



COMMONWEALTH of VIRGINIA
Office of the Governor

Janet Vestal Kelly
Secretary of Health and Human Resources

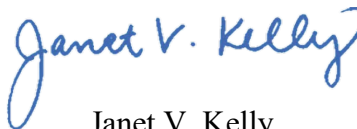
August 28, 2025

Courtney Miller
Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Ms. Miller:

Attached for your review and approval is amendment 25-021, entitled "Pharmacy and Therapeutics Committee" to the Plan for Medical Assistance for the Commonwealth. I request that your office approve this change as quickly as possible.

Sincerely,


Janet V. Kelly

Attachment

cc: Cheryl J. Roberts, Director, Department of Medical Assistance Services

Transmittal Summary

SPA 25-021

I. IDENTIFICATION INFORMATION

Title of Amendment: Pharmacy and Therapeutics Committee

II. SYNOPSIS

Basis and Authority: The Code of Virginia (1950) as amended, § 32.1-325, grants to the Board of Medical Assistance Services the authority to administer and amend the Plan for Medical Assistance. The Code of Virginia (1950) as amended, § 32.1-324, authorizes the Director of the Department of Medical Assistance Services (DMAS) to administer and amend the Plan for Medical Assistance according to the Board's requirements.

Purpose: The state plan is being amended to update the quorum that is needed for the Pharmacy and Therapeutics Committee (P&T Committee) to take action. Item 288.CC.2.a of the 2025 Appropriations Act amended the composition of the P&T Committee such that the Committee must be composed of up to 16 members (the Committee is currently composed of 12 members and a quorum is seven members). Amending the composition to 16 members means a quorum of nine members will be needed for the P&T Committee to take action, so the state plan needs to be updated accordingly.

Substance and Analysis: The section of the State Plan that is affected by this amendment is “Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy and Medically Needy”

Impact: None.

Tribal Notice: Please see attached.

Prior Public Notice: N/A.

Public Comments and Agency Analysis: N/A.



Tribal Notice – Pharmacy and Therapeutics Committee

From Lee, Meredith (DMAS) <Meredith.Lee@dmas.virginia.gov>

Date Mon 8/18/2025 9:39 AM

To TribalOffice@MonacanNation.com <tribaloffice@monacannation.com>; Ann Richardson <chiefannerich@aol.com>; pamelathompson4@yahoo.com <pamelathompson4@yahoo.com>; rappahannocktrib@aol.com <rappahannocktrib@aol.com>; regstew007@gmail.com <regstew007@gmail.com>; Richard.matens@pamunkey.org <richard.matens@pamunkey.org>; Chief Diane Shields <chief@monacannation.gov>; chiefstephenadkins@gmail.com <chiefstephenadkins@gmail.com>; bradbybrown@gmail.com <bradbybrown@gmail.com>; tabitha.garrett@ihs.gov <tabitha.garrett@ihs.gov>; kara.kearns@ihs.gov <kara.kearns@ihs.gov>; administrator@nansemond.gov <administrator@nansemond.gov>; Information <info@afwellness.com>; info@fishingpointhc.com <info@fishingpointhc.com>; contact@Nansemond.gov <contact@nansemond.gov>; brandon.custalow@mattaponination.com <brandon.custalow@mattaponination.com>; admin@umitribe.org <admin@umitribe.org>; Reels-Pearson, Lorraine (IHS/NAS/AO) <lorraine.reels-pearson@ihs.gov>; Holmes, Remedios (IHS/NAS/RIC) <remedios.holmes@ihs.gov>; Lindsey.Taylor@ihs.gov <lindsey.taylor@ihs.gov>

 1 attachment (170 KB)

Tribal Notice Letter 08-18-25, signed.pdf;

Dear Tribal Leaders and Indian Health Programs:

Attached is a letter from Virginia Medicaid Director Cheryl Roberts about an upcoming DMAS State Plan Amendment (SPA) related to the Pharmacy and Therapeutics Committee.

If you would like a copy of the SPA documents or proposed text changes, or if you have any questions, please let us know.

