

**PUBLIC NOTICE**  
**(SPA 24-0012)**  
**PHYSICIAN ADMINISTERED DRUG PROGRAM (PADP) RATE REVISION**

The Department of Health and Human Services, Division of Health Benefits (DHB) hereby provides notice of its intent to amend the Medicaid State Plan Attachment 4.19-B, Section 12, Page 2. This amendment removes language that set PADP reimbursement prices in 2015 and allows for rates to be updated.

This rate amendment will become effective February 1, 2024.

The annual estimated state fiscal impact of this change is:

- a. SFY 2024 (\$146,937)
- b. SFY 2025 (\$348,091)

A copy of the proposed public notice may be viewed at the County Department of Social Services. Questions, comments, and requests for copies of the proposed State Plan amendment should be directed to the Division of Health Benefits at the address listed below:

Jay Ludlam  
Deputy Secretary  
Division of Medical Assistance  
2501 Mail Service Center  
Raleigh, NC 27699-2501  
[medicaidrulescomments@dhhs.nc.gov](mailto:medicaidrulescomments@dhhs.nc.gov)

Posted on the Division of Health Benefits Website: January 10, 2024  
<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>