

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

July 23, 2024

James Scott, Director
Division of Program Operations
Department of Health & Human Services
Centers for Medicare & Medicaid Services
601 East 12th Street Room 355
Kansas City, Missouri 64106

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2024-0032

Dear Mr. Scott:

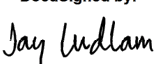
Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program.

This state plan change 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.

Sincerely,

DocuSigned by:

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Jay Ludlam
Deputy Secretary

Enclosures

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)
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.

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*

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

Approval Date:

Effective Date: 08/01/2024