



An Information Service of the Division of Health Benefits

North Carolina Medicaid Pharmacy Newsletter

Number 369

August 2024

In This Issue...

[Reminder of Tailored Plans Launch](#)

[Opill Without a Prescription POS Claim Coverage](#)

[NC Medicaid to Add Coverage for Obesity Management Medications](#)

[Nicotine Replacement Therapy Protocol Reimbursement Effective Aug. 1, 2024](#)

[NC Medicaid to Remove Copays for Drugs used to treat Opioid Use Disorder and Nicotine Replacement Therapy](#)

[Pharmacy Point of Sale Coverage of Spermicides and Condoms Starting September 1](#)

[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 September 2024](#)

Reminder of Tailored Plans Launch

Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans are a new kind of NC Medicaid Managed Care health plan. Tailored Plans cover doctor visits, prescription drugs, and services for mental health, substance use, intellectual/developmental disabilities and traumatic brain injury in one plan. **Tailored Plans launched statewide July 1, 2024.** Approximately 200,000 beneficiaries are enrolled into Tailored Plans.

For more detailed information please access [Fact Sheet: What Providers Need to Know Before Tailored Plan Launch](#).

Below is the Tailored Plan Pharmacy Processing information which includes the name of the plan, PBM processor, BIN, PCN and group number for each Tailored Plan needed for pharmacy claim adjudications. The second table below provides the Tailored Plan Pharmacy Helpdesk phone number for each of the plans.

Tailored Plan Pharmacy Processing Information

Managed Care Organization	Corresponding PBM Processor	BIN Number	PCN	Group Number(s)
Alliance	Navitus	610602	MCD	Medicaid: TPMC NCHC: TPHC
Partners	CVS Caremark	025052	MCAIDADV	RX22AC
Trillium	Perform Rx	019595	PRX10811	N/A
Vaya	Navitus	610602	MCD	VAYARX

Tailored Plan Pharmacy Help Desk Contact Informatio

Tailored Plan Managed Care Organization	Pharmacy Help Desk Contact Information
Alliance Health	1-855-759-9300
Partners Health Management	1-866-453-7196
Trillium Health Resources	1-866-245-4954
Vaya Health	1-800-540-6083

Opill without a Prescription POS Claim Coverage

This bulletin applies to NC Medicaid Direct and NC Medicaid Managed Care.

Effective Aug. 1, 2024, 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 POS 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. POS 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 POS Claims Processor Information is below for Opill without a prescription.

Enrollment	Claims Processor	Bin Number	PCN Number	Group Number
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:

- Submit a POS claim.
- 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.

NC Medicaid to Add Coverage for Obesity Management Medications

Effective Aug. 1, 2024, NC Medicaid will cover obesity management medications for beneficiaries 12 years of age and older.

Effective Aug. 1, 2024, NC Medicaid will add coverage for U.S. Food & Drug (FDA) - approved obesity management medications for beneficiaries 12 years of age and older. Covered medications will include drugs from manufacturers enrolled in the Medicaid Drug Rebate Program, which are covered for the FDA-approved indication of treating obesity. The additional coverage applies to both NC Medicaid Direct and NC Medicaid Managed Care beneficiaries who are covered under the Outpatient Pharmacy benefit.

Historically, medications for weight loss have been subject to exclusion from Medicaid coverage as cited in [federal regulation](#) and as outlined in Outpatient Pharmacy Clinical Coverage Policy No. 9, which is available on the [Program Specific Clinical Coverage Policies](#) page.

NC Medicaid is adding this coverage because of the substantial weight loss associated with these medications and the impact on comorbidities. 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. Certain weight loss therapies, such as glucagon-like peptide 1 agonists (GLP-1s), can help reduce weight, lower blood sugar and lower rates of significant cardiovascular events, such as heart attack and stroke.

This new coverage helps to mitigate gaps in care that are unaddressed by currently covered services and reach eligible beneficiaries who are most at risk of obesity-related health complications.

