

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. (Except for dual eligible individuals effective January 1, 2013 when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover these indications)

(c) All Benzodiazepines (Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)

(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.

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12.a. PRESCRIBED DRUGS *continued*

Citation (s)	Provision (s)
USC 1927(d)(2) and 1935(d)(2)	<p>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.</p> <p>(1) The following excluded drugs are covered:</p> <p><input checked="" type="checkbox"/> (a) Non-prescription drugs</p> <p>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.</p>
USC 1927(d)(2) and 1935(d)(2)	<p><input checked="" type="checkbox"/> (b) All Barbiturates (Except for dual eligible individuals effective January 1, 2013 when used in the treatment of epilepsy, cancer or a chronic mental health disorder as Part D will cover those indications)</p> <p><input checked="" type="checkbox"/> (c) All Benzodiazepines (Except for dual eligible individuals effective January 1, 2013 as Part D will cover all indications)</p> <p><input checked="" type="checkbox"/> (d) Agents when used to promote smoking cessation (non-duals only). NC will cover legend products 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.</p>

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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">(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.

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