



An Information Service of the Division of Health Benefits

## NC Medicaid Pharmacy Newsletter

*Number 388*

*March 2026*

### In This Issue...

[New Pharmacy Benefit Administrator \(PBA\) for NC Medicaid Direct](#)

[Opill Without a Prescription Pharmacy Coverage](#)

[Taxonomy: Review for Accurate Screening](#)

[Eastern Band of Cherokee Indians Tribal Option and Pharmacy Billing](#)

[Preferred Brands with Non-Preferred Generics on the Preferred Drug List \(PDL\)](#)

[72-Hour Emergency Supply Available for Pharmacy Prior Authorization Drugs](#)

[Checkwrite Schedule for April 2026](#)

## New Pharmacy Benefit Administrator (PBA) for NC Medicaid Direct

The North Carolina Department of Health and Human Services (NCDHHS), Division of Health Benefits (DHB), reminds pharmacy providers that Prime Therapeutics State Government Solutions LLC, (Prime Therapeutics) will serve as the Pharmacy Benefits Administrator (PBA) for NC Medicaid Direct Point-of-Sale (POS) pharmacy claims **beginning May 2, 2026**.

### Pharmacy Provider Webinar for new PBA for NC Medicaid Direct

Join NC Medicaid and Prime Therapeutics for two provider webinars on an overview of the NC Medicaid Direct Pharmacy Program transition. This webinar will review important information for pharmacy providers, including operational updates, implementation timelines, and resources available ahead of May 2, 2026, Go-Live date.

Date	Time	Location	Topic	Meeting Link
March 20	12 PM to 1:30 PM ET	Virtual	Overview of New Prime Therapeutics PBA system for NC Medicaid Direct Point of Sale Pharmacy	<a href="#">REGISTER HERE</a>
April (week of 4/20 -TBD)	TBD	Virtual	Deeper dive into the PBA for Providers, including a demonstration of the Prime Therapeutics system and addressing frequently asked questions.	Coming soon

### System Transition and Downtime

To support a seamless transition, Prime Therapeutics will assume responsibility of the BIN (610242) and PCN (781640064) previously utilized by NCTracks. Any pharmacy POS claim submitted to BIN 610242 and PCN 781640064 will be automatically routed to Prime Therapeutics without any action from pharmacy providers beginning on **Saturday, May 2, 2026**.

This transition **ONLY** applies to NC Medicaid Direct POS pharmacy claims

- There is **no impact** to NC Medicaid Direct medical claims
- There is **no change** for members enrolled in NC Medicaid Managed Care health plans

**There will be a brief scheduled system downtime for NCTracks from May 1, 2026, 11:45 PM to May 2, 2026, 12:15 AM to support the transition of POS pharmacy claims processing from NCTracks to Prime Therapeutics.**

During the scheduled downtime:

- NCTracks will no longer process NC Medicaid Direct POS claims after 11:45 PM on Friday May 1, 2026.
- Prime Therapeutics will begin processing NC Medicaid Direct POS claims after 12:15 AM on Saturday May 2, 2026

### **Pharmacy Providers Encouraged to Participate in Switch Vendor Testing**

As part of the transition, the new PBA system has been configured to fully align with existing NC Medicaid pharmacy claims submission policy requirements. To support a smooth Go-Live and minimize any disruption, NC Medicaid strongly encourages pharmacies to participate in switch vendor testing. Testing enables pharmacies to confirm that their systems are configured correctly, validate claim responses, and ensure claims, particularly Coordination of Benefits (COB) scenarios are submitted in accordance with current policy and processes. It also provides an opportunity to identify and resolve any issues in advance.

We understand the operational demands pharmacies face, and testing has been designed to be quick, flexible, and manageable within your daily workflow.

#### Testing Expectations

At a minimum, pharmacies are encouraged to submit:

- One paid claim (B1)
- One reversal (B2)
- One COB or compound claim, if pharmacy workflow supports

**Testing Window: March 16, 2026, to April 17, 2026**

**To register for testing and receive test claim information, please email Prime Therapeutics at: [PharmacyTesting@primetherapeutics.com](mailto:PharmacyTesting@primetherapeutics.com)**

Please include the following information in your email:

- Contact Name

- Contact Phone Number
- Pharmacy National Provider Identifier (NPI)
- Switch Vendor Information

Once registered, Prime Therapeutics will provide test member details and remain available to support pharmacies throughout the testing process.

