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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 23-0035

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary 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

December 6, 2023

Jay Ludlam
Deputy Secretary
Office of the Deputy Secretary
Department of Health and Human Services
Division of Health Benefits
2001 Mail Service Center
Raleigh, NC 27699-20014

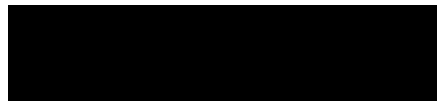
Dear Jay Ludlam:

The CMS Division of Pharmacy has reviewed North Carolina's State Plan Amendment (SPA) 23-0035 received in the CMS Medicaid & CHIP Operation Group on September 29, 2023. This SPA proposes to update the language on the state's excluded drug list on the Pharmacy state plan coverage pages.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 23-0035 is approved with an effective date of August 1, 2023. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into North Carolina's state plan. If you have any questions regarding this amendment, please contact Charlotte Hammond at (410) 786-1092 or charlotte.hammond@cms.hhs.gov.

Sincerely,



Mickey Morgan
Deputy Director
Division of Pharmacy

cc: Betty Staton, North Carolina State Plan and Amendments Manager
Morlan Lannaman, CMS, Medicaid and CHIP Operations Group

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 3 5

2. STATE

NC

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

August 01, 2023

5. FEDERAL STATUTE/REGULATION CITATION

USC 1927(d)(2) and 1935(d)(2)]

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ 0
b. FFY 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A.1 Pages 14g, 14h

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A.1 Pages 14g, 14h

9. SUBJECT OF AMENDMENT

Covered Non-prescription Drugs

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: Secretary

TE AGENCY OFFICIAL

12. TYPED NAME
Jay Ludlam

13. TITLE
Deputy Secretary

14. DATE SUBMITTED 09/18/2023 09 PM EDT

15. RETURN TO

Office of the Deputy Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-20014

FOR CMS USE ONLY

16. DATE RECEIVED
09/29/2023

17. DATE APPROVED
12/06/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
08/01/2023

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
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)

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.

(1) The following excluded drugs are covered:

(a) Non-prescription drugs

Selective non-prescription (over-the-counter) medications will be covered as listed on the North Carolina Medicaid website and in the provider manual.

TN No.: 23-0035
Supersedes
TN No.: 13-005

Approval Date: 12/06/2023

Effective Date: 08/01/2023

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)	(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) 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 (d) Agents when used for the symptomatic relief of cough and colds. All legend products that contain expectorants or cough suppressants. (e) All legend vitamins and mineral products, except prenatal vitamins and fluoride.

TN No.: 23-0035
Supersedes
TN No.: 14-011

Approval Date: 12/06/2023

Effective Date: 08/01/2023