

Table of Contents

State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 12-006

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



November 30, 2012

Michael Watson, Director
Division of Medical Assistance
NC Department of Health & Human Services
1985 Umstead Drive (ZIP 27603)
2501 Mail Service Center
Raleigh, NC 27699-2501

Re: North Carolina Title XIX State Plan Amendment, Transmittal #12-006

Dear Mr. Watson:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on May 8, 2012. The State's requested effective date of April 15, 2012 has been accepted.

Enclosed for your records are:

1. a copy of the approval letter dated November 21, 2012 that was submitted to the State by Larry Reed, Director, Division of Pharmacy;
2. the original signed 179; and
3. the approved plan pages.

If you have any additional questions regarding this amendment, please contact Elaine Elmore, State Coordinator for North Carolina, at 404-562-7408.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure(s)



Center for Medicaid and CHIP Services
Disabled and Elderly Health Programs Group

November 21, 2012

Albert A Delia
Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-201

Dear Mr. Delia:

We have reviewed North Carolina's State Plan Amendment (SPA) 12-006, Prescribed Drugs, received in the Regional Office on May 08, 2012. This amendment will discontinue the pharmacy Opt-In program, which requires recipients receiving more than eleven prescriptions per month to remain at one pharmacy. With the removal of the Opt-In program and monthly prescription limits, it prevents a hard monthly prescription limit, and will not impact beneficiaries access to needed prescriptions. We are pleased to inform you that the amendment is approved, effective April 15, 2012.

A copy of the HCFA-179 form, as well as the pages approved for incorporation into the North Carolina state plan, will be forwarded by the Atlanta Regional Office.

If you have any questions regarding this amendment, please contact Delaine Deardorff-Beck at (410) 786-2991.

Sincerely,

/s/

Larry Reed
Director
Division of Pharmacy

cc: Elaine Elmore, Atlanta Regional Office
Michael Watson, Director – Division of Medical Assistance
Jackie Glaze, ARA, Atlanta Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 12-006	2. STATE NC
		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 April 15, 2012	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S.C. 1396r-8		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$0 b. FFY 2013 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1, Page 14a and Attachment 3.1-A.1, Page 14e		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A.1, Page 14a and Attachment 3.1-A.1, Page 14e	
10. SUBJECT OF AMENDMENT: Pharmacy Opt-In Program and the Monthly Prescription Limits			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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, North Carolina 27699-2001	
13. TYPED NAME: Albert A. Delia			
14. TITLE: Secretary			
15. DATE SUBMITTED: 05-08-12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 05/08/12		18. DATE APPROVED: 11/21/12	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04/15/12		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

12. a. Prescribed Drugs *continued*

- (3) The Department may establish authorizations, limitations, and reviews for specific drugs, drug classes, brands, or quantities in order to manage effectively the Medicaid pharmacy program. This may include limitations on monthly brand-name and generic prescriptions as well as restrictions on the total number of medications, except that the Department may not impose limitations on brand-name medications for which there is a generic equivalent in cases where the prescriber has determined at the time the drug is prescribed, that the brand-name drug is medically necessary and has written on the prescription order the phrase "medically necessary". The Department may impose prior authorization requirements on brand-name drugs for which the phrase "medically necessary" is written on the prescription.

The Division of Medical Assistance (DMA) has a prescription limit of eight (8) prescriptions per recipient per month for recipients age twenty-one (21) and older. This limitation does not apply to EPSDT eligible children. A pharmacist may override the monthly limitation with three (3) additional prescriptions per recipient per month based on the assessment of the recipient's need for additional medications during the month of service. The Division requires additional review for greater than three additional prescriptions. Recipients who reside in nursing facilities and intermediate care facilities/mental retardation centers are exempt from the prescription limitation.

- (4) Drugs for which Medical Assistance reimbursement is available are limited to the following:

Covered outpatient drugs of any manufacturer which has entered into and complies with an agreement under Section 1927(a) of the Act which are prescribed for a medically accepted indication.

A preferred drug list or other restrictions such as Prior Authorization (PA) must permit coverage of participating manufacturers' drugs. In addition, prior authorization must be obtained from the Medicaid agency or its authorized agent for any drug on the prior authorization list before Medicaid reimbursement is available. The state provides for response by telephone or other telecommunication device within twenty-four (24) hours of a request for prior authorization. The state also provides for the dispensing of at least a seventy-two (72) hour supply of a covered outpatient prescription drug in an emergency situation (effective July 1, 1991).

INTENTIONALLY LEFT BLANK

TN No.: 12-006
Supersedes
TN No.: 10-032

Approval Date: 11-21-12

Effective Date: 04/15/2012