

# **Table of Contents**

**State/Territory: Pennsylvania**

**State Plan Amendment (SPA) #: 22-0032**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary 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 8, 2023

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

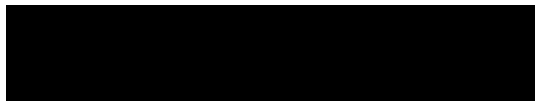
Dear Megan Snead,

The CMS Division of Pharmacy team has reviewed Pennsylvania's State Plan Amendment (SPA) 22-0032 received in the CMS Medicaid & CHIP Operations Group on December 12, 2022. This SPA proposes to amend the pharmacy pages provisions regarding coverage of agents when used for symptomatic relief of cough and colds.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 22-0032 is approved with an effective date of May 12, 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 page 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](mailto: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 <u>2 2 — 0 0 3 2</u>	2. STATE <u>PA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**May 12, 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 <u>2023</u>	\$ <u>0</u>
b. FFY <u>2024</u>	\$ <u>0</u>

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 3.1A/3.1B, page 5cc

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Attachment 3.1A/3.1B, page 5cc

9. SUBJECT OF AMENDMENT

Prescribed Drugs - Coverage of Cough and Cold 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  
M. Snead

13. TITLE  
Acting Secretary of Human Services

14. DATE SUBMITTED  
December 12, 2022

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 12, 2022

17. DATE APPROVED  
March 8, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
May 12, 2023

19. SIGNATURE OF APPROVING OFFICIAL  


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

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

22. REMARKS

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SERVICES

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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
- (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.