

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

Approval Date 06/11/2025

Effective Date 01-01-25

Supersedes

TN No. 05-15