact Charlotte Hammond at (410) 786-1092 or charlotte.hammond@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Catherine Traugott.

Catherine Traugott
Acting Director
Division of Pharmacy

cc: Megan Fitzgerald, Senior Consultant, Medicaid Practice Group
Ivelisse Salce, CMS, Medicaid and CHIP Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 2 5 — 0 0 0 5	2. STATE Puerto Rico
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2026	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 1927 of the Act		7. FEDERAL BUDGET IMPACT a. FFY 2026 \$ 0 b. FFY 2027 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Description for Attachment 3.1-A, p. 10		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Description for Attachment 3.1-A, p. 10	
10. SUBJECT OF AMENDMENT remove Coverage of select weight loss drugs when medically necessary for obesity.			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Designated to the Medicaid Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE 	16. RETURN TO PUERTO RICO MEDICAID PROGRAM PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN PR 00936-8184		
13. TYPE NAME Carlos Santiago Rosario			
14. TITLE Executive Medicaid Director			
15. DATE SUBMITTED October 16, 2025			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 10/16/2025	18. DATE APPROVED 12/10/2025		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2026	20. 		
21. TYPED NAME CATHERINE TRAUGOTT	22. TITLE ACTING DIRECTOR		
23. REMARKS 12/9/2025 – The state authorized a Pen & Ink change to the Subject of the Amendment in Box 9 to add "remove" at the beginning of the sentence.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE / TERRITORY: COMMONWEALTH OF PUERTO RICO

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

12.a. Prescribed Drugs: Description of Service Limitation

Citation(s)	Provision(s)
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.
27(d)(2) and 1935(d)(2)	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:

("All" drugs categories covered under the drug class)
("Some" drugs categories covered under the drug class)
-List the covered drug categories not individual drug products directly under the appropriate drug class)
("None" of the drugs under this drug class are covered)

☒ (a) agents when used for anorexia, weight loss, and weight gain are excluded as a general rule.

☐ (b) agents when used to promote fertility

☐ (c) agents when used for the symptomatic relief of cough and colds

TN No. 25-0005

Supersedes

TN No. 24-0008

Approval Date 12/10/2025 Effective Date: 1/1/2026