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Reminder of Tailored Plans Launch

Behavioral Health and Intellectual/Developmental Disabilities 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, intellectual/developmental disabilities and traumatic brain injury in one plan. **Tailored Plans launched statewide July 1, 2024.** Approximately 200,000 beneficiaries are enrolled into Tailored Plans.

For more detailed information please access [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, Pharmacy Benefit Manager (PBM) processor, Bank Identification Number (BIN), Processor Control Number (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

Opill without a Prescription POS Claim Coverage

This bulletin applies to NC Medicaid Direct and NC Medicaid Managed Care.

Effective Aug. 1, 2024, 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 Point of Sale (POS) 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. POS claims for Opill without a prescription for all NC Medicaid beneficiaries, including NC Medicaid Direct and NC Medicaid Managed Care, should be adjudicated through NCTracks. The NC Medicaid Managed Care pharmacy benefit will not be utilized to process claims for Opill without a prescription.

NCTracks POS Claims Processor Information is below for Opill without a prescription.

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

- Submit a POS claim.
- Process all claims for Opill without a prescription through the NCTracks 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.

*There is no State Standing Order for Opill without a prescription. The DPH Medical Director’s NPI should not be submitted on the claim as the prescriber.

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.

Reminder: Key COVID-19 Changes Effective Oct. 1, 2024

This article applies to NC Medicaid Direct and NC Medicaid Managed Care health plans unless noted otherwise.

NC Medicaid changes related to the coverage, cost sharing and reimbursement for COVID-19 related products and treatment will take effect Oct. 1, 2024.

COVID-19 Vaccines Administration Reimbursement

The rates for COVID-19 vaccine administration will revert to the vaccine administration rates in effect for all other vaccines listed on the appropriate fee schedules. As of Oct. 1, 2024, COVID-19 vaccine administration claims with revenue code 0771 will no longer reimburse at the \$65 vaccine administration rate. For more information, review the COVID-19 Vaccines Reimbursement section of the Medicaid Bulletin, [SPECIAL BULLETIN COVID-19 #268: COVID-19 Testing, Vaccination and Counseling Coverage After the Federal Public Health Emergency](#).

The hospital COVID-19 Vaccine MAB Admin and COVID-19 Vaccine MAB Admin fee schedules will be end-dated effective Sept. 30, 2024.

Updates to the NC Medicaid Fee Schedules will be posted to the [NC Medicaid Fee Schedules](#) by Oct. 1, 2024.

COVID-19 Vaccine Counseling Coverage

Additional changes beginning Oct. 1, 2024, include the end of coverage for CPT 99401 for COVID-19 vaccine counseling and the addition of coverage of “stand-alone” vaccine counseling codes G0310, G0312 and G0315. Providers should use codes G0310, G0312, and G0315 for vaccine counseling when the vaccine is not administered on the same date of service.

NC Medicaid’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT) CPT code 90460 for face-to-face counseling with the patient and family by the physician or qualified health care professional during the administration of a vaccine must be billed with the EP modifier. One unit is billed for each vaccine for which counseling is provided. CPT code 90460 is an immunization administration code, which includes counseling. It is not an add-on “counseling” code.

For more information on vaccine guidance for children, review the Health Check Program Guide, available on the [NCTracks Provider Policies, Manuals, Guidelines and Forms](#) page under Provider Policies, Manuals and Guidelines.

COVID-19 vaccines should continue to be provided to children in alignment with the Advisory Committee on Immunization Practices (ACIP) Child and Adolescent Immunization Schedule.

For more information is available in the COVID-19 Vaccine Counseling Coverage section of the Medicaid Bulletin, [SPECIAL BULLETIN COVID-19 #268: COVID-19 Testing, Vaccination and Counseling Coverage After the Federal Public Health Emergency](#).

Over-the-Counter Tests for Home Use Coverage for COVID-19

Coverage for point-of-sale (POS) billing for FDA-authorized over the counter (OTC) COVID-19 tests dispensed for use by NC Medicaid beneficiaries, with full coverage, in a home setting ends Sept. 30, 2024.

The Department of Health and Human Services (NCDHHS) partnered with more than 270 local organizations statewide, called Community Access Points, to distribute free COVID-19 at-home tests in their communities. Individuals can use [this website to find COVID-19 home tests for pickup](#) near them. Individuals should call a community access point before going to pick up a test to make sure tests are available. Locations may choose to limit the number of tests available per person, per day. Individuals must be 14 years or older to pick up free at-home tests. An ID is not required.

