An Information Service of the Division of Health Benefits

NC Medicaid
Pharmacy Newsletter

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Coming in May: New Pharmacy Benefit Administrator for NC Medicaid Direct

The North Carolina Department of Health and Human Services (NCDHHS) has awarded the Pharmacy Benefits Administrator (PBA) contract to Prime Therapeutics to implement a modernized pharmacy benefit solution for NC Medicaid Direct. The PBA will go live on Saturday, May 2, 2026, at which time Prime Therapeutics will begin processing NC Medicaid Direct point-of-sale (POS) pharmacy claims.

NCTracks will no longer process NC Medicaid Direct POS claims after Friday, May 1, 2026. To ensure a seamless experience for pharmacy providers, Prime will maintain the existing BIN and PCN currently utilized by NCTracks.

This transition only impacts NC Medicaid Direct beneficiaries. There is no impact on members enrolled in NC Medicaid Managed Care.

Prime will deliver a comprehensive set of pharmacy benefit services powered by innovative technologies that modernize Pharmacy Benefit Administration and deliver enhanced services to members. As we approach the Go-Live date, providers will access the PBA Medicaid Pharmacy Portal through the Medicaid Enterprise System (MES) Landing Page at mes.medicaid.ncdhhs.gov.

For the most current updates, announcements, training materials, and resources, please visit the MES Landing Page and navigate to the PBA Medicaid Pharmacy Portal for additional information. If assistance is needed with access to or navigation of the MES Landing Page, providers should continue to follow existing NC Medicaid support processes. The MES Landing Page includes Self-Help resources available within the MES Landing Page library for guidance to assist users in locating PBA related information and tools.

To further support provider readiness, NCDHHS, in partnership with Prime Therapeutics, will host provider webinars in advance of Go-Live. These sessions will focus on high-level information about the upcoming Pharmacy Benefits Administrator (PBA) transition and provide an overview of what providers can expect in the months leading to implementation.

The webinars are intended to introduce the transition approach, highlight where information and resources will be made available, and offer providers and opportunity to ask questions. As implementation activities progress, additional training materials, detailed guidance, and operational information will be communicated through Provider Notices.

In addition, switch vendor testing will be conducted closer to implementation to support a smooth transition. Specific details regarding webinar timing, registration, and testing activities will be shared as they are finalized.

Please continue to monitor the NC Medicaid PBA website and MES PBA Medicaid Pharmacy Portal for the latest information.

Reminder: Immunizing Pharmacist Enrollment in NC Medicaid Contraceptives and NRT Protocol Reimbursement to Pharmacies

NC Medicaid allows immunizing pharmacists to enroll as providers using the ordering prescribing referring (OPR) Lite application process. Enrolling pharmacists as providers will allow the immunizing pharmacist NPI to be the prescriber on POS pharmacy claims for products dispensed in accordance with the NC Board of Pharmacy statewide protocols. To reimburse for any medication, including those dispensed, per the state protocols, the prescriber must be an enrolled NC Medicaid provider. The pharmacist NPI will be the ordering provider on the medical claim submitted for the clinical services reimbursement to the pharmacy.

The protocols authorize immunizing pharmacists practicing pharmacy in the state of North Carolina to dispense, deliver, or administer five categories of medications.

- 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 as a NC Medicaid provider. NCTracks manages the application process for provider enrollment. Enrollment requirements follow:

- NC Pharmacy License must indicate immunizing pharmacist.
- Immunizing pharmacists 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 taxonomy level 2 code 183500000X.
- Enrollment is as 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 there are no issues with the submitted application).

   o 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.

   o For more information on OPR provider enrollment, please review the [Ordering, Prescribing, Rendering or Referring Provider (OPR) FAQs](#) .

For enrollment guidance, go to 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 taxonomy level 2 code 183500000X.

Clinical Pharmacy Practitioners (CPPs) already enrolled in NC Medicaid will use the NCTracks manage change request (MCR) function to add the taxonomy level II code 18350000X to their record. CPPs enroll in NC Medicaid at a taxonomy level 3 code. Immunizing pharmacist enrollment is a taxonomy level 2 code. The CPP must meet the taxonomy Level 2 code requirements for immunizing pharmacists. No fee applies when using the MCR.

NC Medicaid is committed to supporting increased adoption and utilization of the statewide protocols and reimbursement to actively enrolled pharmacies. While the immunizing pharmacist performs the clinical services, the pharmacy will be reimbursed for the services rendered.

The clinical services reimbursement request is submitted as a medical claim. An individual provider cannot be reimbursed for the clinical services provided for the protocols. Reimbursement is made to the Pharmacy provider only. Pharmacy providers with the below taxonomies are allowed the clinical services reimbursement.

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

Protocols eligible for clinical services reimbursement include self-administered hormonal contraceptives and nicotine replacement therapy. Below are details for claim submission.

