

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA)#: CA-25-0029**

This file contains the following documents in the order listed

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

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**

**Medicaid Benefits and Health Programs Group**

March 12, 2026

Tyler Sadwith  
State Medicaid Director  
Department of Health Care Services  
Attn: Director's Office  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 25-0029

Dear Director Sadwith:

The CMS Division of Pharmacy team has reviewed California's SPA 25-0029, received in the CMS Medicaid Services OneMAC application on December 30, 2025. This amendment proposes to update the state's Excluded Drug Listing, including the exclusion of GLP-1's used for weight loss from the Medi-Cal program.

Based on the information provided and consistent with the regulations at 42 CFR 447.20, we are pleased to inform you CA-25-0029 is approved with an effective date of January 1, 2026. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into California's state plan.

If you have any questions regarding this state plan amendment, please contact Lisa Shochet at 410-786-5445 or [lisa.shochet@cms.hhs.gov](mailto:lisa.shochet@cms.hhs.gov).

Sincerely,



Digitally signed by  
MICKEY D. MORGAN -S  
Date: 2026.03.12  
13:36:58 -04'00'

Mickey Morgan  
Deputy Director  
Division of Pharmacy

cc: Lindy Harrington, California DHCS  
Angeli Lee, California DHCS  
Shanna Haysbert, California DHCS  
Nikki Lemmon, California State Lead, CMS

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 9

2. STATE

CA

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

January 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act, Section 1927(d)(2)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 25-26 \$ (453,063)  
b. FFY 26-27 \$ (1,130,322)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1.A.1, page 2  
Attachment 3.1.B.1, page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1.A.1, page 2  
Attachment 3.1.B.1, page 2

9. SUBJECT OF AMENDMENT

This SPA proposes to exclude from coverage glucagon-like peptide-1 agonists (GLP-1) used for weight loss from the Medi-Cal program, effective January 1, 2026.

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:

Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Tyler Sadwith

13. TITLE  
State Medicaid Director and Chief Deputy Director

14. DATE SUBMITTED  
December 30, 2025

15. RETURN TO

Department of Health Care Services  
Attn: Director's Office  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 30, 2025

17. DATE APPROVED  
March 12, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2026

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL  
Mickey Morgan

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

22. REMARKS

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

State Agency: California**MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY**

Citation(s)	Provision(s)
1927(d)(2) and 1935(d)(2)	<p>1. 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><input checked="" type="checkbox"/> <b><u>The following excluded drugs are covered:</u></b></p> <p><input checked="" type="checkbox"/> <b>(a) Select agents when used for anorexia, weight loss, weight gain will be covered as listed on Medi-Cal’s website.</b> All drugs in this category are potential benefits, subject to medical necessity.</p> <p><input type="checkbox"/> (b) Agents when used to promote fertility (see specific drug categories below)</p> <p><input checked="" type="checkbox"/> <b>(c) Select agents when used for symptomatic relief of cough and colds will be covered as listed on Medi-Cal’s website.</b> All drugs in this category are potential benefits, subject to medical necessity.</p> <p><input checked="" type="checkbox"/> <b>(d) Select prescription vitamins and minerals products, except prenatal vitamins and fluoride, will be covered as listed on Medi-Cal’s website.</b> All drugs in this category are potential benefits, subject to medical necessity.</p>

TN No. 25-0029

Supersedes

TN No. 05-008Approval Date: March 12, 2026Effective Date: January 1, 2026

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Agency: California

**MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR  
COVERED OUTPATIENT DRUGS FOR THE MEDICALLY NEEDY**

Citation(s)	Provision(s)
1927(d)(2) and 1935(d)(2)	<p>1. 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><input checked="" type="checkbox"/> <b><u>The following excluded drugs are covered:</u></b></p> <p><input checked="" type="checkbox"/> <b>(a) Select agents when used for anorexia, weight loss, weight gain will be covered as listed on Medi-Cal’s website.</b> All drugs in this category are potential benefits, subject to medical necessity.</p> <p><input type="checkbox"/> (b) Agents when used to promote fertility (see specific drug categories below)</p> <p><input checked="" type="checkbox"/> <b>(c) Select agents when used for symptomatic relief of cough and colds will be covered as listed on Medi-Cal’s website.</b> All drugs in this category are potential benefits, subject to medical necessity.</p> <p><input checked="" type="checkbox"/> <b>(d) Select prescription vitamins and minerals products, except prenatal vitamins and fluoride, will be covered as listed on Medi-Cal’s website.</b> All drugs in this category are potential benefits, subject to medical necessity.</p>