

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 09-026**

This file contains the following documents in the order listed:

- 1) RO Follow-Up Approval Letter
- 2) Pharmacy Approval Letter
- 3) CMS 179 Form
- 4) Approved SPA Pages

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909



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November 20, 2009

Craigian Gray, MD, MBA, JD  
Director  
Division of Medical Assistance  
North Carolina Department of Health and Human Services  
2501 Mail Service Center  
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal #09-026

Dear Dr. Gray:

This is a follow up to the approval letter that you should have received from Mr. Larry Reed, Director, Division of Pharmacy, Centers for Medicare & Medicaid Services, dated November 13, 2009. Enclosed is a copy of the approval letter, the signed form HCFA-179 and the approved plan pages.

The effective date of this amendment is December 1, 2009.

Sincerely,

//s//

Mary Kaye Justis, RN, MBA.  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Centers for Medicaid & State Operations**

**Disabled and Elderly Health Programs Group**

**NOV 13 2009**

Lanier M. Cansler  
Office of the Secretary  
North Carolina Department of Health and Human Services  
2001 Mail Service Center  
Raleigh, North Carolina 27699-2001  
Attn: Jo Thompson

Dear Mr. Cansler:

We have reviewed North Carolina State Plan Amendment (SPA) 09-026, Prescribed Drugs, received in the Regional Office on October 15, 2009. This amendment removes from coverage certain drugs that may be excluded or restricted under Medicaid, i.e., those agents when used for the symptomatic relief of cough and colds, for all Medicaid beneficiaries, including full benefit dual eligible beneficiaries under Medicare Part D. We are pleased to inform you that the amendment is approved, effective December 1, 2009.

A copy of the CMS-179 form, as well as the pages approved for incorporation into the North Carolina's state plan will be forwarded by the Atlanta Regional Office. If you have any questions regarding this request, please contact Kim Howell at (410) 786-6762.

Sincerely,

//s//

Larry Reed  
Director  
Division of Pharmacy

cc: Mary Kaye Justis, Acting ARA Atlanta Regional Office  
Cheryl Brimage, Atlanta Regional Office

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <b>09-026</b>	2. STATE  <b>NC</b>
		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  <b>December 1, 2009</b>	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  USC 1927(d)(2) and 1935(d)(2)		7. FEDERAL BUDGET IMPACT: a. FFY 2010 (\$ 8,611,776) b. FFY 2011 (\$15,102,594)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1, Page 14 g, Attachment 3.1-A.1, Page 14h, Attachment 3.1-B.1, Page 3 and Attachment 3.1-B.1, Page 4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A.1, Page 14 g, Attachment 3.1-A.1, Page 14h, Attachment 3.1-B.1, Page 3 and Attachment 3.1-B.1, Page 4	
10. SUBJECT OF AMENDMENT:  <b>Removing coverage for cough and colds legend drugs that contain expectorants or cough suppressants.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: SECRETARY <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: //s//		16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014	
13. TYPED NAME: Allen Feezor			
14. TITLE: Deputy			
15. DATE SUBMITTED: 10-22-09			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 10-26-09		18. DATE APPROVED: 11-05-09	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12-01-09		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Mary Kaye Justis		22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: NORTH CAROLINA

Medicaid Program: Requirements Relating to Covered Outpatient Drugs for the Categorically Needy  
12.a. PRESCRIBED DRUGS *continued*

Citation (s)	Provision (s)
USC 1927(d)(2) and 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>(1) The following excluded drugs are covered:</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> (a) All legend vitamins and mineral products, except prenatal vitamins and fluoride</li><li><input checked="" type="checkbox"/> (b) Non-prescription drugs</li></ul> <p>North Carolina (NC) will only cover selected rebateable over the counter (OTC) products when not covered by the prescription drug plans (PDPs). Examples of OTC drugs covered are: Insulin products, non-sedating antihistamines e.g. Loratadine OTC and Claritin OTC, proton pump inhibitors e.g. Prilosec OTC.</p>

