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State/Territory Name: Virginia

State Plan Amendment (SPA)#: VA-25-0004

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

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

Medical Benefits Health Programs Group

June 11, 2025

Cheryl J. Roberts, Director
Department of Medical Assistance
Services 600 E. Broad St., Ste. 1300
Richmond, VA 23219

Dear Director Roberts,

The CMS Division of Pharmacy team has reviewed Virginia's State Plan Amendment (SPA) 25-0004 received in the CMS Medicaid Services OneMAC application on March 28, 2025. This SPA proposes to allow Virginia to update the state's excluded drug listing.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA VA-25-0004 is approved with an effective date of January 1, 2025. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Virginia's state plan. If you have any questions regarding this amendment, please contact Uma Dua at (410) 786-7275 or uma.dua@cms.hhs.gov.

Sincerely,

Mickey Morgan
Acting Director
Division of Pharmacy

cc: Emily McClellan, Policy Division Director, VA Dept. of Medical Assistance Services
Meredith Lee, VA Dept. of Medical Assistance Services
Jimeequa Williams, Regulatory Coordinator, VA Dept. of Medical Assistance Services
Margaret Kosherzenko, VA State Lead, CMS

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

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____

b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

9. SUBJECT OF AMENDMENT

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED 03/28/2025

17. DATE APPROVED 06/11/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Mickey Morgan

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Pharmacy

22. REMARKS

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

Supersedes

TN No. 05-15

Approval Date 06/11/2025

Effective Date 01-01-25