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Booster Dose of Moderna and Pfizer COVID -19 Vaccine for all Adults (including information about Janssen)

The Food and Drug Administration and the Advisory Committee on Immunization Practices authorized COVID-19 boosters for all adults (18 years of age and older) at least six months after initial shots with the Moderna or Pfizer-BioNTech COVID-19 vaccines on Nov 19, 2021.

Anyone who received a single shot of the Johnson & Johnson vaccine is already eligible for a booster two months after their initial dose.

The authorization expands eligibility for boosters, which had been limited to adults 65 and older, those with higher risk of severe infection or whose jobs put them at increased risk to anyone 18 and older.

Beginning Nov 19, 2021, NC Medicaid vaccine providers may begin administering the booster dose of COVID-19 vaccines to all age-appropriate beneficiaries. Payment amount will be equivalent as for administration of other doses of the COVID-19 vaccine at \$40.00 each.

For Medicaid and NC Health Choice Billing

Vaccine CPT Code	Administration Code	CPT Code Description
91300 (Pfizer; dilution required)	0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted: booster dose
91303 (Jansen)	0034A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage; booster dose
91305 (Pfizer; does not require dilution)	0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose
91306 (Moderna)	0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose

- The ICD-10-CM diagnosis code required for billing is: Z23 - Encounter for immunization
- The maximum reimbursement rate per unit is: N/A (only administration charge will be reimbursed)
- Claims must have appropriate NDCs, which correspond to the vaccine used for administration and corresponding CPT code:
 - Pfizer (requires dilution) - CPT code 91300 – NDC 00069-1000-02, 00069-1000-03
 - Jansen - CPT code 91303 – NDC 59676-0580-05, 59676-0580-15

- Pfizer (does not require dilution) - CPT code 91305 – NDC 59267-1025-01, 59267-1025-02, 59267-1025-03, 59267-1025-04
- Moderna - CPT code 91306 – NDC 80777-0273-98, 80777-0273-99, 80777-0273-10, 80777-0273-15
- Claims must contain both administration codes and vaccine codes to pay
- Vaccine codes should be reported as \$0.00
- Medicaid and NC Health Choice does not allow copays to be charged for COVID-19 immunization or administrations
- COVID-19 vaccines are exempt from the Vaccines for Children (VFC) program
- TJ modifier should be used for NC Health Choice claims (age 6 through 18 years)
- EP modifier should be used for all non-NC Health Choice (only Medicaid beneficiaries) younger than 21 years of age
- CG modifier should be used for claims submitted by a pharmacy participating in the immunization program for both the vaccine and administration codes
- SK modifier may be used for any immunizing provider who does not currently have prescriptive authority (standing order issued by State Health Director may be used)
- ***Pharmacies with an immunizing pharmacist may administer any COVID-19 Vaccine to any Medicaid and NC Health Choice beneficiary as age appropriate***
 - All other vaccines (non-COVID-19 vaccines), that are approved by the NC Board of Pharmacy to be administered by an immunizing pharmacist, are only permissible to be administered for Medicaid beneficiaries ONLY (not for Health Choice) 19 years and older

Please see the updated [Interim Clinical Considerations for use of COVID-19 Vaccines Currently Authorized in the United States](#) for more details.

NCTracks Call Center 1-800-688-6696

Change in Age for Pfizer-BioNTech COVID-19 Booster Vaccine

On Dec 9, 2021, the [U.S. Food and Drug Administration amended the emergency use authorization \(EUA\) for the Pfizer-BioNTech COVID-19 vaccine](#), authorizing the use of a single booster dose for administration to individuals 16 and 17 years of age at least six months after completion of primary vaccination with the Pfizer-BioNTech COVID-19 Vaccine.

Soon after, the CDC expanded the recommendation for boosters to include 16 and 17 year olds. <https://www.cdc.gov/media/releases/2021/s1208-16-17-booster.html>

Beginning Dec 9, 2021, Medicaid and NC Health Choice will cover the Pfizer-BioNTech Covid-19 vaccine booster dose for administration to individuals 16 years or age and older (until more information is available for the use of Moderna and Janssen vaccines for this age group). **Payment amount for administration code 0004A will be equivalent as for the administration of other doses of the COVID-19 vaccine at \$40.00 each.**

Please follow all other conditions of claims billing as mentioned in [Bulletin #186](#) to process claims appropriately.

