



An Information Service of the Division of Health Benefits

## North Carolina Medicaid Pharmacy Newsletter

*Number 363*

*Feb. 2024*

### In This Issue...

[Reminder on NC Medicaid Pharmacy Co-Payment Requirements](#)

[Over-the-Counter COVID-19 Test for Home Use](#)

[Point of Sale Vaccine Updates](#)

[Immunizing Pharmacist Enrollment and Contraception Protocol Reimbursement to Pharmacies](#)

[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 March, 2024](#)

## Reminder on NC Medicaid Pharmacy Co-payment Requirements

NC Medicaid recently received questions regarding Medicaid beneficiaries who cannot pay pharmacy co-pays for medication. A provider cannot refuse to provide services if a beneficiary cannot pay a copay at the time of service. The issue is addressed in Pharmacy [Policy 9](#) under section 5.5 Co-Payments. The specific guidance with reference is below.

### 5.5.1 Medicaid Co-payment Requirements

*An eligible Medicaid beneficiary, who receives prescribed drugs, is required to make a co-payment of \$4.00 for each prescription received unless they are exempt for one of the reasons listed below in Subsection 5.5.2. A provider may not deny services to any Medicaid beneficiary because of the individual's inability to pay a deductible, coinsurance or co-payment amount. A provider may not willfully discount copays for a Medicaid beneficiary, and an individual's inability to pay does not eliminate his or her liability for the cost sharing charge. The provider shall open an account for the beneficiary, collect the amount owed at a later date, and document all attempts to collect the copay. If the account has not been paid, the pharmacy may in the course of normal accounting principles, write-off the charges and stop monitoring the claim*

## Over-the-Counter COVID-19 Test for Home Use Pharmacy POS Coverage

NC Medicaid Direct and NC Medicaid Managed Care COVID-19 over-the-counter (OTC) tests for home use are covered for full Medicaid beneficiaries through Sept. 30, 2024.

Please note that NDC 60007093040 On/GO COVID-19 at Home Test has changed to On/GO One COVID-19 at Home Test.

Guidance for NC Medicaid coverage and the complete list of covered products are available on the [Outpatient Pharmacy Services](#) webpage.

Updates to the covered products are below.

Test Name	NDC	# Tests in Kit	Billing Unit	SMAC	Effective Date
CORDX COVID-19 AG HOME TEST	50042055907	2	2	\$12.50/test; \$25.00 kit	12/1/2023
CORDX COVID-19 AG HOME TEST	50042055912	2	2	\$12.50/test; \$25.00 kit	12/1/2023
Fastep Covid-19 Ag Home Test	10022063041	1	1	\$9.99/test; \$9.99 kit	1/1/2024
Fastep Covid-19 Ag Home Test	10022063042	2	2	\$9.99/test; \$19.99 kit	1/1/2024

Fastep Covid-19 Ag Home Test	10022063035	2	2	\$9.99/test; \$19.99 kit	1/1/2024
GOTOKNOW COVID-19 AG HOME TEST	50042003715	2	2	\$11.50/test; \$23.00 kit	12/1/2023

## Point of Sale (POS) Vaccine Updates

The [Point-of-Sale \(POS\) Vaccine Rate Listings and Catalogs](#) are published on the [Outpatient Pharmacy Services](#) webpage under Reimbursement. The POS vaccine rate file is based on NCPDP units and is updated as vaccines are added or discontinued for coverage in the POS setting. The POS vaccine catalog contains national drug codes (NDCs) representing vaccines covered in pharmacies at POS. Pharmacies must follow all state and federal rules and regulations pertaining to vaccine administration prior to administering. For coverage, the following criteria must be met:

- Recommended by the Advisory Committee on Immunization Practices (ACIP).
- Allowed by the North Carolina State Board of Pharmacy (NCBOP) and North Carolina statutes for pharmacies to administer.
- Follows the minimum age rules outlined by North Carolina Division of Health Benefits (DHB) for vaccine administration at pharmacy POS.

MENVEO 1 VIAL-A-C-Y-W-135-DIP and TICOVAC 2.4 MCG/0.5 ML SYRINGE were added to the POS vaccine catalog and rate listing in January 2024 and please refer to the [Point-of-Sale \(POS\) Vaccine Rate Listings and Catalogs](#) for more coverage details.

## Immunizing Pharmacist Enrollment and Contraception Protocol Reimbursement to Pharmacies

Effective Jan. 8, 2024, NC Medicaid allows immunizing pharmacists to enroll as providers using the OPR (ordering prescribing referring) Lite application process. Enrolling pharmacist as providers will allow the pharmacist NPI to be the prescriber on POS pharmacy claims for products dispensed in accordance with the NC Board of Pharmacy statewide protocols authorized by [HB 96/ SL 2021-110](#). When utilizing the protocols, the pharmacist NPI will be the ordering provider on the medical claim submitted for the clinical services reimbursement paid to the pharmacy provider. To pay for any medication, including those dispensed, per the state protocols, the person responsible for selecting the medication must be an enrolled provider within NC Medicaid.

