



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 <sup>DS</sup>  
**FROM:** Ashley Blango, SPA Coordinator  
**RE:** State Plan Amendment  
  
Title XIX, Social Security Act  
Transmittal #2024-0032

**Purpose**

Attached for your review and signature is a Medicaid State Plan Amendment (Coverage of FDA-Approved Weight Loss Drugs) summarized below, and submitted on July 23, 2024, with a due date of July 29, 2024.

**Clearance**

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

*Ashley Blango, Betty J. Staton, Kathryn Horneffer, Melanie Bush, 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.

This SPA will remove weight loss agents as an excluded drug class. Prescription obesity management medications are now playing a role in addressing the obesity epidemic, as they may provide additional weight loss benefits compared to lifestyle modifications alone. Because of the substantial associated weight loss of these medications, there has been an increased uptake of state Medicaid program coverage. Following an approved state plan amendment, NC Medicaid can cover FDA-approved obesity management medications and receive federal match.

The proposed effective date of the SPA is August 1, 2024.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me or Ashley Blango at 919-812-6145.

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)

- (2) 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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Medicaid Program: Requirements Relating to Covered Outpatient Drugs for the Medically Needy

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TN No.: 24-0032  
Supersedes  
TN No.: 12-021

Approval Date:

Effective Date: 08/01/2024