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State/Territory Name: MD

State Plan Amendment (SPA) #:17-0002

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- 2) CMS 179 Form/Summary Form (with 179-like data)
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT # 033120174025

May 31, 2017

Shannon McMahon, Deputy Secretary
Health Care Financing
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 525
Baltimore, MD 21201

Dear Ms. McMahon:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 17-0002. This SPA updates Maryland's State Plan to update covered outpatient drugs to include agents when used for cosmetic purposes or hair growth when medically necessary.

The Pharmacy Team at the Division of Pharmacy at the Centers for Medicare and Medicaid Services (CMS) Headquarters approved this SPA on May 26, 2017. The effective date of the SPA is January 1, 2017. Enclosed are the approved State Plan pages and the signed CMS-179 form.

If you have questions about this SPA, please contact Talbatha Myatt of my staff at 215-861-4259, or via e-mail at talbatha.myatt@cms.hhs.gov.

Sincerely,

/s/

/s/

Francis McCullough
Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Disabled & Elderly Health Programs Group

May 26, 2017

Ms. Shannon McMahon
Deputy Secretary
OHS-DHMH
201 W. Preston Street, 1st Floor
Baltimore, MD 21201

Dear Ms. McMahon:

We have reviewed Maryland's State Plan Amendment (SPA) 17-0002 received in the Philadelphia Regional Office on March 28, 2017. This SPA proposes to amend the limitations on prescription drug coverage to clarify that agents when used for cosmetic purposes or hair growth will only be covered when the state has determined that use to be medically necessary.

Based on the information provided, we are pleased to inform you that, consistent with the regulations at 42 CFR 430.20, SPA 17-0002 is approved with an effective date of January 1, 2017. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into the Maryland state plan, will be forwarded by the Philadelphia Regional Office.

If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144.

Sincerely,

/s/

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

cc: Fran McCullough, ARA, Philadelphia Regional Office
Talbatha Myatt, Philadelphia Regional Office
Susan J. Tucker, Executive Director, OHS-DHMH

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <u>17-0002</u>	2. STATE: Maryland
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE January 1, 2017	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE 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: <u>Section 5008 of the 21st Century Cures Act Section 1927 of the Social Security Act</u>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2017</u> : \$ <u>0</u> b. FFY <u>2018</u> : \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1A pg 25-2 (AMEND)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 3.1A pg 25-2	
10. SUBJECT OF AMENDMENT: To update covered outpatient drugs to include agents when used for cosmetic purposes or hair growth when medically necessary.			
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		Susan J. Tucker, Executive Director	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		Office of Health Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		16. RETURN TO:	
13. TYPED NAME: Shannon McMahon		Susan J. Tucker, Executive Director	
14. TITLE: Deputy Secretary, Office of Health Care Financing		OHS - DHMH	
15. DATE SUBMITTED:		201 W. Preston St., 1 st floor	
		Baltimore, MD 21201	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 28, 2017		18. DATE APPROVED: May 26, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: FRANCIS T. MCCULLOUGH		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR, DMCHO	
23. REMARKS: - State authorized Pent ink change to box 6			

State: Maryland

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

12. A. Prescribed Drugs
1927(d)(2) and 1935(d)(2)

1. 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:

- (a) Agents when used for anorexia, weight loss, weight gain (Only legend products that are not CNS stimulants are covered eg. Xenical)
- (b) Agents when used to promote fertility
- (c) Agents when used for the symptomatic relief cough and colds (Only legend products are covered)
- (d) Prescription vitamins and mineral products, except prenatal vitamins and fluoride
- (e) Nonprescription drugs (enteric coated aspirin and OTC's on the preferred drug list are covered)
- (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 (see specific drug categories below)

(The Medicaid agency lists specific category of drugs below)

 No excluded drugs are covered.

The state will cover agents when used for cosmetic purposes or hair growth only when the state has determined that use to be medically necessary