Clozapine Continuity of Care

Requirements of revised clozapine REMS program that became effective November 15, 2021 are causing access issues. Pharmacies and prescribers are reporting extremely long wait times to re-certify or re-enroll patients. Some pharmacies are unable to obtain clozapine from their wholesaler because of re-certification confusion.

The FDA has intervened to help ensure pharmacies and patients get clozapine. Because of the significant complications that could result from interruption in clozapine therapy, the FDA is temporarily exercising enforcement discretion related to requirements of the clozapine REMS program. The following language taken from below link highlights the FDA intervention.

“Due to problems with implementation of the Clozapine REMS program and the potential impact to patient care, FDA does not intend to object if:

- Pharmacists dispense clozapine without REMS dispense authorization (RDA).
- Wholesalers ship clozapine to pharmacies and health care settings without confirming enrollment in the REMS”

Review clozapine continuity of care for more detailed information. Providers should be well informed about this temporary means to avoid interruption in clozapine therapy.

Attention: Physicians, Physician’s Assistants, and Nurse Practitioners **COVID-19 MONOCLONAL ANTIBODIES – An Update to Minimum Age for HCPCS Code Q0245 - Bamlanivimab and Etesevimab, for Intravenous Infusion**

On Dec 3, 2021 the U.S. Food and Drug Administration revised the [emergency use authorization](#) (EUA) of bamlanivimab and etesevimab (previously authorized for pediatric patients 12 years of age and older weighing at least 40 kilograms, or about 88 pounds), to additionally authorize bamlanivimab and etesevimab administered together for the treatment of mild to moderate COVID-19 in all younger pediatric patients, including newborns, who have a positive COVID-19 test and are at high risk for progression to severe COVID-19, including hospitalization or death. This revision also authorizes bamlanivimab and etesevimab, to be administered together, for post-exposure prophylaxis for prevention of COVID-19 in all pediatric patients, including newborns, at high risk of progression to severe COVID-19, including hospitalization or death.

The dosage in adults (18 years and older) and pediatric patients (<18 years and weighing at least 40 kg) is bamlanivimab 700 mg and etesevimab 1,400 mg. The dosage for pediatric patients weighing less than 40 kg will vary depending on body weight:

- >20 kg to <40 kg: 350 mg bamlanivimab and 700 mg etesevimab
- >12 kg to 20 kg: 175 mg bamlanivimab and 350 mg etesevimab
- 1 kg to 12 kg: 12 mg/kg bamlanivimab and 24 mg/kg etesevimab

Bamlanivimab and etesevimab are not authorized for use in patients 2 years of age and older who are hospitalized due to COVID-19. Moreover, bamlanivimab and etesevimab are not authorized for use in patients, regardless of age, who:

- o require oxygen therapy and/or respiratory support due to COVID-19; or
- o require an increase in baseline oxygen flow rate and/or respiratory support due to COVID-19 and are on chronic oxygen therapy and/or respiratory support due to underlying non-COVID-19 related comorbidity

Effective with date of service Dec 3, 2021, the Medicaid and NC Health Choice programs cover bamlanivimab and etesevimab, for intravenous infusion (N/A) for use in the Physician Administered Drug Program (PADP) when billed with HCPCS code Q0245 - Injection, bamlanivimab and etesevimab, 2100 mg, for all ages.

For Medicaid and NC Health Choice Billing

- The ICD-10-CM diagnosis code(s) required for billing is/are:
 - U07.1 - COVID-19
 - B34.2 - Coronavirus infection, unspecified
 - J12.81 - Pneumonia due to SARS-associated coronavirus
 - B97.21 - SARS-associated coronavirus as the cause of diseases classified elsewhere
 - Z20.822 - Contact with and (suspected) exposure to COVID-19
- Providers must bill with HCPCS code: Q0245 - Injection, bamlanivimab and etesevimab, 2100 mg
- One Medicaid and NC Health Choice unit of coverage is:
 - o prior to 12/3/2021 - 1 dose (700 mg of bamlanivimab and 1,400 mg of etesevimab)
 - o as of 12/3/2021 – information on unit of coverage is not yet available
- The maximum reimbursement rate per unit is: N/A (drugs are federally supplied)
- Providers must bill 11-digit NDCs and appropriate NDC units. The NDCs is/are:
Bamlanivimab: 00002-7910-01
Etesevimab: 00002-7950-01
- The NDC units should be reported as "UN1"
- For additional information, refer to the January 2012, Special Bulletin, [National Drug Code Implementation Update](#)
- For additional information regarding NDC claim requirements related to the PADP, refer to the [PADP Clinical Coverage Policy 1B](#), Attachment A, H.7 on NC Medicaid's website.