Please note that this testing applies only to NC Medicaid Direct and does not impact NC Medicaid Managed Care.

## **Provider Preparation**

### **Accessing the PBA Portal:**

Providers can access the **PBA Pharmacy Provider Portal** by selecting the **Pharmacy Benefit Administrator** tile at: <https://mes.medicaid.ncdhhs.gov/>

Before May 2, 2026, providers **do not need to log in** to view the following information:

- PBA updates
- Announcements
- Training materials
- Resources

Additional guidance will be available under the **library** section prior to Go Live.

More information is also available at: <https://medicaid.ncdhhs.gov/providers/programs-and-services/prescription-drugs/pharmacy-benefit-administrator>

## **Self Guided Pharmacy Provider Training**

Prime Therapeutics will provide **self-paced virtual training videos** to support provider readiness.

Providers are encouraged to complete training prior to May 2, 2026.

[North Carolina Provider Implementation Training](#)

[North Carolina Web Portal Demo \(Providers\)](#)

More information will be available under **Links** on the PBA Portal: NC Medicaid Pharmacy Benefit Administrator webpage via the MES portal at <https://mes.medicaid.ncdhhs.gov>.

**Opill Without a Prescription Pharmacy Coverage**

**Over the counter oral contraceptive Opill is available *without a prescription*, at no cost.**

NC Medicaid beneficiaries may obtain the over the counter (OTC) oral contraceptive Opill without a prescription and at no cost. While NC Medicaid encourages establishing care with a medical home, coverage without a prescription allows Medicaid beneficiaries easy access to the product and reduces barriers such as having to make an appointment to get a prescription, needing transportation to the appointment, or even a lack of health care providers in the community. Medicaid beneficiaries will be able to get Opill from pharmacies enrolled in Medicaid who will be able to submit the claim for reimbursement.

**Coverage for NC Medicaid Managed Care Beneficiaries**

This benefit, effective Aug. 1, 2024, applies to both NC Medicaid Direct beneficiaries and NC Medicaid Managed Care members. Claims for Opill without a prescription for all NC Medicaid beneficiaries, including NC Medicaid Direct and NC Medicaid Managed Care, should be adjudicated through NCTracks. The NC Medicaid Managed Care pharmacy benefit will not be utilized to process claims for Opill *without a prescription*.

NCTracks Claims Processor Information is below for Opill *without a prescription*.

<b>Enrollment</b>	<b>Claims Processor</b>	<b>Bin Number</b>	<b>PCN Number</b>	<b>Group Number</b>
NC Medicaid Direct Beneficiaries	NCTracks	610242	781640064	N/A
NC Medicaid Managed Care Members	NCTracks	610242	781640064	N/A

Please note: Opill is also covered with a prescription. For Opill with a prescription, pharmacies should continue to bill the beneficiary’s managed care plan if they are enrolled in managed care.

## Pharmacy Providers

For Opill to be covered without a prescription by NC Medicaid, pharmacy providers should:

- Process all claims for Opill without a prescription through the NCTracks BIN, PCN and group number noted in the table above.
- Submit the claim using the pharmacy NPI as the prescriber to identify the claim is billing for “Opill without a prescription” coverage. The claim will be denied with a message back to pharmacy, instructing the pharmacy to “resubmit the claim using “P0” (P zero) as the edit override code.”
- Resubmit the claim using Professional Service Code “P0” to override edit 07006

A \$5.00 fee will be included in the reimbursement amount paid to the pharmacy. A dispensing fee will not be paid. Beneficiaries are allowed to obtain up to a 3-month supply of Opill with each request, without a prescription, with a maximum of 13 packs per year. Opill is a progestin only contraceptive. Pharmacists should counsel beneficiaries that Opill is most effective when taken once a day at the same time each day.

Pharmacy providers are permitted and encouraged to post signage in the pharmacy to inform Medicaid beneficiaries that Opill is available at no cost, without a prescription.

