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PREP Act Extension: North Carolina Medicaid to Cover COVID-19 and Flu Vaccines at Point-of-Sale Pharmacy for Children

The Public Readiness and Emergency Preparedness (PREP) Act, initially set to expire on Dec. 31, 2024, has been extended through Dec. 31, 2029. This extension expands access to COVID-19 and seasonal influenza vaccines administered at pharmacy Point-of-Sale (POS) locations for children ages 3 to 18. **This update does not pertain to beneficiaries aged 19 and above. Vaccine coverage at POS pharmacy will continue for beneficiaries aged 19 and above.**

What This Means for Medicaid Beneficiaries and Pharmacy Providers

Effective Jan. 1, 2025, NC Medicaid, in alignment with Centers for Medicare and Medicaid (CMS) guidelines, will reimburse pharmacy providers for administering the following vaccines at POS for beneficiaries ages 3 to 18 :

- ✓ COVID-19 vaccines
- ✓ Seasonal influenza vaccines

Key Updates and Requirements for Pharmacy Providers

- **COVID-19 and Flu Vaccines** will be covered at **pharmacy POS locations** throughout the PREP Act extension for children **aged 3 through 18**.
 - Pharmacy providers must administer **non-VFC (Vaccines for Children) COVID-19 and/or flu vaccines** to qualify for reimbursement.
 - **Children eligible for the Vaccines for Children (VFC) program** may receive a **non-VFC COVID-19 or flu vaccine at a North Carolina Medicaid-participating immunizing pharmacy**.
 - Pharmacy providers under the PREP Act declaration can bill Medicaid for both:
 - Non-VFC vaccine dose
 - Administration fee
 - VFC provider enrollment is not required for reimbursement of non-VFC vaccines.
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Prenatal Vitamins Reimbursement

Due to the many variations in the ingredients in prenatal vitamins and the corresponding variation in the ingredient cost, a single MAC (maximum allowable cost) rate for prenatal vitamins is established and maintained. Current marketplace acquisition cost, average wholesale price and wholesale acquisition cost are evaluated to determine the single MAC rate. Prenatal Vitamins pay at the established MAC rate or if a lesser rate is indicated on the incoming claim, the claim will pay at the lesser rate. The current MAC rate for all prenatal vitamins is \$0.14.

Pharmacy Frequently Asked Questions (FAQs)

NC Medicaid has developed a **Pharmacy FAQs page** to address common questions from healthcare providers. This resource provides valuable information and guidance on a variety of pharmacy-related topics. **To access the FAQs, visit:** medicaid.ncdhhs.gov/providers/pharmacy-services.

Please note: This page will be updated periodically to reflect the most common questions received from providers.

Reminder on NC Medicaid Pharmacy Co-payment Requirements

NC Medicaid recently received questions regarding Medicaid beneficiaries who cannot pay pharmacy copays 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 Copayments. 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 copayment 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

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.

UPDATE: Paxlovid Acquired through a 340B Program Allowed as of January 1, 2025

** This applies only to Paxlovid acquired through a 340B program. **

On May 25, 2023, the FDA approved a New Drug Application (NDA) for Paxlovid for the treatment of mild to moderate coronavirus disease (COVID-19) in adults who are at high risk for progression to severe COVID-19.

In March 2024, the FDA transitioned Paxlovid from Emergency Use Authorization (EUA) to full approval through a New Drug Application (NDA). During this transition period NDA-labeled Paxlovid acquired through the 340B program was not authorized to be billed to Medicaid. This transition period ended on December 31, 2024, and starting January 1, 2025, claims for Paxlovid acquired through a 340B program will be accepted by Medicaid from 340B pharmacy providers at point of sale.

Please note: Per DHB Clinical Coverage Policy 9, a 340B claim requires both an ‘8’ in the basis of cost determination field and a ‘20’ in the submission clarification code field to indicate a 340B claim.

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) *Current as of Feb. 1, 2025*

Brand Name	Generic Name
Celontin 300 mg Cap	Methsuximide 300 mg Cap
Diclegis 10-10 DR	Doxylamine Succinate/Pyridoxine HCL 10-10 DR
Retin-A Gel 0.01%	Tretinoin Gel 0.01%

