

---

## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 16-0004**

This file contains the following documents in the order listed:

- 1) Supplemental Letter
- 2) Approval Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, WA 98104



Division of Medicaid & Children's Health Operations

---

July 8, 2016

Dorothy Frost Teeter, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
Post Office Box 45502  
Olympia, WA 98504-5010

**RE: Washington State Plan Amendment (SPA) Transmittal Number 16-0004**

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Pharmacy Team recently approved State Plan Amendment (SPA) 16-0004, effective January 1, 2016. This SPA updates the state's Medicaid coverage of over-the-counter medications ordered for Medicaid recipients.

The state has or will receive an approval of this SPA from the CMS Pharmacy Team. The Seattle Regional Office is also providing an additional copy as we were the recipient of the original, signed amendment request, and we maintain the official State Plan.

Enclosed you will find a copy of the official CMS form 179, amended page(s), and copy of the approval letter from the Pharmacy Team for your records.

If you have any questions concerning the Seattle Regional Office role in the processing of this SPA, please contact me, or have your staff contact Maria Garza at [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov) or (206) 615-2542.

Sincerely,

Digitally signed by David L.  
Meacham -S



Date: 2016.07.13 15:00:59 -07'00'

David L. Meacham  
Associate Regional Administrator

Enclosure(s)

cc:  
Ann Myers, HCA  
Charles Agte, HCA

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**

July 8, 2016

Ms. Dorothy Frost Teeter, Director  
Ms. MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
626 8<sup>th</sup> Ave. SE MS: 42716  
Olympia, WA 98504-2716  
Attn: Ann Myers

Dear Ms. Teeter and Ms. Lindeblad:

We have reviewed Washington State Plan Amendment (SPA) 16-0004 received in the Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office on February 16, 2016. This amendment proposes to update the list of nonprescription (OTC) drugs from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in accordance with section 1927(d)(2) of the Social Security Act.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 16-0004 is approved with an effective date of January 1, 2016. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the Washington state plan, will be forwarded by the Seattle 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: David Meacham, ARA, Seattle Regional Office  
Maria Garza, Seattle Regional Office

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
16-0004

2. STATE  
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2016

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:  
a. FFY 2016 \$ 0  
b. FFY 2017 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 32a and 32b  
Attachment 3.1-B, Page 32a and 32b

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

Attachment 3.1-A, Page 32a and 32b  
Attachment 3.1-B, Page 32a and 32b

10. SUBJECT OF AMENDMENT:

Technical update to the list of over-the counter medications

11. 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: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

MaryAnne Lindeblad

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Ann Myers  
Rules and Publications  
Division of Legal Services  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 42716  
Olympia, WA 98504-2716

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 2/16/16

18. DATE APPROVED: 7/8/16

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
1/1/16

20. SIGNATURE OF

21. TYPED NAME:  
David L. Meacham

22. TITLE:  
Associate Regional Administrator

23. REMARKS:

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONAMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. a. Prescribed Drugs (continued)

**Citation****Provision**

1935(d)(1)

In January 2006, the Medicaid agency ceased covering any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

1927(d)(2) and  
1935(d)(2)

(a) 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.

**X The following excluded drugs are covered:**

select (i) Agents when used for anorexia, weight loss, weight gain: progestin derivative appetite stimulant, androgenic agents

no (ii) Agents when used to promote fertility

no (iii) Agents when used for cosmetic purposes or hair growth

select (iv) Agents when used for the symptomatic relief cough and colds: antitussives, expectorants, decongestants, nasal spray, and only the following generic, single ingredient formulations:

Guafenesin 100mg/5ml liquid or syrup;  
Dextromethorphan 15mg/5ml liquid or syrup;  
Pseudoephedrine 30mg or 60mg tablets;  
Saline nasal spray 0.65%; and  
Generic combination product: dextromethorphan-guaifenesin 10-100mg/5ml syrup, including sugar-free formulations.

X (v) Prescription vitamins and mineral products, except prenatal vitamins and fluoride, for documented deficiency.

select (vi) Nonprescription (OTC) drugs when determined by the department to be the least costly therapeutic alternative for a medically accepted indication in the following therapeutic classes: allylamines, analgesics, antacids, anthelmintics, anti-inflammatories, antiallergics, antibacterials, antidiarrheals, antiemetics, antiflatulents, antifungals, antihistamines, antihypoglycemics, anti-infectives, antiparasitics, antipruritics, antipyretics, antitussives, antivertigo agents, cathartics, contraceptive foams, contraceptives, corticosteroids, decongestants, EENT preparations, emergency contraceptives, emetics,

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL  
CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

---

12. a. Prescribed Drugs (continued)

expectorants, gi antihistamines, histamine h2-antagonists, iron preparations, keratoplastic agents, laxatives, liniments, lotions, mucolytics, nicotine replacement therapies, nonsteroidal anti-inflammatory, pediculicides, progestins, proton-pump inhibitors, respiratory tract agents, salicylates, scabicides, steroidal anti-inflammatories, sympathomimetics, vasoconstrictors.

none (vii) 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

       No excluded drugs are covered.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

12 a. Prescribed Drugs (continued)

<b>Citation</b>	<b>Provision</b>
1935(d)(1)	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.
1927(d)(2) and (a) 1935(d)(2)	<p>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.</p> <p><u>  X  </u> <b>The following excluded drugs are covered:</b></p> <p><u>select</u> (i) Agents when used for anorexia, weight loss, weight gain:           Progesterin derivative appetite stimulant, androgenic agents</p> <p><u>  No  </u> (ii) Agents when used to promote fertility</p> <p><u>  No  </u> (iii) Agents when used for cosmetic purposes or hair growth</p> <p><u>select</u> (iv) Agents when used for the symptomatic relief cough and colds:           antitussives, expectorants, decongestants, nasal spray, and only           the following generic, single ingredient formulations:</p> <ul style="list-style-type: none"> <li>• Guaifenesin 100mg/5ml liquid or syrup;</li> <li>• Dextromethorphan 15mg/5ml liquid or syrup;</li> <li>• Pseudoephedrine 30mg or 60 mg tablets;</li> <li>• Saline nasal spray 0.65%; and</li> <li>• Generic combination product:dextromethorphan-guaifenesin 10-100mg/5ml syrup, including sugar-free formulations.</li> </ul> <p><u>  X  </u> (v) Prescription vitamins and mineral products, except prenatal vitamins and fluoride for documented deficiency</p> <p><u>select</u> (vi) Nonprescription (OTC) drugs when determined by the department to be the least costly therapeutic alternative for a medically accepted indication in the following therapeutic classes: allylamines, analgesics, antacids, anthelmintics, anti-inflammatories, antiallergics, antibacterials, antidiarrheals, antiemetics, antiflatulents, antifungals, antihistamines, antihypoglycemics, anti-infectives, antiparasitics, antipruritics, antipyretics, antitussives, antivertigo agents, cathartics, contraceptive foams, contraceptives,</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

---

12.a.

Prescribed Drugs (continued)

corticosteroids, decongestants, EENT preparations, emergency contraceptives, emetics, expectorants, gi antihistamines, histamine h2-antagonists, iron preparations, keratoplastic agents, laxatives, liniments, lotions, mucolytics, nicotine replacement therapies, nonsteroidal anti-inflammatory, pediculicides, progestins, proton-pump inhibitors, respiratory tract agents, salicylates, scabicides, steroidal anti-inflammatories, sympathomimetics, vasoconstrictors.

none (vii) 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

    No excluded drugs are covered.