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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.

Reminder of Tailored Plans Launch on July 1, 2024

Behavioral Health and Intellectual/Developmental Disabilities (I/DD) 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, I/DD, and traumatic brain injury in one plan. Tailored Plans will launch statewide starting July 1, 2024. Approximately 200,000 beneficiaries will be enrolled into Tailored Plans.

More information is available in the [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 Information

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

OTC COVID 19 Tests for Home Use Pharmacy POS Coverage

Reminder for NC Medicaid-enrolled pharmacy providers: Point-of-sale (POS) billing for FDA-emergency use authorized (EUA) over-the-counter (OTC) COVID-19 tests dispensed for use by NC Medicaid beneficiaries in a home setting remains in effect for full Medicaid enrollees in NC Medicaid Direct and all five managed care plans. No copay for the tests remains in effect through Sept. 30, 2024.

Coverage of one kit per claim per date of service is allowed up to a maximum of eight tests every rolling 30 days. The eight total tests could be mixed and matched between one-test kit or two-test kits to get a total of eight tests.

Because a [State Standing Order](#) is issued for the OTC COVID-19 test for home use, dispensing may be under State Health Director and Chief Medical Office Dr. Elizabeth Cuervo Tilson’s National Provider Identifier (NPI), with or without a prescription issued by an active NC Medicaid

enrolled provider. Alternatively, the claim may be submitted using the pharmacy's NPI or the prescriber's NPI if prescribed by a Medicaid-enrolled provider.

Pharmacies must follow the National Council for Prescription Drug Programs (NCPDP) standard and use the National Drug Code (NDC) found on the package. Reimbursement is at an NDC-specific State Maximum Allowable Cost (SMAC). Copayment does not apply.

The complete list of [covered OTC COVID Test Kits for Home Use](#) with the SMAC is available on the NC Medicaid website [Outpatient Pharmacy Services](#) page. Scroll to the OTC COVID 19 Tests for Home Use section.

Effective dates are for NC Medicaid Direct claims. Please refer to the beneficiary's health plan for effective dates, as the date could be different.

Immunizing Pharmacist Enrollment Contraceptives and NRT 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 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 authorized by [HB 96/ SL 2021-110](#). 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 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 taxonomy level 2 code 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 North Carolina 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.

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 North Carolina 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 is available for clinical services performed. 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, effective date and medical claim billing guidance follows.

Effective Jan. 8, 2024 - Self-Administered Hormonal Contraceptive Protocol

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
 - 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:**
 - FP: Family Planning
 - Note: The FP modifier is required on the claim.
- **Place of Service:**
 - 01 Pharmacy

Effective Aug. 1, 2024 – Nicotine Replacement Therapy Protocol

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:**
 - N/A
- **Place of Service:**
 - 01 Pharmacy

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 June 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
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
Farxiga 10 mg	Dapagliflozin 10 mg
Farxiga 5 mg	Dapagliflozin 5 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 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
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 July 2024

Electronic Cutoff Schedule

June 27, 2024
July 4, 2024
July 11, 2024
July 18, 2024

Checkwrite Date

July 2, 2024
July 9, 2024
July 16, 2024
July 23, 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.

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