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**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 17-0047**

This file contains the following documents in the order listed:

- 1) NY Regional Office approval letter
- 2) Pharmacy Division approval letter
- 3) CMS-179 form
- 4) Approved SPA pages

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



**DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS**

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May 2, 2017


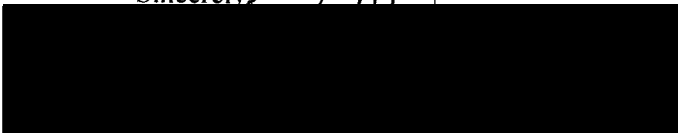
Jason A. Helgerson  
State Medicaid Director  
New York State Department of Health  
Bureau of Federal Relations & Provider Assessments  
99 Washington Avenue - One Commerce Plaza  
Suite 1460  
Albany, NY 12210

Dear Mr. Helgerson:

We are forwarding to you for New York State Plan Amendment (SPA) 17-0047 a copy of the signed CMS-179 form as well as the approved pages to incorporation into the New York state plan. The amendment was approved by the Division of Pharmacy. Please note that the approval date of this SPA is May 2, 2017 with an effective date of January 1, 2017.

CMS appreciates the significant amount of work your staff dedicated to this state plan amendment. If you have any questions concerning this SPA, please contact Ivelisse M. Salce at (212) 616-2411 or [Ivelisse.Salce@cms.hhs.gov](mailto:Ivelisse.Salce@cms.hhs.gov).

Sincerely,

  
  
Michael Melendez  
Associate Regional Administrator  
Division of Medicaid and Children's Health

cc: John M. Coster, PHD, RPH  
Renee Hilliard, PHD, GGP

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**

May 1, 2017

Jason A. Helgerson  
State Medicaid Director  
New York State Department of Health  
Bureau of Federal Relations & Provider Assessments  
99 Washington Avenue - One Commerce Plaza  
Suite 1460  
Albany, NY 12210

Dear Mr. Helgerson:

We have reviewed the New York State Plan Amendment (SPA) 17-0047 submitted to the New York Regional Office on March 31, 2017. This amendment proposes to update the state Medicaid program's drugs on which it may exclude from coverage or otherwise restrict in order to comply with the requirements of the 21<sup>st</sup> Century Cures Act.

Based on the information provided, we are pleased to inform you that SPA 17-0047 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 New York state plan will be forwarded by the New York Regional Office.

If you have any questions regarding this SPA, please contact Renee Hilliard at (410) 786-2991.

Sincerely,

/s/

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

cc: Michael Melendez, ARA, New York Regional Office

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <b>17-0047</b>	2. STATE <b>New York</b>
	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2017</b>	
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: Section 1905(r)(5) of the Social Security Act and 42 CFR 447	7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 01/01/17-09/30/17 \$ 0 b. FFY 10/01/17-09/30/18 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-A Supplement: 2(c)</b> <b>Attachment 3.1-B Supplement: 2(c)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 3.1-A Supplement: 2(c)</b> <b>Attachment 3.1-B Supplement: 2(c)</b>	
10. SUBJECT OF AMENDMENT: <b>Excluded Drug Coverage</b> <b>(FMAP = 50%)</b>		
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <b>New York State Department of Health</b> <b>Bureau of Federal Relations &amp; Provider Assessments</b> <b>99 Washington Ave – One Commerce Plaza</b> <b>Suite 1432</b> <b>Albany, NY 12210</b>	
13. TYPED NAME: <b>Jason A. Hogerson</b>		
14. TITLE: <b>Medicaid Director</b> <b>Department of Health</b>		
15. DATE SUBMITTED: <b>MAR 3 1 2017</b>		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED:	18. DATE APPROVED: <b>MAY 01, 2017</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JANUARY 01, 2017</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>MICHAEL MELENDEZ</b>	22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR</b> <b>DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH</b>	
23. REMARKS:		

New York  
2(c)

6. 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.
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 excluded 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 the symptomatic relief cough and colds: Some - benzonatate only
  - (d) prescription vitamins and mineral products, except prenatal vitamins and fluoride: Some - select B Vitamins (niacin, pyridoxine, thiamine, cyanocobalamin); Folic Acid; Vitamin K; Vitamin D (ergocalciferol, cholecalciferol); Iron (including polysaccharide iron complex); Iodine
  - (e) nonprescription drugs: Some - select allergy, asthma and sinus products; analgesics; cough and cold preparations; digestive products; insulin; feminine products; topical products, minerals and vitamin combinations
  - (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

New York  
2(c)

6. 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.
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.
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  - (e) nonprescription drugs: Some - select allergy, asthma and sinus products; analgesics; cough and cold preparations; digestive products; insulin; feminine products; topical products, minerals and vitamin combinations
  - (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

TN#:                     #17-0047                      
Supersedes TN#:                     #13-0072                    

Approval Date:     May 01, 2017      
Effective Date:     January 01, 2017