

# **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA)#: NC-24-0032**

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**

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**Medical Benefits Health Programs Group**

October 30, 2024

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

Dear Jay Ludlam,

The CMS Division of Pharmacy team has reviewed North Carolina's State Plan Amendment (SPA) 24-0032 received in the CMS Medicaid Services OneMAC application on August 9, 2024. This SPA proposes to update the excluded drug list on the state plan pages.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 24-0032 is approved with an effective date of August 1, 2024. 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 pages 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](mailto:charlotte.hammond@cms.hhs.gov).

Sincerely,



Cynthia R. Denmark, R.Ph.  
Director  
Division of Pharmacy

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 4 — 0 0 3 2</u>	2. STATE <u>NC</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>August 01, 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION <u>USC 1927(d)(2) and 1935(d)(2)</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>24,993,008</u> b. FFY <u>25</u> \$ <u>54,900,782</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 3.1-A.1, Page 14h</u> <u>Attachment 3.1-B.1, Page 4</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 3.1-A.1, Page 14h</u> <u>Attachment 3.1-B.1, Page 4</u>	

9. SUBJECT OF AMENDMENT

Coverage of FDA-Approved Weight Loss 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Jay Ludlam

13. TITLE  
Deputy Secretary

14. DATE SUBMITTED 07/23/24 | 6:43 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 08/09/24

17. DATE APPROVED  
10/30/24

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
08/01/24

19.

20. TYPED NAME OF APPROVING OFFICIAL  
CYNTHIA R. DENEMARK

21. TITLE OF APPROVING OFFICIAL  
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

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**12.a. PRESCRIBED DRUGS continued**

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

Provision (s)

- (1) The following excluded drugs are not covered:
  - (a) Agents when used for anorexia or 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.

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TN No: 24-0032  
Supersedes  
TN No: 23-0035

Approval Date: 10/30/2024

Effective Date: 08/01/2024

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 Medically Needy

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

Citation (s)	Provision (s)
	(2) The following excluded drugs are not covered: <ul style="list-style-type: none"><li>(a) Agents when used for anorexia or weight gain</li><li>(b) Agents when used to promote fertility</li><li>(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</li><li>(d) Agents when used for the symptomatic relief of cough and colds. All legend products that contain expectorants or cough suppressants.</li><li>(e) All legend vitamins and mineral products, except prenatal vitamins and fluoride.</li></ul>