## Taxonomy: Review for Accurate Screening

An outdated NCTracks provider record jeopardizes continued NCDHHS program participation.

Providers must regularly review the taxonomies listed on their records to ensure that each one accurately represents services **currently offered** to NC Medicaid beneficiaries. Because pharmacy providers are subject to site visits, inaccurate or outdated taxonomy data puts the pharmacy at risk of a failed site visit, resulting in a for-cause termination from NCDHHS programs.

The recently published bulletin article, [Risks of Not Accurately Reporting on Your NCTracks Provider Record](#), identifies the following risks of having an incorrect taxonomy active on the pharmacy’s record:

### **Failed Site Visit/Termination:**

For NC Medicaid providers, site visits are conducted by Public Consulting Group (PCG). As required by 42 CFR 455.432, NC Medicaid must conduct pre-enrollment and post-enrollment site visits for Moderate and High categorical risk taxonomies. These visits are performed to **verify that the information submitted to NC Medicaid is accurate** and compliant with federal and state requirements.

PCG reviews active taxonomies on the provider record and validates that each accurately reflects the service rendered by the provider. If during a site visit the

provider cannot demonstrate basic knowledge of expected services, the site visit is registered as a “fail.” This result is communicated to GDIT and causes an automatic for-cause termination of participation. Maintaining accurate taxonomies on the provider record helps to ensure that the correct screening takes place.

**Inaccurate Provider Directories:**

NC Medicaid and all NC Medicaid Managed Care health plans publish provider directories which include information about available services based on active taxonomies. Incorrect data risks beneficiaries seeking services not available at the provider’s location, wasting time and effort for both the provider and the beneficiary.

Pharmacy providers may review and update their provider enrollment record data through the NCTracks Manage Change Request, available on the secure NCTracks Provider Portal Status and Management webpage.

**Additional Resources**

- The Provider Permission Matrix (PPM) and instructions for using the PPM are located under Quick Links on the [NCTracks Provider Enrollment webpage](#)
- User guides for How to View and Update Taxonomy and How to Select a Taxonomy Code are located on the [NCTracks User Guides & Fact Sheets webpage](#) under the Taxonomy section
- [NCTracks General Provider Enrollment FAQs](#)
- [Manage Change Request FAQs](#)
- [Provider Site Visits Valid for Five Years](#) announcement

**Contact**

- NCTracks Call Center: 800-688-6696
- Provider Ombudsman: 866-304-7062

**Eastern Band of Cherokee Indians Tribal Option and Pharmacy Billing**

The Eastern Band of Cherokee Indians (EBCI) Tribal Option is an Indian Managed Care Entity. As a NC Medicaid health plan, the EBCI Tribal Option provides managed care for federally recognized Tribal members and other individuals eligible to receive Indian Health Services. Beneficiaries reside in Buncombe, Clay, Cherokee, Graham, Haywood, Henderson, Jackson, Macon, Madison, Swain, and Transylvania counties. Any NC Medicaid provider may render services to EBCI Tribal Option beneficiaries.

As a reminder, pharmacy claims for Tribal Option members are billed through Medicaid Direct (NCTracks currently). Providers are not permitted to collect copayments from EBCI Tribal Option beneficiaries and pharmacy claims should return with a \$0 copay amount due from the beneficiary. For assistance with eligibility issues for EBCI Tribal Option beneficiaries, providers can call 800-260-9992.

If a Tribal member is enrolled in a health plan such as the Standard Plan, Tailored Plan or the Child and Family Specialty Plan (CFSP), then the claim should be billed using the BIN for that plan. A list of plan BINs is below. Copayments would not be collected.

For assistance with pharmacy point of sale claims, providers can call NCTracks at (866) 246-8505 for members enrolled in NC Medicaid Direct or call the member’s health plan if the member is enrolled in a plan.

