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Flovent® HFA/Diskus Manufacturer Discontinuation

On Dec. 31, 2023, GSK will discontinue all strengths of Flovent® HFA and Flovent® Diskus. The authorized generics, fluticasone propionate HFA (generic for Flovent HFA) and fluticasone propionate diskus (generic for Flovent Diskus), will be added as preferred on the NC Medicaid Preferred Drug List (PDL) effective Dec. 1, 2023.

According to the FDA, an authorized generic is an approved brand name drug that is marketed without the brand name on its label. Other than the fact that it does not have the brand name on its label, it is the exact same drug product as the branded product. **Pharmacies can substitute the generic without an updated or new prescription.** However, if an existing prescription for Flovent® indicates brand medically necessary or dispense as written, the prescriber will need to provide a new prescription without that requirement so that the substitution is allowed.

Flovent® HFA/Diskus will remain preferred so that claims will continue to pay until any remaining stock of the brand is depleted.

Levemir® Manufacturer Discontinuation

Novo Nordisk has announced the permanent discontinuation of all formulations of Levemir®. Supply disruptions of Levemir® FlexPen® are expected to begin in mid-January 2024, followed by the complete discontinuation of the FlexPen® on April 1, 2024. The Levemir® vial will be discontinued on Dec. 31, 2024. See the announcement from the manufacturer [here](#).

Novo Nordisk will continue to provide Levemir® to pharmacies and wholesalers while supplies last. In order to maintain continuity of care, impacted patients are encouraged to discuss alternative treatment options with their healthcare provider before products are no longer available.

Levemir® will remain preferred on the Preferred Drug List (PDL) so that claims will continue to pay until any remaining stock is depleted.

Requirements for Filling Prescriptions for Medicaid Beneficiaries: Reminder for the Expansion Population

NC Medicaid requires prescriptions to be ordered by Medicaid enrolled providers.

As Medicaid expansion launched on Dec. 1, 2023, NC Medicaid reminds pharmacies that **prescriptions written by non-Medicaid enrolled providers will not be reimbursable by NC Medicaid due to federal requirements.** NC Medicaid requires that all providers whose NPI will be used on a pharmacy claim be enrolled with NC Medicaid. There are no exceptions to this requirement. This bulletin applies to NC Medicaid Direct and NC Managed Care.

NC Medicaid anticipates close to 300,000 new beneficiaries will receive full Medicaid coverage through Medicaid expansion on Dec. 1, 2023. Many of these beneficiaries may have had primary care services in free and charitable clinics who do not bill and are not enrolled in NC Medicaid.

- This means that beneficiaries with prescriptions from non-Medicaid enrolled individual providers will be denied coverage, and the beneficiary will not be able to fill their prescription through the NC Medicaid benefit.
- The pharmacy may fill the prescription at full cost for the beneficiary.

When pharmacies process prescriptions for NC Medicaid beneficiaries that are denied due to the provider not being enrolled, pharmacists should encourage beneficiaries to schedule an appointment with their new NC Medicaid enrolled provider as soon as possible.

Beneficiaries should also be encouraged to seek out urgent care, Federally Qualified Health Centers (FQHCs) or the emergency department if they have an immediate need for medications to avoid gaps in care. Additionally, if the beneficiary received a prescription from a free clinic, the beneficiary should be encouraged to go back to the free clinic to refill their prescription until they are able to set-up an appointment with their NC Medicaid provider. Pharmacists are also encouraged to reach out to non-Medicaid enrolled providers regarding enrollment and to inquire if there is another NC Medicaid provider with an established relationship with the beneficiary who can write a new prescription for the beneficiary.

In summary, please see the below actions for pharmacies:

When pharmacies process prescriptions for NC Medicaid beneficiaries, which deny due to the provider not being enrolled, they should:

- a. Contact non-Medicaid enrolled providers regarding enrollment and to inquire if there is another NC Medicaid provider with an established relationship with the beneficiary who can write a new prescription for the beneficiary.
- b. Encourage beneficiaries to schedule an appointment with their new NC Medicaid enrolled provider as soon as possible.
- c. Encourage beneficiaries to seek out urgent care or the emergency department if they have an immediate need for medications or a medical emergency.
- d. Encourage beneficiaries to go back to the free clinic (if applicable) to refill their prescription until they are able to set-up an appointment with their NC Medicaid provider.