Medicaid beneficiaries should contact their health care provider for more information.

Nicotine Replacement Therapy Protocol Reimbursement Effective Aug. 1, 2024

Usage of the Nicotine Replacement Therapy Protocol is Eligible for Clinical Services Reimbursement to Pharmacies.

NC Medicaid is committed to supporting increased adoption and utilization of the [Board of Pharmacy statewide protocols](#) authorized by [HB 96, SL 2021-110](#). As part of this commitment, immunizing pharmacists will receive reimbursement for clinical services provided when utilizing the statewide [Nicotine Replacement Therapy \(NRT\) Protocol effective Aug. 1, 2024](#). This bulletin applies to NC Medicaid Managed Care and NC Medicaid Direct.

The claim should be submitted using a medical claim and payment will be issued to the pharmacy. As with the Self-Administered Hormonal Contraceptive Protocol, an individual provider will not be reimbursed directly for the clinical services provided for the NRT protocol.

Effective Jan. 8, 2024, NC Medicaid allowed [immunizing pharmacists to enroll as Medicaid providers](#) and implemented reimbursement to pharmacies for the clinical services performed by pharmacists per the Self-Administered Hormonal Contraceptive Protocol. Pharmacies are reimbursed for the services rendered when immunizing pharmacists perform the clinical services per the protocol. Immunizing Pharmacist enrollment and medical claims billing is provided in the Dec. 20, 2023, bulletin regarding [Immunizing Pharmacists Enrollment](#).

Nicotine Replacement Therapy Protocol Medical Claims Billing and Reimbursement Guidance for Pharmacies

The following four pharmacy taxonomies may bill for clinical services reimbursement:

- 3336C0002X – Clinic Pharmacy
- 3336C0003X – Community/Retail Pharmacy
- 3336C0004X – Compounding Pharmacy
- 3336L0003X – Long Term Care Pharmacy

The following codes are allowed for claims submission:

- **CPT Codes:**
 - 99202: Office/outpatient new
 - 99212: Office/outpatient visit established
- **Diagnosis Codes:**
 - Z72.0 Tobacco Use
 - 099.330 Smoking (tobacco) complicating pregnancy, unspecified trimester
- **Modifier Code:**
 - No modifier is required

The following applies for both NC Medicaid Direct and NC Medicaid Managed Care health plans:

- Reimbursement rates align with the non-facility rate listed for the applicable codes on the Physician Services fee schedule. To review the fee schedule, please refer to the [Fee Schedules](#) posted on the NC Medicaid webpage. Select Physician Services for the Program and Fee Schedule, then click apply filters to download the fee schedule.
- Reimbursement for clinical services will only be paid to pharmacies located within the state of North Carolina.
- Border pharmacy providers (providers who render services within 40miles of the North Carolina border) and out of state providers are not eligible for this clinical services reimbursement.

NC Medicaid to Remove Copays for Drugs used to treat Opioid Use Disorder and Nicotine Replacement Therapy

Effective Aug. 1, 2024, NC Medicaid is removing copayment requirements for opioid antagonists, nicotine replacement therapy and medications used to treat opioid use disorder. This change applies to both NC Medicaid Direct and NC Medicaid Managed Care beneficiaries who are covered under the Outpatient Pharmacy benefit.

Currently, an eligible Medicaid beneficiary who receives prescribed drugs is required to pay a \$4 copay for each prescription received unless they are exempt for one of the reasons listed in the Outpatient Pharmacy Clinical Coverage Policy No. 9, which is available on the [Program Specific Clinical Coverage Policies](#) page.

The exemption, effective Aug. 1, 2024, helps to ensure beneficiaries living with nicotine dependence or opioid use disorder (including emergency treatment of known or suspected opioid overdose) do not face financial barriers when obtaining these medications from outpatient pharmacies. Additionally, this exemption supports public health efforts to increase access to substance use disorder treatment.