NC Medicaid continues to cover Nucleic Acid Amplification Test (NAAT) panels (testing 3-5 targets) after Oct. 1, 2024. Providers can leverage CPT 0240U (SARS-CoV-2, influenza A, influenza B) and CPT 0241U (SARS-CoV-2, influenza A, influenza B, RSV).

Guidance on pharmacy POS coverage is available on the [Outpatient Pharmacy Services page under OTC COVID 19 Tests for Home Use](#). The end date for this coverage (Sept. 30, 2024) was previously communicated in the Medicaid Bulletin, [SPECIAL BULLETIN COVID-19 #268: COVID-19 Testing, Vaccination and Counseling Coverage After the Federal Public Health Emergency](#).

Copays and Mandatory Coverage for COVID-19 Related Treatment

NC Medicaid will reinstate cost-sharing (i.e., copays) for COVID-19 related treatments (including treatment of conditions that may seriously complicate the treatment of COVID-19) on Oct. 1, 2024. When applicable, beneficiaries will be responsible for copays for medications and outpatient specialized therapies (i.e., audiology, occupational therapy, physical therapy, respiratory therapy and speech therapy).

The limits listed in the [Clinical Coverage Policy 10A](#) will be enforced for individuals ages 21 and older who are seeking treatment due to COVID-19 beginning Oct. 1, 2024.

See the Medicaid Bulletin, [SPECIAL BULLETIN COVID-19 #259: Mandatory Coverage of COVID-19-Related Treatment Under the American Rescue Plan Act of 2021 \(UPDATE\)](#) for additional information.

COVID-19 Testing Coverage for Beneficiaries with Family Planning Medicaid

NC Medicaid will no longer cover COVID-19 testing for Family Planning (MAFDN) beneficiaries through the NC Medicaid Optional COVID-19 Testing Program after Sept. 30, 2024.

Additional information is available in the Medicaid Bulletin, [SPECIAL BULLETIN COVID-19 #156: Clinical Policy 1E-7, Family Planning Services, COVID-19 Lab Testing for MAFDN Beneficiaries.](#)

Update from the Board of Pharmacy Regarding Hurricane Helene

DEA APPROVES USE OF BOARD RULE .1815 TO CREATE AND DISPENSE EMERGENCY REFILLS OF SCHEDULE 3, 4, AND 5 CONTROLLED SUBSTANCES.

The DEA has issued an exception letter allowing Rule .1815 to be used to create and dispense emergency refills of Schedule 3, 4, and 5 substances (found here). This exception is in effect for 30 days (until November 3, 2024), though DEA states that it will consider a further extension if emergency conditions continue to exist at that time.

***REMINDER* VERBAL SCHEDULE 2 PRESCRIPTIONS IN EMERGENCIES.**

Pharmacists are reminded that, in the case of an “emergency situation,” federal law (21 CFR 1306.11(d)) allows a pharmacist to dispense a Schedule II controlled substance upon receiving oral authorization from the prescriber, provided that: (1) the amount is limited to that adequate to treat the patient during the emergency period; (2) the prescription is immediately reduced to writing by the pharmacist; (3) if the prescriber is not known to the pharmacist, the pharmacist makes a reasonable effort to determine the oral authorization came from a DEA-registered prescriber; and (4) within 7 days, the prescriber causes a written prescription to be delivered to the dispensing pharmacist.

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

Brand Name	Generic Name
Actiq 1600 mcg Lozenges	Fentanyl Citrate 1600 mcg Lozenges
Actiq 400 mcg Lozenges	Fentanyl Citrate 400 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 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	Azelaastine/Fluticasone Prop Nasal Spray
Elidel 1% Cream	Pimecrolimus 1% Cream
Emflaza 18 mg tablet	Deflazacort 18 mg tablet
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
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
Nuversa Vaginal 1.3% Gel	Metronidazole Vaginal 1.3% Gel
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
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
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 6-25	Olanzapine-fluoxetine 6-25
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
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
Victoza 2-pak 18 mg/3 ml Pen	Liraglutide 18 mg/3 ml Pen
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 November 2024

Electronic Cutoff Schedule	Checkwrite Date
Oct. 31, 2024	Nov. 5, 2024
Nov. 7, 2024	Nov. 13, 2024
Nov. 14, 2024	Nov. 19, 2024
Nov. 21, 2024	Nov. 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 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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