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Opill Without a Prescription Pharmacy Coverage

Over the counter oral contraceptive Opill is available *without a prescription*, at no cost.

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 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. Claims for Opill without a prescription for all NC Medicaid beneficiaries, including NC Medicaid Direct and NC Medicaid Managed Care, should be adjudicated through Prime Therapeutics. The NC Medicaid Managed Care pharmacy benefit will not be utilized to process claims for Opill *without a prescription*.

Prime Therapeutics Claims Processor Information is below for Opill *without a prescription*.

Enrollment	Claims Processor	Bin Number	PCN Number	Group Number
NC Medicaid Direct Beneficiaries	Prime Therapeutics	610242	781640064	N/A
NC Medicaid Managed Care Members	Prime Therapeutics	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:

- Process all claims for Opill without a prescription through the Prime Therapeutics 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.

Eastern Band of Cherokee Indians Tribal Option and Pharmacy Billing

The Eastern Band of Cherokee Indians (EBCI) Tribal Option is an Indian Managed Care Entity. As a NC Medicaid health plan, the EBCI Tribal Option provides managed care for federally recognized Tribal members and other individuals eligible to receive Indian Health Services. Beneficiaries reside in Buncombe, Clay, Cherokee, Graham, Haywood, Henderson, Jackson, Macon, Madison, Swain, and Transylvania counties. Any NC Medicaid provider may render services to EBCI Tribal Option beneficiaries.

As a reminder, pharmacy claims for Tribal Option members are billed through Medicaid Direct (NC Tracks currently). The Medicaid Direct (fee-for-service) BIN is 610242.

Providers are not permitted to collect copayments from EBCI Tribal Option beneficiaries and pharmacy claims should return with a \$0 copay amount due from the beneficiary. For assistance with eligibility issues for Tribal Option beneficiaries, providers can call 800-260-9992. For assistance with pharmacy point of sale claims, providers can call NC Tracks at 866- 246-8505.

What Has Changed: Prime Therapeutics Transition Overview for Pharmacy Providers

The North Carolina Department of Health and Human Services (NCDHHS) reminds pharmacy providers that Prime Therapeutics State Government Solutions LLC (Prime Therapeutics) now serves as the Pharmacy Benefits Administrator (PBA) for NC Medicaid Direct point-of-sale (POS) pharmacy benefits, effective May 2, 2026. This transition applies only to POS pharmacy claims and does not include medical pharmacy claims.

The table below provides a quick reference guide for pharmacy providers and highlights the key changes associated with the transition to Prime Therapeutics effective May 2, 2026. Additional details are available in the NC Medicaid Direct Provider Manual, the National Council for Prescription Drug Programs (NCPDP) Payer Specifications Sheet, and North Carolina Medicaid Clinical Coverage Policy 9: Outpatient Pharmacy.

Claim(s) Submission	
Changes Taking Place	Effective 5/2/2026
Drug Utilization Review (DUR) Conflict Code(s)	<p>Claims <u>must</u> include all applicable DUR conflict codes on the claim.</p> <ul style="list-style-type: none"> Reason for Service Code (NCPDP Field ID: 439-E4) Professional Service Code (NCPDP Field ID: 440-E5) Result of Service Code (NCPDP Field ID: 441-E6) <p>Refer to Section 10.2 – ProDUR Alerts and Overrides in the NC Medicaid Direct Provider Manual for additional information.</p>
High Dose (HD) Edits	<p>The system checks for high dosage by comparing billed units and days' supply against FDA-approved limits. Claims exceeding the allowed limit will deny with <i>NCPDP EC 88 – DUR Reject Error</i>.</p> <p>To override the denial, providers must submit the appropriate DUR codes confirming that the billed units and days' supply are correct. Refer to <i>Section 10.2 – ProDUR Alerts and Overrides</i> in the <i>NC Medicaid Direct Provider Manual</i> for additional information.</p> <p>PA Type Code 2 and SCC 2 will no longer override HD edits.</p>
State of Emergency (SOE)	<p>When an SOE has been declared, submit:</p> <ul style="list-style-type: none"> SCC = “13 – Emergency” Prior Authorization Type Code ‘09’ will no longer be used for SOE.
Coordination of Benefits (COB)	<p>NCPDP COB standards will be applied to all claims. Claims will deny if required COB values are missing or invalid. Providers must follow the required fields outlined in the <i>Payer Specifications</i> sheet.</p>
Days' Supply	<p>Policy-defined limitations will be adhered to. Claims submitted outside of these limitations will deny <i>NCPDP EC 76 – Plan Limitations Exceeded</i>.</p> <p>Refer to the <i>Section 6.3.1 – Dispensing Quantity Limitations</i> in the <i>NC Medicaid Direct Provider Manual</i> for additional information.</p>
Immunizing Pharmacists'	<p>Claims submitted for protocol products will no longer be accepted if the pharmacy service provider's NPI is used in the prescriber ID filed. These claims will reject.</p> <p>Immunizing pharmacists must meet all applicable requirements and be registered as an immunizing pharmacist with the NC Board of Pharmacy.</p> <p>Note: Both before and after 5/2/2026, immunizing pharmacists must also be actively enrolled as an NC Medicaid Provider.</p>
Compounds	<p>Claims submitted as a compound cannot contain the same NDC more than once.</p>
Date of Birth (DOB)	<p>The beneficiary's DOB submitted on the claim must exactly match the DOB on the beneficiary's demographic record; otherwise, the claim will reject <i>NCPDP EC 09 – M/I Date of Birth</i>.</p>
Gender	<p>The beneficiary's gender submitted on the claim must match the gender on the beneficiary's demographic record. If the gender does not match, the claim will reject with <i>NCPDP EC 10 – M/I Patient Gender Code</i>.</p>