**NC Medicaid Direct and Standard Plan Benefits Information**

<b>Managed Care Organization</b>	<b>Corresponding PBM Processor</b>	<b>BIN Number</b>	<b>PCN</b>	<b>Group Number</b>	<b>Contact Information</b>
Fee for Service (Medicaid Direct)	NCTracks	610242	781640064	N/A	<a href="tel:8006886696">800-688-6696</a>
AmeriHealth Caritas NC	PerformRx	019595	PRX00801	N/A	<a href="tel:8668851406">866-885-1406</a>
BCBSNC - Healthy Blue	CarelonRx	020107	NC	8473	<a href="tel:8334341212">833-434-1212</a>
Carolina Complete Health	Express Scripts	003858	MA	2ERA	<a href="tel:8337504461">833-750-4461</a>
United Health Care	Optum Rx	610494	4949	ACUNC	<a href="tel:8552581593">855-258-1593</a>
WellCare Health Plans	Express Scripts	003858	MA	2ESA	<a href="tel:8667995318">866-799-5318</a>

**Tailored Plan Benefits Information**

<b>Managed Care Organization</b>	<b>Corresponding PBM Processor</b>	<b>BIN Number</b>	<b>PCN</b>	<b>Group Number</b>	<b>Contact Information</b>
Alliance	Navitus	610602	MCD	TPMC	1-855-759-9300
Partners	CVS Caremark	025052	MCAIDADV	RX22AC	1-866-453-7196
Trillium	Perform Rx	019595	PRX10811	N/A	1-866-245-4954
Vaya	Navitus	610602	MCD	VAYARX	1-800-540-6083

**Children and Families Specialty Plan (CFSP)**

<b>Managed Care Organization</b>	<b>Corresponding PBM Processor</b>	<b>BIN Number</b>	<b>PCN</b>	<b>Group Number</b>	<b>Contact Information</b>
Healthy Blue Care Together	CarelonRx	020107	NC	8473	833-777-3788

**Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of March 1, 2026**

<b>Brand Name</b>	<b>Generic Name</b>
Advair 100-50 Diskus	Fluticasone-Salmeterol 100-50
Advair 250-50 Diskus	Fluticasone-Salmeterol 250-50
Advair 500-50 Diskus	Fluticasone-Salmeterol 500-50
Advair HFA 115-21 mcg Inhaler	Fluticasone-Salmeterol 115-21 HFA Inhaler
Advair HFA 230-21 mcg Inhaler	Fluticasone-Salmeterol 230-21 HFA Inhaler
Advair HFA 45-21 mcg Inhaler	Fluticasone-Salmeterol 45-21 HFA Inhaler
Alphagan P 0.1% Drops	Brimonidine P 0.1% Drops
Alphagan P 0.15% Drops	Brimonidine P 0.15% Drops
Anoro Ellipta 62.5-25 mcg Inhaler	Umeclidinium-Vilantero 62.5-25 Inhaler
Aptiom 200 mg Tablet	Eslicarbazepine 200 mg Tablet
Aptiom 400 mg Tablet	Eslicarbazepine 400 mg Tablet
Aptiom 600 mg Tablet	Eslicarbazepine 600 mg Tablet
Aptiom 800 mg Tablet	Eslicarbazepine 800 mg Tablet
Arnuity Ellipta 100 mcg Inh	Fluticasone Ellipta 100 mcg Inh
Arnuity Ellipta 200 mcg Inh	Fluticasone Ellipta 200 mcg Inh
Arnuity Ellipta 50 mcg Inh	Fluticasone Ellipta 50 mcg Inh
Bethkis 300 mg/4 ml Ampule	Tobramycin Solution 300 mg/4 ml Ampule
BiDil 20mg-37.5mg Tablet	Isosorbide DN 20mg/Hydralazine 37.5mg
Brilinta 60 mg Tablet	Ticagrelor 60 mg
Brilinta 90 mg Tablet	Ticagrelor 90 mg Tablet
Briviact 10 mg Tablet	Brivaracetam 10 mg Tablet