The statewide BOP protocols that immunizing pharmacists can dispense, deliver, or administer are:

- [Self-Administered Hormonal Contraceptives Protocol](#)
- [Nicotine Replacement Therapy Protocol](#)
- [Prenatal Vitamins Protocol](#)
- [Post-Exposure Prophylaxis \(PEP\) for HIV Protocol](#)
- [Glucagon Protocol](#)

The Immunizing pharmacist must meet requirements to enroll in NC Medicaid as a provider. NCTracks manages the application process for provider enrollment. Enrollment requirements follow:

- Pharmacy License must indicate immunizing pharmacist.
- Immunizing pharmacist must have their own individual NPI. The most efficient application process to obtain an NPI is the National Plan & Provider Enumeration System ([NPPES](#)). The name on the NPI, the enrollment application, and the license of the enrolling pharmacist must match.
- Enrollment is for the Pharmacy Service Provider level 2 taxonomy 183500000X.
- Enrollment is an individual in state provider
- Enrollment is the OPR Lite enrollment application which has a \$100 fee. The application fee is paid when submitting the application.
  - The estimated completion time for OPR provider enrollment is approximately two weeks from the application submission (if no issues with the submitted application).
  - After submitting the application, applying providers should make sure to quickly respond to any notification regarding the application and reach out for assistance as soon as needed to ensure quick resolution of any open items impacting enrollment.
  - For more information on OPR provider enrollment, please review the [OPR Provider FAQs](#).

For enrollment guidance, go to the [NCTracks Provider Enrollment webpage](#):

- Directions to enroll can be found under the NCTracks Provider Enrollment webpage, click on How to Enroll in NC Medicaid as an Individual Practitioner job aid under Quick Links.
- Select Ordering, Prescribing, Referring Providers Enrolled with a Lite Application under Provider Enrollment Application Type.
- The [Provider Permission Matrix on the NCTracks Provider Enrollment webpage](#) provides the requirements for the Level 2 taxonomy 183500000X.

CPPs already enrolled in NC Medicaid will use the NCTracks manage change request (MCR) function to add the level II taxonomy to their record. CPPs enroll in NC Medicaid at a level 3 taxonomy. Immunizing pharmacist enrollment is a level 2 taxonomy. The CPP must meet Level 2 taxonomy requirements for immunizing pharmacists. No fee applies when using the MCR.

NC Medicaid is committed to supporting increased adoption and utilization of the statewide [Self-Administered Hormonal Contraceptive Protocol](#). Effective Jan. 8, 2024, NC Medicaid will reimburse actively enrolled NC Medicaid pharmacies for clinical services performed by the immunizing pharmacist utilizing the Self-Administered Hormonal Contraceptive Protocol. While the immunizing pharmacist performs the clinical services, the pharmacy will be reimbursed for the services rendered. The Self-Administered Hormonal Contraceptive Protocol is the only protocol eligible for reimbursement at this time.

The reimbursement for clinical services for the contraception protocol is submitted using a medical claims and payment is to the Pharmacy provider. An individual provider cannot be reimbursed for the clinical services provided for the contraception protocol.

Self-Administered Hormonal Contraceptive Protocol Medical Claims Billing and Reimbursement Guidance for Pharmacies

**The following four pharmacy taxonomies may bill for the 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:**
  - Z30.011: Encounter for initial prescription of contraceptive pills
  - Z30.016: Encounter for initial prescription of transdermal patch hormonal contraceptive device
  - Z30.41: Encounter for surveillance of contraceptive therapy pills
  - Z30.45: Encounter for surveillance of transdermal patch hormonal contraceptive therapy
- **Modifier Code:**
  - FP: Family Planning
    - Note: The FP modifier is required on the claim.

The below information on reimbursement 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.
- Providers will not be reimbursed for providing these clinical services to beneficiaries enrolled in Family Planning Medicaid (MAFDN).
- 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 40 miles of the North Carolina border) and out of state providers are not eligible for this clinical services reimbursement.

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

Brand Name	Generic Name
Actiq 1200 mcg Lozenges	Fentanyl Citrate 1200 mcg Lozenges
Actiq 1600 mcg Lozenges	Fentanyl Citrate 1600 mcg Lozenges
Actiq 200 mcg Lozenges	Fentanyl Citrate 200 mcg Lozenges
Actiq 400 mcg Lozenges	Fentanyl Citrate 400 mcg Lozenges
Actiq 600 mcg Lozenges	Fentanyl Citrate 600 mcg Lozenges
Actiq 800 mcg Lozenges	Fentanyl Citrate 800 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
Amitiza 24 mcg Capsule	Lubiprostone 24 mcg Capsule
Amitiza 8 mcg Capsule	Lubiprostone 8 mcg Capsule
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 40 mg/ml Suspension	Rufinamide 40 mg/ml Suspension
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
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
Gabitril 12 mg	Tiagabine 12 mg
Gabitril 16 mg	Tiagabine 16 mg
Gabitril 2 mg	Tiagabine 2 mg
Gabitril 4 mg	Tiagabine 4 mg
Humalog Kwikpen Mix 75-25	Insulin Lispro Mix 75-25
Invega ER 3 mg tablet	Paliperidone ER 3 mg tablet
Invega ER 6 mg tablet	Paliperidone ER 6 mg tablet
Invega ER 9 mg tablet	Paliperidone ER 9 mg tablet
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
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 75 mg	Dabigatran 75mg
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
Viibryd 10 mg Tab	Vilazodone 10 mg Tab
Viibryd 20 mg Tab	Vilazodone 20 mg Tab
Viibryd 40 mg Tab	Vilazodone 40 mg Tab
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 March. 2024

### Electronic Cutoff Schedule

Feb. 29, 2024  
March 7, 2024  
March 14, 2024  
March 21, 2024

### Checkwrite Date

March 5, 2024  
March 12, 2024  
March 19, 2024  
March 26, 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 2023 checkwrite schedules for both NC Medicaid and DMH/DPH/ORH can be found under the Quick Links on the right side of the [NCTracks Provider Portal](#) 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**

Interim 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