




NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
JAY LUDLAM • Deputy Secretary, NC Medicaid

SIGNATURE REQUEST MEMORANDUM

TO: Jay Ludlam 

FROM: Betty J. Staton, SPA Manager

RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2023-0035

Purpose

Attached for your review and signature is a Medicaid State Plan amendment summarized below, and submitted on September 15, 2023, with a due date of September 18, 2023.

Clearance

This amendment has been reviewed for both accuracy and completeness by:

Betty J. Staton, Emma Sandoe, Melanie Bush, Lotta Crabtree, Adam Levinson

Background and Summary of Request

It is recommended that you sign this State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

Please find attached a State Plan Amendment (SPA) that includes broader language for the description of covered non-prescription drugs to 1) Allow coverage of over-the-counter (OTC) naloxone, OTC birth control pills, and other selected OTC products that NC Medicaid may cover in the future. 2) Allow for greater coverage flexibility and reduces the requirement of a SPA submission pursuant to future OTC policy changes. Examples of covered OTC drugs/drug classes were also removed from these State Plan pages, as such a list or examples are included in the provider manual and/or North Carolina Medicaid website.

The proposed effective date is August 01, 2023.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me at (919) 538-3215.

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 at <https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>.

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

Approval Date:

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) 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. (f) All legend vitamins and mineral products, except prenatal vitamins and fluoride. |

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

Approval Date:

Effective Date: 08/01/2023