Pharmacy Point of Sale Coverage of Spermicides and Condoms Starting September 1

Effective September 1, 2024, NC Medicaid will begin covering condoms and spermicides as over-the-counter products, through the pharmacy benefit. This coverage applies to both NC Medicaid Direct and Managed Medicaid Plans.

Coverage supports reproductive health care for NC Medicaid beneficiaries, including prevention of unintended pregnancy and sexually transmitted diseases. Medicaid beneficiaries will be able to obtain condoms and spermicides from pharmacies enrolled in Medicaid with a prescription from a Medicaid-enrolled provider, with no cost sharing responsibility.

Pharmacy Providers

For condoms and spermicides to be covered by NC Medicaid, pharmacy providers should, upon receipt of a prescription:

- Ensure product dispensed is included in coverage, per the table below
- Process all claims as a point-of-sale prescription
- No copay should be collected

Claims will be paid based on the fee schedule below. A dispensing fee will not be paid to the pharmacy for dispensing of condoms and/or spermicide. Beneficiaries are allowed to obtain up to 30 condoms **and 30 units of spermicide (or 76.5 grams)** per month, with a prescription, with 11 refills. Annual limit of 360. No age limits apply.

Covered products and the reimbursement rate are listed below, effective September 1, 2024.

GSN	Product Description	Rate	Effective Date
011979	NONOXYNOL 9 (gel)	\$0.51215 per gram	9/1/2024

015903	NONOXYNOL 9 (film)	\$0.75000 per each	9/1/2024
022218	CONDOMS, LATEX, NON- LUBRICATED	\$0.41666 per each	9/1/2024
022219	CONDOMS, LATEX, LUBRICATED	\$0.24166 per each	9/1/2024
022221	CONDOMS, NON-LATEX, LUBRICATED	\$0.50875 per each	9/1/2024
022231	CONDOMS, FEMALE	\$12.41666 per each	9/1/2024

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of Aug. 1, 2024

Brand Name	Generic Name
Actiq 1600 mcg Lozenges	Fentanyl Citrate 1600 mcg Lozenges
Actiq 400 mcg Lozenges	Fentanyl Citrate 400 mcg Lozenges
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 45-21 mcg Inhaler	Fluticasone-Salmeterol 45-21 HFA Inhaler
Advair HFA 115-21 mcg Inhaler	Fluticasone-Salmeterol 115-21 HFA Inhaler
Advair HFA 230-21 mcg Inhaler	Fluticasone-Salmeterol 230-21 HFA Inhaler
Alphagan P 0.1% Drops	Brimonidine P 0.1% Drops
Alphagan P 0.15% Drops	Brimonidine P 0.15% Drops
Apriso ER 0.375 Gram Capsule	Mesalamine 0.375 mg Capsule
Aptensio XR 10mg Capsule	Methylphenidate ER 10 mg Capsule
Aptensio XR 15mg Capsule	Methylphenidate ER 15 mg Capsule
Aptensio XR 20mg Capsule	Methylphenidate ER 20 mg Capsule
Aptensio XR 30mg Capsule	Methylphenidate ER 30 mg Capsule
Aptensio XR 40mg Capsule	Methylphenidate ER 40 mg Capsule
Aptensio XR 50mg Capsule	Methylphenidate ER 50 mg Capsule
Aptensio XR 60mg Capsule	Methylphenidate ER 60 mg Capsule
Banzel 200 mg Tablet	Rufinamide 200 mg Tablet
Banzel 400 mg Tablet	Rufinamide 400 mg Tablet

