

Table of Contents

State/Territory Name: **Virginia**

State Plan Amendment (SPA) #: 20-0018

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 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

December 12, 2020

Ms. Karen Kimsey
State Medicaid Director, Virginia Department of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219

Dear Ms. Kimsey,

The CMS Division of Pharmacy team has reviewed Virginia's State Plan Amendment (SPA) 20-0018 received in the CMS Medicaid & CHIP Operations Group on November 9, 2020. This SPA proposes to allow coverage for select maintenance drugs for up to 90 days for Medicaid members after the end of the federal emergency period.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that VA-20-0018 is approved with an effective date of October 1, 2020. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Virginia's state plan.

If you have any questions regarding this request, please contact Michael Forman at 410-786-2666 or michael.forman@cms.hhs.gov.

Sincerely,

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

Cc: Daniel Carey, MD, Virginia Secretary of Health and Human Services
Emily McClellan, Virginia Department of Medical Assistance Services
Donna Proffitt, Virginia Department of Medical Assistance Services
Mary Ann McNeil, Virginia Department of Medical Assistance Services
Margaret H. Kosherzenko, CMS, Medicaid & CHIP Operations Group

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

1. TRANSMITTAL NUMBER
2 0 — 0 1 8

2. STATE
Virginia

3. PROGRAM IDENTIFICATION: 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
10/1/2020

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 0
b. FFY 2021 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A&B, Supplement 1, page 20

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Same as box #8.

10. SUBJECT OF AMENDMENT

90-Day Prescriptions

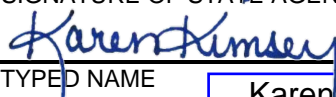
11. GOVERNOR'S REVIEW (Check One)

- 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

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME

Karen Kimsey

14. TITLE

Director

15. DATE SUBMITTED

November 9, 2020

16. RETURN TO

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

Attn: Regulatory Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

November 9, 2020

18. DATE APPROVED

December 12, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

John M. Coster, Ph.D., R.Ph.

22. TITLE

Director, Division of Pharmacy

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY and MEDICALLY NEEDY**

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist. (12 VAC 30-50-210)

A. Prescribed drugs.

1. Drugs for which Federal Financial Participation is not available, pursuant to the requirements of §1927 of the Social Security Act (OBRA '90 §4401), shall not be covered.
2. Non-legend drugs shall be covered by Medicaid in the following situations:
 - a. Insulin, syringes, and needles for diabetic patients;
 - b. Diabetic test strips for Medicaid recipients under 21 years of age;
 - c. Family planning supplies;
 - d. Designated categories of non-legend drugs for Medicaid recipients in nursing homes;
 - e. Designated drugs prescribed by a licensed prescriber to be used as less expensive therapeutic alternatives to covered legend drugs.
3. Select maintenance legend and non-legend drugs may be covered for a maximum of a 90-day supply per prescription per patient after two 34-day or shorter duration fills. The drugs or classes of drugs identified in 12 VAC 30-50-520 (Supplement 5 to Attachment 3.1 A&B) and all other covered drugs are covered for a maximum of a 34-day supply per prescription. FDA-approved drug therapies and agents for weight loss, when preauthorized, will be covered for recipients who meet the strict disability standards for obesity established by Social Security Administration in effect on April 7, 1999, and whose condition is certified as life threatening, consistent with the Department of Medical Assistance Services' medical necessity requirements, by the treating physician.
4. Prescriptions for Medicaid recipients for multiple source drugs subject to 42 CFR 447.332 shall be filled with generic drug products unless the physician or other practitioner so licensed and certified to prescribe drugs certifies in his own handwriting "brand necessary" for the prescription to be dispensed as written or unless the drug class is subject to the Preferred Drug List.

TN No. 20-018
Supersedes
TN No. 03-15

Approval Date 12-12-2020

Effective Date 10-1-2020