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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

May 2, 2017

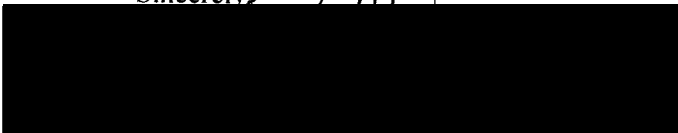
Jason A. Helgeson
State Medicaid Director
New York State Department of Health
Bureau of Federal Relations & Provider Assessments
99 Washington Avenue - One Commerce Plaza
Suite 1460
Albany, NY 12210

Dear Mr. Helgeson:

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.

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 21st 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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 17-0047	2. STATE New York
	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, 2017	
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: Attachment 3.1-A Supplement: 2(c) Attachment 3.1-B Supplement: 2(c)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Supplement: 2(c) Attachment 3.1-B Supplement: 2(c)	
10. SUBJECT OF AMENDMENT: Excluded Drug Coverage (FMAP = 50%)		
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: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1432 Albany, NY 12210	
13. TYPED NAME: Jason A. Hogerson		
14. TITLE: Medicaid Director Department of Health		
15. DATE SUBMITTED: MAR 3 1 2017		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED: MAY 01, 2017	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 01, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: MICHAEL MELENDEZ	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH	
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.
- The following excluded drugs are covered:**
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 - (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