NC Medicaid has developed a [flyer](#) which can be posted at pharmacies which links to a [next steps document](#) to help beneficiaries resolve this issue.

Contact

NCTracks Call Center: 800-688-6696

Point-of-Sale (POS) Vaccine Reimbursement Updates

NC Medicaid maintains a Point-of-Sale (POS) vaccine rate file and will begin publishing the POS vaccine rate file on the [Outpatient Pharmacy Services](#) website under Reimbursement in January 2024. The POS vaccine rate file is based on NCPDP units and is updated as vaccines are added or discontinued for coverage in the POS setting.

NC Medicaid has been notified that NC Medicaid Managed Care plans may be reimbursing vaccine POS claims differently from the State. The NC Medicaid Managed Care plans are working to review their vaccine POS claims and reprocess. NC Medicaid reimburses vaccines at Wholesale Acquisition Cost (WAC) + 3% in the POS setting.

Currently, the NC Medicaid Managed Care plans may not cover all vaccines that NC Medicaid Direct covers at POS; however, beginning Jan. 20, 2024, NC Medicaid Managed Care plans will begin covering vaccines at POS in the same manner as NC Medicaid Direct. In the interim, pharmacy providers should refer to communications from the beneficiaries' plan for POS vaccine claim submission guidance.

- [AmeriHealth Caritas North Carolina, Inc.](#)
- [Carolina Complete Health, Inc.](#)
- [Healthy Blue of North Carolina](#)
- [United Health Care of North Carolina, Inc.](#)
- [WellCare Health Plan](#)

Based on updated CMS guidance related to the PREP Act, NC Medicaid will begin covering pharmacy POS claims for COVID-19 vaccines for beneficiaries ages 3 years and up through Dec. 31, 2024, with an effective date of Sept. 11, 2023. A revision is being made to the [NC Medicaid COVID-19 Vaccine and Reimbursement Guidelines for 2023-2024](#) to reflect this as well.

As referenced in [Vaccine Immunization Claims Can Be Submitted on Pharmacy Claims for NC Medicaid Direct Beneficiaries](#), In 2016, the Department of Public Health prohibited pharmacies from participating in the Vaccine for Children program, hence Medicaid only reimburses vaccinations by pharmacist immunizers to Medicaid beneficiaries 19 years of age and older (exception is made for COVID-19 vaccines as set forth by the [9th amendment to the PREP Act](#) for the duration of its effect, also found in the [Federal Emergency PREP Act](#)).

Claims will deny if the beneficiary is less than 19 years of age unless the claim is pre-approved for pharmacy administration reimbursement OR if the vaccine administered is unapproved for administration by a pharmacy immunizer.

COVID-19 Pharmacy Coverage Information

Drug Description	Effective Date	NDCs	Dose	Age Span (years)
PFIZER COVID 2023-24 (6M-4Y) EUA	9/11/2023	59267-4315-01 59267-4315-02	0.3 mL	3-4
PFIZER COVID 2023-24 (5-11Y) EUA	9/11/2023	59267-4331-01 59267-4331-02	0.3 mL	5-11
MODERNA COVID 23-24 (6M-11Y) EUA	9/11/2023	80777-0287-07 80777-0287-92	0.25 mL	3-11
COMIRNATY 2023-24 (12Y UP)	9/11/2023	00069-2392-01 00069-2392-10 00069-2362-01 00069-2362-10	0.3 mL	12 and up
SPIKEVAX 2023-24 (12Y UP)	9/11/2023	80777-0102-01 80777-0102-93 80777-0102-96	0.5 mL	12 and up

		80777-0102-04 80777-0102-95		
NOVAVAX COVID 2023-24 VL (EUA)	9/11/2023	80631-0105-01 80631-0105-02	0.5 mL	12 and up

Two new COVID-19 vaccines were released and are now covered at POS with the effective date of Nov. 13, 2023.

Drug Description	Effective Date	NDCs	Dose	Age Span (years)
COMIRNATY 2023-24 (12Y UP) SYRG	11/13/2023	00069-2377-01 00069-2377-10	0.3 mL	12 and up

Additionally, NCTracks is working to reprocess claims for COVID-19 vaccines between Sept. 11, 2023, and Oct. 18, 2023, that did not pay the correct \$65 administration fee for COVID-19 vaccines. No action is needed by providers to initiate the reprocessing.