Bethkis 300 mg/4 ml Ampule	Tobramycin Solution 300 mg/4 ml Ampule
BiDil 20mg-37.5mg Tablet	Isosorbide DN 20mg/Hydralazine 37.5mg
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
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
Copaxone 40 mg/ml Syr	Glatiramer 40 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 0.01% Body Oil
Derma-Smoothe-FS Scalp Oil	Fluocinolone 0.01% Scalp Oil
Dermotic Otic Drops	Fluocinolone 0.01% Otic Drops
Dexilant DR 30 mg Cap	Dexlansoprazole DR 30 mg Cap
Dexilant DR 60 mg Cap	Dexlansoprazole DR 60 mg Cap
Diclegis 10-10 DR	Doxylamine Succinate/Pyridoxine HCL 10-10 DR
Dymista Nasal Spray	Azelastine/Fluticasone Prop Nasal Spray
Elidel 1% Cream	Pimecrolimus 1% Cream
Emflaza 18 mg tablet	Deflazacort 18 mg tablet
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
Humalog Kwikpen Mix 75-25	Insulin Lispro Mix 75-25
Kitabis Pak 300 mg/5 ml	Tobramycin Pak 300 mg/5 ml

Lialda 1.2 gm Tablet	Mesalamine 1.2 gm Tablet
Lotemax 0.5% Eye Drops	Loteprednol 0.5% Eye Drops
Natroba 0.9% Topical Susp	Spinosad 0.9% Topical Susp
Nexium DR 10 mg Packet	Esomeprazole DR 10 mg Packet
Nexium DR 20 mg Packet	Esomeprazole DR 20 mg Packet
Nexium DR 40 mg Packet	Esomeprazole DR 40 mg Packet
Novolog 100 U/ml Cartridge	Insulin Aspart 100 U/ml Cartridge
Nuversa Vaginal 1.3% Gel	Metronidazole Vaginal 1.3% Gel
Nuvigil 150 MG Tabs	Armodafinil 150 mg tabs
Nuvigil 200 MG Tabs	Armodafinil 200 mg tabs
Nuvigil 250 MG Tabs	Armodafinil 250 mg tabs
Nuvigil 50 MG Tabs	Armodafinil 50 mg tabs
OxyContin ER 10mg Tablet	Oxycodone ER 10mg Tablet
OxyContin ER 20mg Tablet	Oxycodone ER 20mg Tablet
OxyContin ER 40mg Tablet	Oxycodone ER 40mg Tablet
OxyContin ER 80mg Tablet	Oxycodone ER 80mg Tablet
Paxil 10 mg/5 ml	Paroxetine 10 mg/5 ml
Pradaxa 150 mg	Dabigatran 150 mg
Pradaxa 110 mg	Dabigatran 110 mg
Pradaxa 75 mg	Dabigatran 75 mg
ProAir or Ventolin HFA Inhaler	Albuterol HFA Inhaler
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
Renvela 800 mg Tablet	Sevelamer Carbonate 800 mg Tablet
Renvela 800 mg Packet	Sevelamer Carbonate 800 mg Packet
Renvela 2400 mg Packet	Sevelamer Carbonate 2400 mg Packet
Restasis 0.05% Eye Emulsion	Cyclosporine 0.05% Eye Emulsion
Retin-A 0.025% Cream	Tretinoin 0.025% Cream
Retin-A 0.05% Cream	Tretinoin 0.05% Cream
Retin-A 0.1% Cream	Tretinoin 0.1% Cream