Briviact 100 mg Tablet	Brivaracetam 100 mg Tablet
Briviact 25 mg Tablet	Brivaracetam 25 mg Tablet
Briviact 50 mg Tablet	Brivaracetam 50 mg Tablet
Briviact 75 mg Tablet	Brivaracetam 75 mg Tablet
Butrans 10 mcg/hr Patch	Buprenorphine 10 mcg/hr Patch
Butrans 15 mcg/hr Patch	Buprenorphine 15 mcg/hr Patch
Butrans 20 mcg/hr Patch	Buprenorphine 20 mcg/hr Patch
Butrans 5 mcg/hr Patch	Buprenorphine 5 mcg/hr Patch
Butrans 7.5 mcg/hr Patch	Buprenorphine 7.5 mcg/hr Patch
Byetta 10 mcg Dose Pen Inj	Exenatide 10 mcg Dose Pen Inj
Byetta 5 mcg Dose Pen Inj	Exenatide 5 mcg Dose Pen Inj
Celontin 300 mg Cap	Methsuximide 300 mg Cap
Cipro 10% Suspension	Ciprofloxacin 500 mg/5 ml Suspension
Cipro 5% Suspension	Ciprofloxacin 250 mg/5 ml Suspension
Combigan 0.2%-0.5% Eye Drops	Brimonidine-Timolol 0.2%-0.5%
Copaxone 20 mg/ml Syr	Glatiramer 20 mg/ml Syr
Daytrana 10 mg/9 hr Patch	Methylphenidate 10 mg/9 hr Patch
Daytrana 15 mg/9 hr Patch	Methylphenidate 15 mg/9 hr Patch
Daytrana 20 mg/9 hr Patch	Methylphenidate 20 mg/9 hr Patch
Daytrana 30 mg/9 hr Patch	Methylphenidate 30 mg/9 hr Patch
Derma-Smoothe-FS Body Oil	Fluocinolone Body Oil
Derma-Smoothe-FS Scalp Oil	Fluocinolone Scalp Oil
Diclegis 10-10 DR	Doxylamine Succinate/Pyridoxine HCL 10-10 DR
Differin 0.1% Cream	Adapalene 0.1% Cream
Differin 0.3% Gel Pump	Adapalene 0.3% Gel Pump
Dymista Nasal Spray	Azelastine/Fluticasone Prop Nasal Spray
Emflaza 18 mg tablet	Deflazacort 18 mg tablet
Emflaza 22.75 mg/ml Susp	Deflazacort 22.75 mg/ml Susp
Emflaza 30 mg tablet	Deflazacort 30 mg tablet
Emflaza 36 mg tablet	Deflazacort 36 mg tablet
Emflaza 6 mg tablet	Deflazacort 6 mg tablet
Entresto 24 mg-26 mg Tablet	Sacubitril-Valsartan 24-26 mg

Entresto 49 mg-51 mg Tablet	Sacubitril-Valsartan 49-51 mg
Entresto 97 mg-103 mg Tablet	Sacubitril-Valsartan 97-103 mg
Eprontia 25 mg/ml Soln	Topiramate 25mg/ml Soln
Exelon 13.3 mg/24 hr Patch	Rivastigmine 13.3 mg/24 hr Patch
Exelon 4.6 mg/24 hr Patch	Rivastigmine 4.6 mg/24 hr Patch
Exelon 9.5 mg/24 hr Patch	Rivastigmine 9.5 mg/24 hr Patch
Farxiga 10 mg	Dapagliflozin 10 mg
Farxiga 5 mg	Dapagliflozin 5 mg
Forteo 560 mcg/2.24 ml Pen Inj	Teriparatide 560 mcg/2.24 ml
Fycompa 0.5 mg/ml Oral Susp	Perampanel 0.5 mg/ml Oral Susp
Fycompa 10 mg Tablet	Perampanel 10 mg Tablet
Fycompa 12 mg Tablet	Perampanel 12 mg Tablet
Fycompa 2 mg Tablet	Perampanel 2 mg Tablet
Fycompa 4 mg Tablet	Perampanel 4 mg Tablet
Fycompa 6 mg Tablet	Perampanel 6 mg Tablet
Fycompa 8 mg Tablet	Perampanel 8 mg Tablet
Kitabis Pak 300 mg/5 ml	Tobramycin Pak 300 mg/5 ml
Lotemax 0.5% Eye Drops	Loteprednol 0.5% Eye Drops
Myrbetriq ER 25 mg Tablet	Mirabegron ER 25 mg Tablet
Myrbetriq ER 50 mg Tablet	Mirabegron ER 50 mg Tablet
Natroba 0.9% Topical Susp	Spinosad 0.9% Topical Susp
Nexium DR 10 mg Packet	Esomeprazole DR 10 mg Packet
Nexium DR 2.5 mg Packet	Esomeprazole DR 2.5 mg Packet
Nexium DR 20 mg Packet	Esomeprazole DR 20 mg Packet
Nexium DR 40 mg Packet	Esomeprazole DR 40 mg Packet
Nexium DR 5 mg Packet	Esomeprazole DR 5 mg Packet
Nuvessa Vaginal 1.3% Gel	Metronidazole Vaginal 1.3% Gel
Oxtellar XR 150 mg Tabs	Oxcarbazepine ER 150 mg Tabs
Oxtellar XR 300 mg Tabs	Oxcarbazepine ER 300 mg Tabs
Oxtellar XR 600 mg Tabs	Oxcarbazepine ER 600 mg Tabs
OxyContin ER 20mg Tablet	Oxycodone ER 20mg Tablet
OxyContin ER 40mg Tablet	Oxycodone ER 40mg Tablet