Retin-A Gel 0.025%	Tretinoin Gel 0.025%
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
Derma-Smoothe-FS Body Oil	Fluocinolone 0.01% Body Oil
Sabril 500 mg Tablet	Vigabatrin 500 mg Tablet
Zovirax 5% Cream	Acyclovir 5% Cream
Flovent 100 mcg Diskus	Fluticasone Prop 100 mcg Diskus
Flovent 250 mcg Diskus	Fluticasone Prop 250 mcg Diskus
Flovent 50 mcg Diskus	Fluticasone Prop 50 mcg Diskus
Actiq 400 mcg Lozenges	Fentanyl Citrate 400 mcg Lozenges
Provigil 100 mg	Modafinil 100 mg
Emflaza 6 mg tablet	Deflazacort 6 mg tablet
Emflaza 30 mg tablet	Deflazacort 30 mg tablet
ProAir or Ventolin HFA Inhaler	Albuterol HFA Inhaler
Retin-A Micro 0.1% Gel	Tretinoin Micro 0.1% Gel
Lotemax 0.5% Eye Drops	Loteprednol 0.5% Eye Drops
Cipro 5% Suspension	Ciprofloxacin 250 mg/5 ml Suspension
Cipro 10% Suspension	Ciprofloxacin 500 mg/5 ml Suspension
Actiq 1600 mcg Lozenges	Fentanyl Citrate 1600 mcg Lozenges
Provigil 200 mg	Modafinil 200 mg
Humalog Kwikpen Mix 75-25	Insulin Lispro Mix 75-25
Advair 100-50 Diskus	Fluticasone-Salmeterol 100-50
Advair 250-50 Diskus	Fluticasone-Salmeterol 250-50
Advair 500-50 Diskus	Fluticasone-Salmeterol 500-50
Novolog 100 U/ml Cartridge	Insulin Aspart 100 U/ml Cartridge
Paxil 10 mg/5 ml	Paroxetine 10 mg/5 ml
Travatan Z 0.004% Eye Drop	Travoprost 0.004% Eye Drop
Alphagan P 0.15% Drops	Brimonidine P 0.15% Drops
Tracleer 125 mg Tablet	Bosentan 125 mg tablet
Tracleer 62.5 mg Tablet	Bosentan 62.5 mg tablet
Elidel 1% Cream	Pimecrolimus 1% Cream

Copaxone 20 mg/ml Syr	Glatiramer 20 mg/ml Syr
Retin-A Micro 0.04% Gel	Tretinoin Micro 0.04% Gel
Spiriva Handihaler 18 mcg Cap	Tiotropium 18 mcg Cap-Inhaler
Restasis 0.05% Eye Emulsion	Cyclosporine 0.05% Eye Emulsion
Combigan 0.2%-0.5% Eye Drops	Brimonidine-Timolol 0.2%-0.5%
Pentasa 500 mg Capsule	Mesalamine ER 500 mg Capsule
Xopenex HFA 45 mcg Inhaler	Levalbuterol HFA 45 mcg Inhaler
Derma-Smoothe-FS Scalp Oil	Fluocinolone 0.01% Scalp Oil
Byetta 5 mcg Dose Pen Inj	Exenatide 5 mcg Dose Pen Inj
Byetta 10 mcg Dose Pen Inj	Exenatide 10 mcg Dose Pen Inj
BiDil 20mg-37.5mg Tablet	Isosorbide DN 20mg/Hydralazine 37.5mg
Butrans 5 mcg/hr Patch	Buprenorphine 5 mcg/hr Patch
Butrans 10 mcg/hr Patch	Buprenorphine 10 mcg/hr Patch
Butrans 20 mcg/hr Patch	Buprenorphine 20 mcg/hr Patch
Alphagan P 0.1% Drops	Brimonidine P 0.1% Drops
Dermotic Otic Drops	Fluocinolone 0.01% Otic Drops
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
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
Nexium DR 20 mg Packet	Esomeprazole DR 20 mg Packet
Nexium DR 40 mg Packet	Esomeprazole DR 40 mg Packet
Vyvanse 30 mg Cap	Lisdexamfetamine 30 mg Cap
Vyvanse 50 mg Cap	Lisdexamfetamine 50 mg Cap
Vyvanse 70 mg Cap	Lisdexamfetamine 70 mg Cap
Tekturna 300 mg Tablet	Aliskiren 300 mg Tablet
Tekturna 150 mg Tablet	Aliskiren 150 mg Tablet
Pylera Capsules	Bismuth-Metro-Tetr 140-125-125
Symbicort 80-4.5 mcg Inhaler	Budesonide-Formoterol 80-4.5 mcg Inhaler