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Citation (s)	Provision (s)
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USC 1927(d)(2) and  
 1935(d)(2)

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|---|
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| <input checked="" type="checkbox"/> (d) All Benzodiazepines   |
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| (2) The following excluded drugs are not covered: <ul style="list-style-type: none"> <li>(a) Agents when used for anorexia, weight loss, weight gain</li> <li>(b) Agents when used to promote fertility</li> <li>(c) Agents when used for cosmetic purposes or hair growth</li> <li>(d) 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</li> <li>(e) Agents when used for the symptomatic relief of cough and colds. All legend products that contain expectorants or cough suppressants. Examples are:<br/>               expectorant/antitussive combination,<br/>               antihistamine/decongestant/antitussive combination,<br/>               antihistamine/decongestant/expectorant combination,<br/>               antihistamine/decongestant/expectorant/antitussive combination,<br/>               antihistamine/expectorant combination,<br/>               antihistamine/antitussive,<br/>               antitussive/decongestant/analgesic/ expectorant,<br/>               and antitussive/decongestant/analgesic.             </li> </ul> |

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Medicaid Program: Requirements Relating to Covered Outpatient Drugs for the Medically Needy

**12.a. PRESCRIBED DRUGS** *continued*

Citation (s)	Provision (s)
USC 1927(d)(2) and 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>(1) The following excluded drugs are covered:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> (a) All legend vitamins and mineral products, except prenatal vitamins and fluoride</li> <li><input checked="" type="checkbox"/> (b) Non-prescription drugs</li> </ul> <p>North Carolina (NC) will only cover selected rebateable over the counter (OTC) products when not covered by the prescription drug plans (PDPs). Examples of OTC drugs covered are: Insulin products, non-sedating antihistamines e.g. Loratadine OTC and Claritin OTC, proton pump inhibitors e.g. Prilosec OTC.</p>
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Medicaid Program: Requirements Relating to Covered Outpatient Drugs for the Medically  
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**12.a. PRESCRIBED DRUGS** *continued*

Citation (s)	Provision (s)
	(2) The following excluded drugs are not covered:
	(a) Agents when used for anorexia, weight loss, weight gain
	(b) Agents when used to promote fertility
	(c) Agents when used for cosmetic purposes or hair growth
	(d) 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
	(e) Agents when used for the symptomatic relief of cough and colds. All legend products that contain expectorants or cough suppressants. Examples are: expectorant/antitussive combination, antihistamine/decongestant/antitussive combination, antihistamine/decongestant/expectorant combination, antihistamine/decongestant/ expectorant/antitussive combination, antihistamine/expectorant combination, antihistamine/antitussive, antitussive/decongestant/ analgesic/expectorant, and antitussive/decongestant/ analgesic.

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USC 1927(d)(2) and 1935(d)(2)	<p><input checked="" type="checkbox"/> (c) All Barbiturates</p> <p><input checked="" type="checkbox"/> (d) All Benzodiazepines</p> <p><input checked="" type="checkbox"/> (e) Agents when used to promote smoking cessation (non-duals only). NC will cover legend products for the non-duals. NC will cover for the duals (when not covered by the PDPs) and non-duals selected rebateable OTC products. Some examples are: Nicoderm CQ, Nicotrol, Commit, and Nicorette Gum.</p> <p>(2) The following excluded drugs are not covered:</p> <p>(a) Agents when used for anorexia, weight loss, weight gain</p> <p>(b) Agents when used to promote fertility</p> <p>(c) Agents when used for cosmetic purposes or hair growth</p> <p>(d) 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</p> <p>(e) Agents when used for the symptomatic relief of cough and colds. All legend products that contain expectorants or cough suppressants. Examples are:          expectorant/antitussive combination,          antihistamine/decongestant/antitussive combination,          antihistamine/decongestant/expectorant combination,          antihistamine/decongestant/expectorant/antitussive combination,          antihistamine/expectorant combination,          antihistamine/antitussive,          antitussive/decongestant/analgesic/ expectorant,          and antitussive/decongestant/analgesic.</p>

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