Additional information

- When MAB doses are provided by the government without charge, providers should only bill for the administration. Health care providers should not include the MAB codes on the claim when the product is provided for free.
- Administration codes to use:
 - **M0245 - intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring**
 - **M0246 - Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency**

- Rates for administration of the MABs can be found on specific provider [fee schedules](#).

NCTracks Contact Center: (800) 688-6696

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of November 30, 2021

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
Adderall XR 10 mg	Amphetamine Salt Combo ER 10 mg
Adderall XR 15 mg	Amphetamine Salt Combo ER 15 mg
Adderall XR 20 mg	Amphetamine Salt Combo ER 20 mg
Adderall XR 25 mg	Amphetamine Salt Combo ER 25 mg
Adderall XR 30 mg	Amphetamine Salt Combo ER 30 mg
Adderall XR 5 mg	Amphetamine Salt Combo ER 5 mg
Advair 100-50 Diskus	Fluticasone-Salmeterol 100-50
Advair 250-50 Diskus	Fluticasone-Salmeterol 250-50
Advair 500-50 Diskus	Fluticasone-Salmeterol 500-50
Alphagan P 0.15% Drops	Brimonidine P 0.15% Drops
Amitiza 8 mcg Capsule	Lubiprostone 8 mcg Capsule
Amitiza 24 mcg Capsule	Lubiprostone 24 mcg Capsule
Androgel Pump	Testosterone Gel Pump
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
Bethkis 300 mg/4 ml Ampule	Tobramycin Solution 300 mg/4 ml Ampule
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
Catapres-TTS 1 Patch	Clonidine 0.1 mg/day Patch
Catapres-TTS 2 Patch	Clonidine 0.2 mg/day Patch
Catapres-TTS 3 Patch	Clonidine 0.3 mg/day Patch
Canasa 1,000 mg Suppository	Mesalamine 1,000 mg Suppository
Cipro 10% Suspension	Ciprofloxacin 500 mg/5 ml Suspension
Cipro 5% Suspension	Ciprofloxacin 250 mg/5 ml Suspension
Ciprodex Otic Suspension	Ciprofloxacin/Dexamethasone Suspension
Clobex 0.005% Shampoo	Clobetasol 0.005% Shampoo
Concerta 18 mg tab	Methylphenidate ER 18 mg
Concerta 27 mg tab	Methylphenidate ER 27 mg
Concerta 36 mg tab	Methylphenidate ER 36 mg
Concerta 54 mg tab	Methylphenidate ER 54 mg
Copaxone 20 mg/ml Syr	Glatiramer 20 mg/ml Syr
Copaxone 40 mg/ml Syr	Glatiramer 40 mg/ml Syr
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
Diastat 2.5 mg Pedi System	Diazepam 2.5 mg Rectal Gel System
Diastat Acudial 12.5-15-20	Diazepam 20 mg Rectal Gel System
Diastat Acudial 5-7.5-10	Diazepam 10 mg Rectal Gel System
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
Dovonex 0.005% Cream	Calcipotriene 0.005% Cream
Durezol 0.05% Eye Drops	Difluprednate 0.05% Eye Drops
E.E.S 200	Erythromycin Ethyl Succinate 200 mg/5 ml
Elidel 1% Cream	Pimecrolimus 1% Cream
Emend 80 mg Capsule	Aprepitant 80 mg Capsule
EryPed 200 mg/5 ml Suspension	Erythromycin Ethyl Succinate 200 mg/5 ml
EryPed 400 mg/5 ml Suspension	Erythromycin Ethyl Succinate 400 mg/5 ml
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
Focalin 10 mg	Dexmethylphenidate 10 mg
Focalin 2.5 mg	Dexmethylphenidate 2.5 mg
Focalin 5 mg	Dexmethylphenidate 5 mg
Focalin XR 10 mg	Dexmethylphenidate ER 10 mg
Focalin XR 15 mg	Dexmethylphenidate ER 15 mg
Focalin XR 20 mg	Dexmethylphenidate ER 20 mg
Focalin XR 25 mg	Dexmethylphenidate ER 25 mg