Symbicort 160-4.5 mcg Inhaler	Budesonide-Formoterol 160-4.5 mcg Inhaler
Nuvigil 150 MG Tabs	Armodafinil 150 mg tabs
Nuvigil 50 MG Tabs	Armodafinil 50 mg tabs
Nuvigil 250 MG Tabs	Armodafinil 250 mg tabs
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
Banzel 200 mg Tablet	Rufinamide 200 mg Tablet
Banzel 400 mg Tablet	Rufinamide 400 mg Tablet
Renvela 800 mg Tablet	Sevelamer Carbonate 800 mg Tablet
Vyvanse 20 mg Cap	Lisdexamfetamine 20 mg Cap
Vyvanse 40 mg Cap	Lisdexamfetamine 40 mg Cap
Vyvanse 60 mg Cap	Lisdexamfetamine 60 mg Cap
Nexium DR 10 mg Packet	Esomeprazole DR 10 mg Packet
Protonix 40 mg Suspension	Pantoprazole 40 mg Suspension
Pradaxa 75 mg	Dabigatran 75 mg
Pradaxa 110 mg	Dabigatran 110 mg
Bethkis 300 mg/4 ml Ampule	Tobramycin Solution 300 mg/4 ml Ampule
Apriso ER 0.375 Gram Capsule	Mesalamine 0.375 mg Capsule
Dexilant DR 30 mg Cap	Dexlansoprazole DR 30 mg Cap
Dexilant DR 60 mg Cap	Dexlansoprazole DR 60 mg Cap
Victoza 2-pak 18 mg/3 ml Pen	Liraglutide 18 mg/3 ml Pen
Renvela 800 mg Packet	Sevelamer Carbonate 800 mg Packet
Renvela 2400 mg Packet	Sevelamer Carbonate 2400 mg Packet
Saphris 5 mg Tab Sublingual	Asenapine 5 mg Tablet SL
Saphris 10 mg Tab Sublingual	Asenapine 10 mg Tablet SL
Vagifem 10 mcg Vaginal Tab	Estradiol 10 mcg Vaginal Insert
Suboxone 2-0.5 mg Film	Buprenorphine/Naloxone 2-0.5 mg Film
Suboxone 8 mg-2 mg Film	Buprenorphine/Naloxone 8mg-2mg Film
Pradaxa 150 mg	Dabigatran 150 mg
Natroba 0.9% Topical Susp	Spinosad 0.9% Topical Susp
Differin 0.3% Gel Pump	Adapalene 0.3% Gel Pump
Dymista Nasal Spray	Azelastine/Fluticasone Prop Nasal Spray

Nexium DR 2.5 mg Packet	Esomeprazole DR 2.5 mg Packet
Nexium DR 5 mg Packet	Esomeprazole DR 5 mg Packet
Exelon 13.3 mg/24 hr Patch	Rivastigmine 13.3 mg/24 hr Patch
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
Suboxone 4-1 mg Film	Buprenorphine/Naloxone 4-1 mg Film
Suboxone 12-3 mg Film	Buprenorphine/Naloxone 12-3 mg Film
Farxiga 10 mg	Dapagliflozin 10 mg
Butrans 15 mcg/hr Patch	Buprenorphine 15 mcg/hr Patch
Farxiga 5 mg	Dapagliflozin 5 mg
Copaxone 40 mg/ml Syr	Glatiramer 40 mg/ml Syr
Nuvigil 200 MG Tabs	Armodafinil 200 mg tabs
Nuessa Vaginal 1.3% Gel	Metronidazole Vaginal 1.3% Gel
Butrans 7.5 mcg/hr Patch	Buprenorphine 7.5 mcg/hr Patch
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
Xigduo XR 5mg-1000mg Tablet	Dapagliflozin-Metfor ER 5-1000 Tablet
Xigduo XR 10mg-1000mg Tablet	Dapagliflozin-Metfor ER 10-1000 Tablet
Kitabis Pak 300 mg/5 ml	Tobramycin Pak 300 mg/5 ml
Vyvanse 10 mg Cap	Lisdexamfetamine 10 mg Cap
Saphris 2.5 mg Tab Sublingual	Asenapine 2.5 mg Tablet SL
Entresto 24mg-26mg tablet	Sacubitril/Valsartan 24mg/26mg tablet
Entresto 49mg-51mg tablet	Sacubitril/Valsartan 49mg/51mg tablet
Entresto 97mg-103mg tablet	Sacubitril/Valsartan 97mg/103mg tablet
Emflaza 18 mg tablet	Deflazacort 18 mg tablet
Emflaza 36 mg tablet	Deflazacort 36 mg tablet

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

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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 2025

Electronic Cutoff Schedule	Checkwrite Date
Feb. 27, 2025	March 4, 2025
March 6, 2025	March 11, 2025
March 13, 2025	March 18, 2025
March 20, 2025	March 25, 2025

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 2025 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.

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