OxyContin ER 80mg Tablet	Oxycodone ER 80mg Tablet
Pentasa 500 mg Capsule	Mesalamine ER 500 mg Capsule
Pradaxa 110 mg	Dabigatran 110 mg
Pradaxa 150 mg	Dabigatran 150 mg
Pradaxa 75 mg	Dabigatran 75 mg
Premarin 0.3 mg Tablet	Conjugated Estrogens 0.3 mg
Premarin 0.45 mg Tablet	Conjugated Estrogens 0.45 mg
Premarin 0.625 mg Tablet	Conjugated Estrogens 0.625 mg
Premarin 0.9 mg Tablet	Conjugated Estrogens 0.9 mg
Premarin 1.25 mg Tablet	Conjugated Estrogens 1.25 mg
Promacta 12.5 mg Suspension Pckt	Eltrombopag 12.5 mg Suspension Pckt
Promacta 12.5 mg Tablet	Eltrombopag 12.5 mg Tablet
Promacta 25 mg Suspension Pckt	Eltrombopag 25 mg Suspension Pckt
Promacta 25 mg Tablet	Eltrombopag 25 mg Tablet
Promacta 50 mg Tablet	Eltrombopag 50 mg Tablet
Promacta 75 mg Tablet	Eltrombopag 75 mg Tablet
Protonix 40 mg Suspension	Pantoprazole 40 mg Suspension
Provigil 100 mg	Modafinil 100 mg
Provigil 200 mg	Modafinil 200 mg
Pylera Capsules	Bismuth-Metro-Tetr 140-125-125
Pyzchiva 130 mg/26 ml vial	Ustekinumab-ttwe 130 mg/26 ml
Pyzchiva 45 mg/0.5 ml Syringe	Ustekinumab-ttwe 45 mg/0.5 ml
Pyzchiva 45 mg/0.5 ml Syringe	Ustekinumab-ttwe 45 mg/0.5 ml
Pyzchiva 90 mg/ml Syringe	Ustekinumab-ttwe 90 mg/ml
Pyzchiva 45 mg/0.5 ml Vial	Ustekinumab-ttwe 45 mg/0.5 ml Vial
Qudexy XR 150 mg Capsule	Topiramate ER 150 mg Sprinkle Cap
Qudexy XR 200 mg Capsule	Topiramate ER 200 mg Sprinkle Cap
Restasis 0.05% Eye Emulsion	Cyclosporine 0.05% Eye Emulsion
Sabril 500 mg Tablet	Vigabatrin 500 mg Tablet
Spiriva Handihaler 18 mcg Cap	Tiotropium 18 mcg Cap-Inhaler
Suboxone 12-3 mg Film	Buprenorphine/Naloxone 12-3 mg Film
Suboxone 2-0.5 mg Film	Buprenorphine/Naloxone 2-0.5 mg Film