Focalin XR 30 mg	Dexmethylphenidate ER 30 mg
Focalin XR 35 mg	Dexmethylphenidate ER 35 mg
Focalin XR 40 mg	Dexmethylphenidate ER 40 mg
Focalin XR 5 mg	Dexmethylphenidate ER 5 mg
Gabitril 12 mg	Tiagabine 12 mg
Gabitril 16 mg	Tiagabine 16 mg
Gabitril 2 mg	Tiagabine 2 mg
Gabitril 4 mg	Tiagabine 4 mg
Humalog 100 units/ml Vial	Insulin Lispro 100 units/ml Vial
Humalog Kwikpen 100 units/ml	Insulin Lispro 100 units/ml
Humalog Jr Kwikpen 100 units/ml	Insulin Lispro Jr 100 units/ml
Humalog Kwikpen Mix 75-25	Insulin Lispro Mix 75-25
Kitabis Pak 300 mg/5 ml	Tobramycin Pak 300 mg/5 ml
Letairis 10 mg Tablet	Ambrisentan 10 mg Tablet
Letairis 5 mg Tablet	Ambrisentan 5 mg Tablet
Lialda 1.2 gm Tablet	Mesalamine 1.2 gm Tablet
Lotemax 0.5% Eye Drops	Loteprednol 0.5% Eye Drops
Methylin 10 mg/5 ml Solution	Methylphenidate 10 mg/5 ml Solution
Methylin 5 mg/5 ml Solution	Methylphenidate 5 mg/5 ml Solution
MetroCream 0.75% Cream	Metronidazole 0.75% Cream
Metrogel Topical 1% Gel	Metronidazole Topical 1% Gel
Metrogel Topical 1% Pump	Metronidazole Topical 1% Gel
Mitigare 0.6 mg capsules	Colchicine 0.6 mg capsules
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
Niaspan ER 1000 mg Tablets	Niacin ER 1000 mg Tablets
Niaspan ER 500 mg Tablets	Niacin ER 500 mg Tablets
Niaspan ER 750 mg Tablets	Niacin ER 750 mg Tablets
Novolog 100 U/ml Cartridge	Insulin Aspart 100 U/ml Cartridge
Novolog 100 U/ml FlexPen	Insulin Aspart 100 U/ml Pen
Novolog 100 U Vial	Insulin Aspart 100 U Vial
Novolog Mix 70-30 FlexPen	Insulin Aspart Pro Mix 70-30 Pen
Novolog Mix 70-30 Vial	Insulin Aspart Pro Mix 70-30 Vial
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
ProAir HFA Inhaler	Albuterol HFA Inhaler
Protopic 0.03% Oint	Tacrolimus 0.03% Oint

Protopic 0.1% Oint	Tacrolimus 0.1% Oint
Protonix 40 mg Suspension	Pantoprazole 40 mg Suspension
Provigil 100 mg	Modafinil 100 mg
Provigil 200 mg	Modafinil 200 mg
Pulmicort 0.25 mg/2 ml	Budesonide 0.25 mg/2 ml
Pulmicort 0.5 mg/2 ml	Budesonide 0.5 mg/2 ml
Pulmicort 1 mg/2 ml	Budesonide 1.0 mg/2 ml
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
Retin-A Micro Pump 0.04% Gel	Tretinoin Micro Pump 0.04% Gel
Retin-A Micro Pump 0.1% Gel	Tretinoin Micro Pump 0.1% Gel
Sabril 500 mg Powder Packet	Vigabatrin 500 mg Powder Packet
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
Tecfidera DR 120 mg Capsule	Dimethyl Fumarate 120 mg Capsule
Tecfidera DR 240 mg Capsule	Dimethyl Fumarate 240 mg Capsule
Tecfidera Starter Pack	Dimethyl Fumarate Starter Pack
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
TobraDex Eye Drops	Tobramycin-Dexamethasone Drops
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

As a reminder, if a brand is preferred with a Non-Preferred generic equivalent, “medically necessary” is NOT needed on the face of the prescription in order for the brand product to be covered. Claims for preferred brands with non-preferred generics will be reimbursed with a generic product dispensing fee. Claims for preferred brands with no generic or preferred brands with preferred generics will be reimbursed with a brand dispensing fee.

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 and only the drug cost will be reimbursed. There is no limit to the number of times the emergency supply can be used.

Checkwrite Schedule for January 2022

Electronic Cutoff Schedule

Dec. 30, 2021
 Jan. 6, 2022
 Jan. 13, 2022
 Jan. 20, 2022

Checkwrite Date

Jan. 4, 2022
 Jan. 11, 2022
 Jan. 19, 2022
 Jan. 25, 2022

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 2021 checkwrite schedules for both NC Medicaid and DMH/DPH/ORH can be found under the Quick Links on the right side of the [NCTracks Provider Portal](#) home page.

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