Self-Administered Hormonal Contraceptive Protocol

The following codes are allowed for claims submission:

- **CPT Codes:**

- o 99202: Office/outpatient new
- o 99212: Office/outpatient visit established
- **Diagnosis Codes:**
  - o Z30.011: Encounter for initial prescription of contraceptive pills
  - o Z30.016: Encounter for initial prescription of transdermal patch hormonal contraceptive device
  - o Z30.41: Encounter for surveillance of contraceptive therapy pills
  - o Z30.45: Encounter for surveillance of transdermal patch hormonal contraceptive therapy
  - o Z30.09: Encounter for other general counseling and advice on contraception
    - ▪ Z30:09 is allowed when the beneficiary completes the questionnaire, the immunizing pharmacist performs the assessment, but no dispensing of a contraception product ultimately occurs
- **Modifier Code:**
  - o FP: Family Planning
    - ▪ Note: The FP modifier is required on the claim.
- **Place of Service:**
  - o 01 Pharmacy

Nicotine Replacement Therapy Protocol

The following codes are allowed for claims submission:

- **CPT Codes:**
  - o 99202: Office/outpatient new
  - o 99212: Office/outpatient visit established
- **Diagnosis Codes:**
  - o Z72.0: Tobacco Use
  - o 099.330: Smoking (tobacco) complicating pregnancy, unspecified trimester
- **Modifier Code:**
  - o N/A
- **Place of Service:**
  - o 01: Pharmacy

The information below on reimbursement applies to 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 [NC Medicaid Fee Schedule download site](#).
- Providers will not be reimbursed for providing these clinical services to beneficiaries enrolled in Family Planning Medicaid (FP).

- 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

Billing Reminder of a Third-Party Prescription to Medicaid

As required by federal law, Medicaid is the "payer of last resort". Pharmacies should submit the claim to all third-party insurance carriers, including Medicare and private health insurance carriers, prior to submitting a claim to Medicaid for processing. Additionally, providers must report payment or denial details from third-party carriers on claims filed for Medicaid payment.

When a pharmacy claim is submitted, NC Tracks checks for third-party coverage on the member's eligibility file. If coverage is found, the claim is denied for "other coverage" and a message is returned by the Point of Sale (POS) system informing the provider that the beneficiary has third-party coverage for that date of service. The other third party must be billed as the primary payor, then Medicaid can be billed as the secondary payor.

In the event that the beneficiary cannot produce another insurance or the beneficiary states they do not have other insurance, the pharmacy can use one of the following override codes to process the claim for payment by Medicaid by placing the appropriate override in the "Override Codes for Cost Avoidance Process - Claim Segment defined as 308-C8 (Other Coverage Code)". If one of these codes is used, NC Medicaid pays the pharmacy and chases the third-party for payment. The pharmacy cannot be held liable for any payments made in these cases.

- 01= No Other Coverage Identified
- 02 = Other Coverage Exists - Payment Collected (the member has other coverage, and the payor has returned a payment amount)

- 03 = Other Coverage Exists - This Claim Not Covered (claim not covered under primary Third-Party Plan)

- 04 = Other Coverage Exists - Payment Not Collected (used when the member has other coverage and that payor has accepted the claim but did not return any payment.

Refer to Pharmacy Policy 9 on the DHB's Pharmacy Services Clinical Coverage Policies page for the full detail language about cost avoidance at medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies.

*Codes may vary by managed care plan. These are the specific codes for Medicaid Direct.

NC Medicaid Reinstitutes Coverage for GLP-1s in Weight Management

Effective Dec. 12, 2025, NC Medicaid has reinstated coverage for GLP-1 medications used in the treatment of obesity, reverting to the criteria in place as of September 30, 2025. This decision restores access to medications previously available under the NC Medicaid Outpatient Pharmacy Prior Approval Criteria for GLP-1s for Weight Management. Providers should review patient histories for any lapse in therapy and consider appropriate dosing adjustments when restarting treatment.

As part of this update, Wegovy, Zepbound, and Saxenda have been added back to the Preferred Drug List (PDL). Wegovy will revert to its previous preferred status and Zepbound and Saxenda will return to its non-preferred status. Beneficiaries must first try and fail Wegovy or provide documentation of contraindications before approval of non-preferred agents. Prior authorization requests can now be submitted under the reinstated criteria. For full clinical guidelines and health plan updates, providers should visit NCTracks.

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

Brand Name	Generic Name
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 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
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 90 mg/ml Syringe	Ustekinumab-ttwe 90 mg/ml
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 March 2026

Electronic Cutoff Schedule	Checkwrite Date
Feb. 26, 2026	March 3, 2026
March 5, 2026	March 10, 2026
March 12, 2026	March 17, 2026
March 19, 2026	March 24, 2026
March 26, 2026	March 31, 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.

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