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State/Territory Name: Virginia

State Plan Amendment (SPA)#: VA-25-0004

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

Medical Benefits Health Programs Group

June 11, 2025

Cheryl J. Roberts, Director
Department of Medical Assistance
Services 600 E. Broad St., Ste. 1300
Richmond, VA 23219

Dear Director Roberts,

The CMS Division of Pharmacy team has reviewed Virginia's State Plan Amendment (SPA) 25-0004 received in the CMS Medicaid Services OneMAC application on March 28, 2025. This SPA proposes to allow Virginia to update the state's excluded drug listing.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA VA-25-0004 is approved with an effective date of January 1, 2025. 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 page approved for incorporation into Virginia's state plan. If you have any questions regarding this amendment, please contact Uma Dua at (410) 786-7275 or uma.dua@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Mickey Morgan.

Mickey Morgan
Acting Director
Division of Pharmacy

cc: Emily McClellan, Policy Division Director, VA Dept. of Medical Assistance Services
Meredith Lee, VA Dept. of Medical Assistance Services
Jimeequa Williams, Regulatory Coordinator, VA Dept. of Medical Assistance Services
Margaret Kosherzenko, VA State Lead, CMS

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 4

2. STATE

V A3. 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

01/1/2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 441.25

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025\$ 0b. FFY 2026\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1- A&B , Supplement 5, revised page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Same as box #7.

9. SUBJECT OF AMENDMENT

Update to Non-Covered Drugs

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:

Secretary of Health and Human Resources

15. RETURN TO

Department of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Cheryl J. Roberts

13. TITLE

Director

Attn: Regulatory Coordinator

14. DATE SUBMITTED

February 26, 2025

FOR CMS USE ONLY

16. DATE RECEIVED 03/28/2025

17. DATE APPROVED

06/11/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2025

19. SIGNAT

20. TYPED NAME OF APPROVING OFFICIAL

Mickey Morgan

21. TITLE OF

Acting Director, Division of Pharmacy

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

DRUGS OR DRUG CATEGORIES WHICH ARE NOT COVERED

- A. Select agents when used for anorexia, weight loss, or weight gain will be covered as listed in the state's provider manual.
- B. Select agents when used for cosmetic purposes or hair growth will only be covered if such agents are determined to be medically necessary, AND as listed in the state's provider manual.
- B. Agents used to promote fertility.
- C. Expired drugs. Drugs dispensed past the labeled expiration date.
- D. DESI Drugs. The Program shall not provide reimbursement for drugs determined by the Food and Drug Administration (FDA) to lack substantial evidence of effectiveness.
- E. Select non-legend drugs will be covered as listed in the state's provider manual.
- F. Select agents when used for the treatment of sexual or erectile dysfunction will only be covered to treat a condition, other than sexual or erectile dysfunction, AND as listed in the state's provider manual.

TN No. 25-0004

Supersedes

TN No. 05-15

Approval Date 06/11/2025

Effective Date 01-01-25