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In This Issue...

[NC Medicaid to Change Coverage for GLP-1 Weight Management Medications](#)

[Mailing and Delivery Fees to Retail Pharmacy Claims](#)

[Reminder: Immunizing Pharmacist Enrollment in NC Medicaid
Contraceptives and NRT Protocol Reimbursement to Pharmacies](#)

[Reminder on NC Medicaid Pharmacy Co-payment Requirements](#)

[Children and Families Specialty Plan \(CFSP\) to launch December 1, 2025](#)

[Preferred Brands with Non-Preferred Generics on the Preferred Drug List \(PDL\)](#)

[72-Hour Emergency Supply Available for Pharmacy Prior Authorization Drugs](#)

[Checkwrite Schedule for October 2025](#)

NC Medicaid to Change Coverage for GLP-1 Weight Management Medications

Given shortfalls in state funding, effective Oct. 1, 2025, coverage for GLP-1s for the treatment of obesity, which is an optional benefit for Medicaid programs, will be discontinued.

NC Medicaid remains committed to the potential of GLP-1s for the treatment of obesity; however, at this time the lack of funding for the program prohibits continued coverage for weight management purposes.

GLP-1s will continue to be covered for the indications of diabetes, reduction in cardiovascular death, heart attack and stroke in obese adults with cardiovascular disease, noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) and severe obstructive sleep apnea (OSA).

What's Changing

- Effective Oct. 1, 2025, Wegovy, Zepbound and Saxenda will be removed from the Preferred Drug List (PDL) as an off-cycle change.
- Saxenda will no longer be covered for any indication.
- The Non-Incretin Mimetics class of drugs for treatment of obesity will continue to be managed through the PDL. Drugs in the Preferred status on the PDL include: diethylpropion, phendimetrazine and phentermine. These products do not require prior approval.

Coverage of Wegovy and Zepbound will be managed through prior authorization, using clinical criteria established by the State for the below Food and Drug Administration (FDA) approved indications.

Continued Coverage for Other Indications

Wegovy

- To reduce the risk of cardiovascular death, heart attack and stroke in adults with cardiovascular disease who are obese.
- For the treatment of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults.

Zepbound

- To treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity.

Prior Authorization Requirements

- Providers will need to obtain a new prior authorization for beneficiaries receiving Wegovy and Zepbound, effective Oct. 1, 2025.
- Current prior authorizations will no longer be valid after Sept. 30, 2025.
- Providers are encouraged to review updated clinical criteria located at: nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html. Prior authorization requests can be submitted beginning Oct. 1, 2025.

There will be no changes to coverage for GLP-1 medications for the treatment of diabetes. Additionally, Weight Management (Non-Incretin Mimetics) will still be covered as listed on the PDL.

NC Medicaid Commitment

More than 3.1 million North Carolinians have health care coverage through Medicaid. We understand that these changes may place a burden on beneficiaries, their families and on providers. As public servants, we are committed to working with state and federal policymakers to ensure everyone can access affordable, quality health care.

Link to NC Medicaid bulletin: medicaid.ncdhhs.gov/blog/2025/09/05/nc-medicaid-change-coverage-glp-1-weight-management-medications

Mailing and Delivery Fees to Retail Pharmacy Claims

Prescriptions for NC Medicaid beneficiaries are eligible for the addition of a mailing or delivery fee via the guidelines below.

Pharmacies must input a Level of Service (Field 418-DI) indicator equal to 02 on the Point of Sale (POS) pharmacy claim for prescriptions that are requested by the beneficiary to be mailed. The rate of payment for this mailing fee is \$1.50. Mailing of prescriptions includes those that are sent via the US Postal Service, UPS, FedEx, or other similar service.

Pharmacies must input a Level of Service (Field 418-DI) indicator equal to 06 on the POS pharmacy claim for prescriptions that are requested by the beneficiary to be hand delivered by the pharmacy provider. The rate of payment for this delivery fee is \$3.00. Delivery of prescriptions includes delivery via courier or other person-to-person delivery methods to the beneficiary or their designee. Please note:

- Providers are limited to one mail or delivery fee, per beneficiary, per Pharmacy National Provider Identifier (NPI), per day
- No more than one delivery fee will be paid on a single claim
- Pharmacies cannot request an emergency supply and a delivery fee on the same claim
- Mailing and Delivery fees will be reported on the Point of Sale (POS) pharmacy response transaction in the Other Amount Paid (565-J4) Field

- Denied pharmacy claims will not pay a mail or delivery fee

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](#) (NPPE). 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).
 - 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 [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:**
 - 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

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 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 [North Carolina 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 services reimbursement.

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 copayment. 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

Children and Families Specialty Plan (CFSP) to launch Dec. 1, 2025

The **Children and Families Specialty Plan** will be going live **Dec. 1, 2025**. This is a single, statewide NC Medicaid Managed Care plan that will wrap Medicaid-enrolled children, youth and their families in the child welfare system with seamless, integrated and coordinated health care. Blue Cross North Carolina will manage the plan under the name **Healthy Blue Care Together**.

North Carolina Department of Health and Human Services (NCDHHS) and Blue Cross North Carolina's highest priority is to deliver a plan that meets the needs of the children and families of North Carolina. NCDHHS and Blue Cross North Carolina have worked together to build the systems and processes needed to ensure the Plan works for families and the counties that serve them, and to ensure the launch of the new plan goes smoothly and is ready to serve beneficiaries on day one.

The new plan will support children and families by providing coordinated and comprehensive health care, including mental health care, that follows the person and works across multiple systems. NCDHHS and Blue Cross North Carolina will also support providers in preparing to best serve this population under the new plan including

extensive training and working with providers to address unmet health-related resource needs, including housing, food, transportation, and interpersonal violence.

In the fall, NCDHHS will be hosting a webinar along with Healthy Blue Care Together, NCAP and the NC Retail Merchants Association to inform our pharmacy community of this great new plan coming December 1st. Please stay tuned for further information on joining this informative webinar.

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

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
Apriso ER 0.375 Gram Capsule	Mesalamine 0.375 mg Capsule
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
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
Brilinta 60 mg Tablet	Ticagrelor 60 mg
Brilinta 90 mg Tablet	Ticagrelor 90 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
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
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
Differin 0.3% Gel Pump	Adapalene 0.3% Gel Pump
Dymista Nasal Spray	Azelastine/Fluticasone Prop Nasal Spray
Elidel 1% Cream	Pimecrolimus 1% Cream
Emflaza 18 mg tablet	Deflazacort 18 mg tablet
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
Flovent 250 mcg Diskus	Fluticasone Prop 250 mcg Diskus
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
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
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
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
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
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
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
Ventolin HFA Inhaler	Albuterol HFA Inhaler
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
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 Oct. 2025

Electronic Cutoff Schedule

Oct. 2, 2025

Oct. 9, 2025

Oct. 16, 2025

Oct. 23, 2025

Checkwrite Date

Oct. 7, 2025

Oct. 15, 2025

Oct. 21, 2025

Oct. 28, 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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