

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



March 7, 2011

Craigan Gray, MD, MBA, JD
Director
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

Re: North Carolina Title XIX State Plan Amendment, Transmittal #10-025

Dear Dr. Gray:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on July 2, 2010. The requested date of approval of November 1, 2010 has been accepted.

Enclosed for your records is a copy of the letter submitted to the State by Larry Reed, Director, Division of Pharmacy informing North Carolina of the approval, the original signed 179 with the "Pen and Ink" changes to blocks 4, 7a, 7b and a copy of the approved plan pages.

If you have any additional questions regarding this amendment, please contact Elaine Elmore, your State Coordinator at 404-562-7408.

Sincerely,

//s//

Jackie L. Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure(s)

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, CHIP and Survey & Certification

Disabled and Elderly Health Programs Group

February 25, 2011

Craigian Gray, M.D., M.B.A., J.D.
Director
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

Dear Dr. Gray:

We have reviewed North Carolina State Plan Amendment (SPA) 10-025 received in the Atlanta Regional Office on September 2, 2010. This amendment eliminates the coverage of legend vitamins and mineral products, except prenatal vitamins and fluoride, which will continue to be covered for Medicaid eligible recipients. We are pleased to inform you that the amendment is approved, effective November 1, 2010.

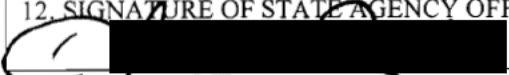

A copy of the pages approved for incorporation into the North Carolina's State Plan will be forwarded by the Atlanta Regional Office. If you have any questions regarding this request, please contact Angel Davis at (410) 786-4693.

Sincerely,

/s/

Larry Reed
Director
Division of Pharmacy

cc: Jackie Glaze, Acting ARA, Atlanta Regional Office
Elaine Elmore, Atlanta Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 10-025	2. STATE NC
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Sec. 1927 [42 U.S.C. 1396r-8] (d)(2)(f)		7. FEDERAL BUDGET IMPACT: a. FFY 2010 -- 2011 (\$2,436,888) b. FFY 2011 -- 2012 (\$2,896,455)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1 Page 14g, Attachment 3.1-A.1 Page 14h, Attachment 3.1-B.1, Page 3 and Attachment 3.1-B.1, Page 4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A.1 Page 14g, Attachment 3.1-A.1 Page 14h, Attachment 3.1-B.1, Page 3 and Attachment 3.1-B.1, Page 4	
10. SUBJECT OF AMENDMENT: Prescribed Drugs – Legend Vitamins			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: SECRETARY <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001	
13. TYPED NAME: Lanier M. Cansler			
14. TITLE: Secretary			
15. DATE SUBMITTED: 9/1/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 09/02/10		18. DATE APPROVED: 02/25/11	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/10		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns	
23. REMARKS: Approved with the following changes as authorized by State Agency on letter dated 01/18/11. Block # 4 Changed to read: November 1, 2010. Block # 7 Changed to read: 7a FFY 2011 (\$1,576,910 and 7b FFY 2012 (\$1,874,296).			

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)

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

North Carolina (NC) will only cover selected rebateable over the counter (OTC) products when not covered by the prescription drug plans (PDPs). Examples of OTC drugs covered are: Insulin products, non-sedating antihistamines e.g. Loratadine OTC and Claritin OTC, proton pump inhibitors e.g. Prilosec OTC.

TN No.: 10-025
Supersedes
TN No.: 09-026

Approval Date: 02-25-11

Effective Date: 11/1/2010

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)

Provision (s)

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

- (b) All Barbiturates
- (c) All Benzodiazepines
- (d) Agents when used to promote smoking cessation (non-duals only). NC will cover legend products for the non-duals. NC will cover for the duals (when not covered by the PDPs) and non-duals selected rebateable OTC products. Some examples are: Nicoderm CQ, Nicotrol, Commit, and Nicorette Gum.
- (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. Examples are:
expectorant/antitussive combination,
antihistamine/decongestant/antitussive combination,
antihistamine/decongestant/expectorant combination,
antihistamine/decongestant/expectorant/antitussive combination,
antihistamine/expectorant combination,
antihistamine/antitussive,
antitussive/decongestant/analgesic/ expectorant,
and antitussive/decongestant/analgesic.
 - (f) All legend vitamins and mineral products, except prenatal vitamins and fluoride.

TN No.: 10-025
Supersedes
TN No.: 09-026

Approval Date: 02-25-11

Effective Date: 11/1/2010