Billing Remainder 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 NC Medicaid Direct.

Use of the Pharmacy NPI for POS Protocol Claims Ending 5/2/2026

Since August 2023 when the State Health Director Standing Orders ended and the Statewide Board of Pharmacy Protocols became effective, use of the Pharmacy NPI as the prescriber on POS claims for protocol drugs has been allowed. This was necessary to pay claims submitted for dispensing a protocol drug. See [August 2023 Pharmacy Newsletter](#) article titled “State Health Director Standing Orders to be replaced by State Protocols in August 2023” for details about the transition. An excerpt from the August 2023 article follows.

“The protocols are intended for pharmacist use; however, immunizing pharmacists are not currently enrolled providers in NC Medicaid. Until pharmacists have the ability to enroll in NC Medicaid as a provider the pharmacy NPI should be used as the prescriber when utilizing the protocols for a NC Medicaid beneficiary...”

Effective **May 2, 2026** the pharmacy NPI is not allowed in the prescriber field on POS claims for any of the below five categories of [Statewide BOP Protocols](#).

- Nicotine Replacement Therapy
- Hormonal Contraception
- Prenatal Vitamin
- Glucagon
- HIV PEP

Immunizing Pharmacists are encouraged to become a NC Medicaid provider. The Pharmacy Newsletter regularly features an article about the January 2024 start of Immunizing Pharmacist enrollment as an Ordering Prescribing Referring (OPR) provider. The article titled “Immunizing Pharmacist Enrollment in NC Medicaid Contraceptives and NRT Protocol Reimbursement to Pharmacies” was most recently in the [February 2026 Pharmacy Newsletter](#). The article has information about how to enroll and reimbursements for the protocols.

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL)

Current as of April 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
Nuversa 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 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 45 mg/0.5 ml Syringe	Ustekinumab-ttwe 45 mg/0.5 ml
Pyzchiva 90 mg/ml Syringe	Ustekinumab-ttwe 90 mg/ml
Pyzchiva 45 mg/0.5 ml Vial	Ustekinumab-ttwe 45 mg/0.5 ml Vial
Qudexy XR 150 mg Capsule	Topiramate ER 150 mg Sprinkle Cap

Qudexy XR 200 mg Capsule	Topiramate ER 200 mg Sprinkle Cap
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.

Pharmacy Behavioral Health Clinical Edits

The pharmacy point of sale (POS) adult and pediatric clinical edits for behavioral health (BH) medications is for dosage and quantity prescribed exceeding the Food and Drug Administration approved maximum dosage and dose frequency. The edits also alert for in-class therapeutic duplication.

Bypassing any of the BH clinical edits that stop a POS claim requires an override that should be used by the pharmacist when contact with the prescriber provides clinical justification for the therapy issue identified by the edit. The override is “10” entered in a submission clarification code (SCC) field. SCC 10 indicates justification for the issue alerted by edit is concluded by the pharmacist. There is unlimited use of SCC 10.

The 72-hour Emergency (EMR) supply override can be used when a claim denies for a BH edit and there is a delay obtaining justification from the prescriber.

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 June 2026

Electronic Cutoff Schedule	Checkwrite Date
May 28, 2026	June 2, 2026
June 4, 2026	June 9, 2026
June 11, 2026	June 16, 2026
June 18, 2026	June 23, 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 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.

Reminder: As stated in the published approved 2026 checkwrite schedule, "NCTracks will issue 50 checkwrites per fiscal year. The payment cycle will be weekly, exceptions being the last week of June (end of State fiscal year) and the last week of the calendar year."

The last checkwrite date for the State fiscal year will be June 23, 2026. There will be no checkwrite on June 30, 2026. The first checkwrite for the new State fiscal year will be on July 7, 2026.

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