Contact

NCTracks Call Center: 800-688-6696

Immunizing Pharmacists Enrollment Opening in January 2024

NC Medicaid will allow immunizing pharmacists to enroll as providers using the Ordering, Prescribing, and Referring (OPR) Lite application starting on Jan. 8, 2024. Enrollment will support utilization of the NC Medical Board and Board of Pharmacy statewide protocols which authorize immunizing pharmacists to dispense, deliver or administer the following:

- [Self-Administered Hormonal Contraceptive Protocol](#)
- [Nicotine Replacement Therapy Protocol](#)
- [Prenatal Vitamins Protocol](#)
- [Post-Exposure Prophylaxis \(PEP\) for HIV Protocol](#)
- [Glucagon Protocol](#)

This bulletin applies to both NC Medicaid Direct and NC Medicaid Managed Care. The implementation dates listed in the bulletin are related to NC Medicaid enrollment and NC Medicaid Direct billing. For questions on when the NC Medicaid Managed Care health plans will have their billing implemented, please reach out to the health plan. Contact information for the health plans is on the [Health Plan Contacts and Resources webpage](#).

Immunizing Pharmacist Enrollment Information

Enrolling as a Medicaid provider will allow the individual immunizing pharmacist to be the prescriber on protocol claims submitted for Medicaid beneficiaries. The immunizing pharmacist must have their own NPI number to be the prescriber on the pharmacy point of sale claim. Directions to obtain a NPI are found at [CMS.gov](#). For the most efficient application process use the National Plan & Provider Enumeration System ([NPPES](#)). Please note, the name on the NPI, the enrollment application, and the license of the enrolling pharmacist must match. After enrollment, it is important for pharmacists to keep their email address updated to ensure communications from the NCTracks message center are received.

Immunizing pharmacist requirements to enroll in NC Medicaid:

- License must indicate immunizing pharmacist.
- Immunizing pharmacist must have their own individual NPI.
- Individual provider enrollment must be for a level 2 taxonomy, 183500000X.
- The OPR Lite enrollment application fee is \$100. Any provider applying must pay the application fee 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 [OPR Provider FAQs](#).

To enroll and for other 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.
- Requirements for enrollment under the Pharmacy Service Providers level 2 taxonomy 183500000X are found also in the [Provider Permission Matrix on the NCTracks Provider Enrollment webpage](#).

Clinical Pharmacist Practitioners (CPPs) Guidance:

CPPs enroll in North Carolina Medicaid at a level 3 taxonomy. Immunizing pharmacist enrollment is a level 2 taxonomy. To enroll as an immunizing pharmacist, any active NC Medicaid enrolled CPP will need to complete a Manage Change Request (MCR) to add the level 2 taxonomy to their record. After logging into the NCTracks Provider Portal, select the Status and Management button. When the Status and Management screen displays, select Manage Change Request. There is no fee for a CPP to add this additional taxonomy to their record.

Self-Administered Hormonal Contraceptive Protocol Medical Claims Billing and Reimbursement Guidance for Pharmacies

NC Medicaid is committed to supporting increased adoption and utilization of the statewide [Self-Administered Hormonal Contraceptive Protocol](#). Starting Jan. 8, 2024, NC Medicaid will reimburse actively enrolled NC Medicaid pharmacies for clinical services performed by the immunizing pharmacist utilizing the Self-Administered Hormonal Contraceptive Protocol. While the immunizing pharmacist performs the clinical services, the pharmacy will be reimbursed for the services rendered. The Self-Administered Hormonal Contraceptive Protocol is the only protocol eligible for reimbursement at this time.

The following four pharmacy taxonomies may bill for reimbursement of clinical services:

- 3336C0002X – Clinic Pharmacy
- 3336C0003X – Community/Retail Pharmacy
- 3336C0004X – Compounding Pharmacy

- 3336L0003X – Long Term Care Pharmacy

The following codes should be used 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
- **Modifier Code:**
 - FP: Family Planning
 - Note: The FP modifier is required on the claim.