Retin-A Gel 0.01%	Tretinoin Gel 0.01%
Retin-A Gel 0.025%	Tretinoin Gel 0.025%
Retin-A Micro 0.04% Gel	Tretinoin Micro 0.04% Gel
Retin-A Micro 0.1% Gel	Tretinoin Micro 0.1% Gel
Sabril 500 mg Tablet	Vigabatrin 500 mg Tablet
Saphris 10 mg Tab Sublingual	Asenapine 10 mg Tablet SL
Saphris 2.5 mg Tab Sublingual	Asenapine 2.5 mg Tablet SL
Saphris 5 mg Tab Sublingual	Asenapine 5 mg Tablet SL
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
Symbyax 3-25	Olanzapine-fluoxetine 3-25
Symbyax 6-25	Olanzapine-fluoxetine 6-25
Tegretol 100 mg/5 ml Susp	Carbamazepine 100 mg/5 ml Susp
Tegretol 200 mg Tab	Carbamazepine 200 mg Tab
Tegretol XR 100 mg Tab	Carbamazepine ER 100 mg Tab
Tegretol XR 200 mg Tab	Carbamazepine ER 200 mg Tab
Tegretol XR 400 mg Tab	Carbamazepine ER 400 mg Tab
Tekturna 150 mg Tablet	Aliskiren 150 mg Tablet
Tekturna 300 mg Tablet	Aliskiren 300 mg Tablet
Toviaz ER 4 mg Tablet	Fesoterodine 4 mg Tablet
Toviaz ER 8 mg Tablet	Fesoterodine 8 mg Tablet
Tracleer 125 mg Tablet	Bosentan 125 mg tablet
Tracleer 62.5 mg Tablet	Bosentan 62.5 mg tablet
Transderm-Scop 1.5 mg/3 day	Scopolamine 1 mg/3 Day Patch
Travatan Z 0.004% Eye Drop	Travoprost 0.004% Eye Drop
Vagifem 10 mcg Vaginal Tab	Estradiol 10 mcg Vaginal Insert
Vascepa 0.5 gm Cap	Icosapent Ethyl 0.5 gm Cap

Vascepa 1 gm Cap	Icosapent Ethyl 1 gm Cap
Victoza 2-pak 18 mg/3 ml Pen	Liraglutide 18 mg/3 ml Pen
Vyvanse 10 mg Cap	Lisdexamfetamine 10 mg Cap
Vyvanse 10 mg Chew Tab	Lisdexamfetamine 10 mg Chew
Vyvanse 20 mg Cap	Lisdexamfetamine 20 mg Cap
Vyvanse 20 mg Chew Tab	Lisdexamfetamine 20 mg Chew
Vyvanse 30 mg Cap	Lisdexamfetamine 30 mg Cap
Vyvanse 30 mg Chew Tab	Lisdexamfetamine 30 mg Chew
Vyvanse 40 mg Cap	Lisdexamfetamine 40 mg Cap
Vyvanse 40 mg Chew Tab	Lisdexamfetamine 40 mg Chew
Vyvanse 50 mg Cap	Lisdexamfetamine 50 mg Cap
Vyvanse 50 mg Chew Tab	Lisdexamfetamine 50 mg Chew
Vyvanse 60 mg Cap	Lisdexamfetamine 60 mg Cap
Vyvanse 60 mg Chew Tab	Lisdexamfetamine 60 mg Chew
Vyvanse 70 mg Cap	Lisdexamfetamine 70 mg Cap
Xopenex HFA 45 mcg Inhaler	Levalbuterol HFA 45 mcg Inhaler
Zovirax 5% Cream	Acyclovir 5% Cream

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 September 2024

Electronic Cutoff Schedule	Checkwrite Date
Aug. 29, 2024	Sept. 4, 2024
Sept. 5, 2024	Sept. 10, 2024
Sept. 12, 2024	Sept. 17, 2024
Sept. 19, 2024	Sept. 24, 2024

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 2024 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.

Angela Smith, PharmD, DHA, BCPS, FACHE

Director of Pharmacy, DME/POS, Hearing &
Optical, and Ancillary Services
Division of Health Benefits, NC Medicaid
N.C. Department of Health and Human Services

Janelle White, MD, MHCM

Chief Medical Officer
Division of Health Benefits
N.C. Department of Health and Human Services

Sandra Terrell, MS, RN

Director of Clinical Programs and Policy
Division of Health Benefits
N.C. Department of Health and Human Services

Rick Paderick, R.Ph.

Pharmacy Director
NCTracks
GDIT

Jay Ludlam

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

Bonnie Williams

Deputy Executive Account Director
NCTracks
GDIT

Paul Guthery

Executive Account Director
NCTracks
GDIT