Suboxone 4-1 mg Film	Buprenorphine/Naloxone 4-1 mg Film
Suboxone 8 mg-2 mg Film	Buprenorphine/Naloxone 8mg-2mg Film
Symbicort 160-4.5 mcg Inhaler	Budesonide-Formoterol 160-4.5 mcg Inhaler
Symbicort 80-4.5 mcg Inhaler	Budesonide-Formoterol 80-4.5 mcg Inhaler
Tekturna 150 mg Tablet	Aliskiren 150 mg Tablet
Tekturna 300 mg Tablet	Aliskiren 300 mg Tablet
Tracleer 125 mg Tablet	Bosentan 125 mg tablet
Tracleer 62.5 mg Tablet	Bosentan 62.5 mg tablet
Travatan Z 0.004% Eye Drop	Travoprost 0.004% Eye Drop
Vagifem 10 mcg Vaginal Tab	Estradiol 10 mcg Vaginal Insert
Victoza 2-pak 18 mg/3 ml Pen	Liraglutide 18 mg/3 ml Pen
Vyvanse 10 mg Cap	Lisdexamfetamine 10 mg Cap
Vyvanse 20 mg Cap	Lisdexamfetamine 20 mg Cap
Vyvanse 30 mg Cap	Lisdexamfetamine 30 mg Cap
Vyvanse 40 mg Cap	Lisdexamfetamine 40 mg Cap
Vyvanse 50 mg Cap	Lisdexamfetamine 50 mg Cap
Vyvanse 60 mg Cap	Lisdexamfetamine 60 mg Cap
Vyvanse 70 mg Cap	Lisdexamfetamine 70 mg Cap
Xarelto 2.5 mg Tablet	Rivaroxaban 2.5 mg Tablet
Xigduo XR 10mg-1000mg Tablet	Dapagliflozin-Metfor ER 10-1000 Tablet
Xigduo XR 5mg-1000mg Tablet	Dapagliflozin-Metfor ER 5-1000 Tablet
Xopenex HFA 45 mcg Inhaler	Levalbuterol HFA 45 mcg Inhaler

When a PDL class has a preferred brand with a non-preferred generic, providers requesting prior approval for the non-preferred generic should give a clinical reason why the beneficiary cannot use the brand.

## 72-Hour Emergency Supply Available for Pharmacy Prior Authorization Drugs

Pharmacy providers are encouraged to use the 72-hour emergency supply allowed for drugs requiring prior approval. **Federal law requires that this emergency supply be available to Medicaid beneficiaries for drugs requiring prior approval** (Social Security Act, Section 1927, [42 U.S.C. 1396r-8\(d\)\(5\)\(B\)](#)). Use of this emergency supply will ensure access to medically necessary medications.

The system will bypass the prior approval requirement if an emergency supply is indicated. **Use a “3” in the Level of Service field (418-DI) to indicate that the transaction is an emergency fill.**

**Note:** Copayments will apply. There is no limit to the number of times the emergency supply can be used.

## Checkwrite Schedule for April 2026

### Electronic Cutoff Schedule

April 2, 2026

April 9, 2026

April 16, 2026

April 23, 2026

### Checkwrite Date

April 7, 2026

April 14, 2026

April 21, 2026

April 28, 2026

*POS claims must be transmitted and completed by 11:59 p.m. on the day of the electronic cutoff date to be included in the next checkwrite.*

The 2026 checkwrite schedules for both NC Medicaid and DMH/DPH/ORH can be found under the [Quick Links](#) on the right side of the home page.

---

### John Matta, PharmD, MBA

Director of Pharmacy and Ancillary Services,  
NC Medicaid  
Division of Health Benefits  
N.C. Department of Health and Human Services

### Rick Paderick, R.Ph.

Pharmacy Director  
NCTracks  
GDIT

### Angela Smith, PharmD, DHA, MHA

Chief Clinical Officer, NC Medicaid  
Division of Health Benefits  
N.C. Department of Health and Human Services

### Janelle White, MD, MHCM

Chief Medical Officer, NC Medicaid  
Division of Health Benefits  
N.C. Department of Health and Human Service

### Melanie Bush

Interim Deputy Secretary, NC Medicaid  
Division of Health Benefits  
N.C. Department of Health and Human Services

### Paul Guthery

Executive Account Director  
NCTracks  
GDIT

### Bonnie Williams

Deputy Executive Account Director  
NCTracks  
GDIT