Thank you! -- Meredith Lee

Meredith Lee
Policy, Regulations, and Manuals Supervisor
Policy Division
Department of Medical Assistance Services
meredith.lee@dmas.virginia.gov, (804) 371-0552
Hours: 7:00 am - 3:30 pm (Monday-Friday)
www.dmas.virginia.gov





COMMONWEALTH of VIRGINIA

CHERYL J. ROBERTS
DIRECTOR

Department of Medical Assistance Services

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RICHMOND, VA 23219
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800/343-0634 (TDD)
www.dmas.virginia.gov

August 18, 2025

SUBJECT: Notice of Opportunity for Tribal Comment – State Plan Amendment related to Pharmacy and Therapeutics Committee.

Dear Tribal Leader and Indian Health Programs:

This letter is to notify you that the Department of Medical Assistance Services (DMAS) is planning to amend the Virginia State Plan for Medical Assistance with the Centers for Medicare and Medicaid Services (CMS). Specifically, DMAS is providing you notice about a State Plan Amendment (SPA) that the Agency will file with CMS in order to amend the quorum that is needed for the Pharmacy and Therapeutics Committee (P&T Committee) to take action.

Item 288.CC.2.a of the 2025 Appropriations Act amended the composition of the P&T Committee such that the Committee must be composed of up to 16 members (the Committee is currently composed of 12 members and a quorum is seven members). Amending the composition to 16 members means a quorum of nine members will be needed for the P&T Committee to take action.

We realize that the changes in this SPA may impact Medicaid members and providers, including tribal members and providers. Therefore, we encourage you to let us know if you have any comments or questions. The tribal comment period for this SPA is open through September 17, 2025. You may submit your comments directly to Meredith Lee, DMAS Policy Division, by phone (804) 371-0552, or via email: Meredith.Lee@dmas.virginia.gov. Finally, if you prefer regular mail you may send your comments or questions to:

Virginia Department of Medical Assistance Services
Attn: Meredith Lee
600 East Broad Street
Richmond, VA 23219

Please forward this information to any interested party.

Sincerely,



Cheryl J. Roberts, JD
Director

August, 1991

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**

- b. Medicaid Pharmacy and Therapeutics Committee.
- (1) The Department shall utilize a Pharmacy and Therapeutics Committee (the "P & T Committee") to assist in the development and ongoing administration of the preferred drug list and other pharmacy program issues. The Committee may adopt bylaws that set out its make-up and functioning. A quorum for action of the Committee shall consist of ~~seven~~ nine members.
 - (2) Vacancies on the Committee shall be filled in the same manner as original appointments. The Department shall appoint individuals for the Committee that assures a cross-section of the physician and pharmacy community.
 - (3) Duties of the Committee. The Committee shall receive and review clinical and pricing data related to the drug classes. The Committee's medical and pharmacy experts shall make recommendations to DMAS regarding various aspects of the pharmacy program. For the preferred drug list program, the Committee shall select those drugs to be deemed preferred that are safe, clinically effective, as supported by available clinical data, and meet pricing standards. Cost-effectiveness or any pricing standard shall be considered only after a drug is determined to be safe and clinically effective.
 - (4) As the United States Food and Drug Administration (FDA) approves new drug products, the Department shall ensure that the Pharmacy and Therapeutics Committee will evaluate the drug for clinical appropriateness. Based on clinical information and pricing standards, the P&T Committee will determine if the drug will be included in the PDL or require prior authorization.

TN No. 05-03Approval Date 06-01-05Effective Date 01-04-05

Supersedes

TN No. 03-15

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

1. TRANSMITTAL NUMBER ____ _	2. STATE ____
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3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
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TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION
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6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

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

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input type="checkbox"/> OTHER, AS SPECIFIED: Secretary of Health and Human Resources

11. SIGNATURE OF STATE AGENCY OFFICIAL 
12. TYPED NAME
13. TITLE
14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY	
16. DATE RECEIVED	17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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