Please see the below information on reimbursement which applies for both NC Medicaid Direct and NC Medicaid Managed Care 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.

Contact

NCTracks Call Center: 800-688-6696

For information on NC Medicaid Managed Care Health Plan billing, please contact health plans leveraging the information on the [Health Plan Contacts and Resources page](#).

Reminder on NC Medicaid Pharmacy Co-payment Requirements

DHB recently received questions regarding Medicaid beneficiaries who cannot pay pharmacy co-pays 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 Co-Payments. 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 co-payment 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 copay. 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.

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of Dec. 1, 2023

Brand Name	Generic Name	GSN
Actiq 1200 mcg Lozenges	Fentanyl Citrate 1200 mcg Lozenges	41341
Actiq 1600 mcg Lozenges	Fentanyl Citrate 1600 mcg Lozenges	41342
Actiq 200 mcg Lozenges	Fentanyl Citrate 200 mcg Lozenges	22358
Actiq 400 mcg Lozenges	Fentanyl Citrate 400 mcg Lozenges	22360
Actiq 600 mcg Lozenges	Fentanyl Citrate 600 mcg Lozenges	41339
Actiq 800 mcg Lozenges	Fentanyl Citrate 800 mcg Lozenges	41340
Advair 100-50 Diskus	Fluticasone-Salmeterol 100-50	43366
Advair 250-50 Diskus	Fluticasone-Salmeterol 250-50	43367
Advair 500-50 Diskus	Fluticasone-Salmeterol 500-50	43368
Advair HFA 45-21 mcg Inhaler	Fluticasone-Salmeterol 45-21 HFA Inhaler	61343
Advair HFA 115-21 mcg Inhaler	Fluticasone-Salmeterol 115-21 HFA Inhaler	61344
Advair HFA 230-21 mcg Inhaler	Fluticasone-Salmeterol 230-21 HFA Inhaler	61345
Alphagan P 0.1% Drops	Brimonidine P 0.1% Drops	59668
Alphagan P 0.15% Drops	Brimonidine P 0.15% Drops	48333
Amitiza 24 mcg Capsule	Lubiprostone 24 mcg Capsule	60341
Amitiza 8 mcg Capsule	Lubiprostone 8 mcg Capsule	63946
Apriso ER 0.375 Gram Capsule	Mesalamine 0.375 mg Capsule	64701
Aptensio XR 10mg Capsule	Methylphenidate ER 10 mg Capsule	61443
Aptensio XR 15mg Capsule	Methylphenidate ER 15 mg Capsule	61444
Aptensio XR 20mg Capsule	Methylphenidate ER 20 mg Capsule	61445
Aptensio XR 30mg Capsule	Methylphenidate ER 30 mg Capsule	61446
Aptensio XR 40mg Capsule	Methylphenidate ER 40 mg Capsule	61447
Aptensio XR 50mg Capsule	Methylphenidate ER 50 mg Capsule	61448
Aptensio XR 60mg Capsule	Methylphenidate ER 60 mg Capsule	61449
Banzel 200 mg Tablet	Rufinamide 200 mg Tablet	63076

Banzel 40 mg/ml Suspension	Rufinamide 40 mg/ml Suspension	67131
Banzel 400 mg Tablet	Rufinamide 400 mg Tablet	63077
Bethkis 300 mg/4 ml Ampule	Tobramycin Solution 300 mg/4 ml Ampule	64682
BiDil 20mg-37.5mg Tablet	Isosorbide DN 20mg/Hydralazine 37.5mg	59324
Butrans 10 mcg/hr Patch	Buprenorphine 10 mcg/hr Patch	59590
Butrans 15 mcg/hr Patch	Buprenorphine 15 mcg/hr Patch	71432
Butrans 20 mcg/hr Patch	Buprenorphine 20 mcg/hr Patch	59591
Butrans 5 mcg/hr Patch	Buprenorphine 5 mcg/hr Patch	59589
Butrans 7.5 mcg/hr Patch	Buprenorphine 7.5 mcg/hr Patch	72673
Cipro 10% Suspension	Ciprofloxacin 500 mg/5 ml Suspension	39552
Cipro 5% Suspension	Ciprofloxacin 250 mg/5 ml Suspension	39551
Combigan 0.2%-0.5% Eye Drops	Brimonidine-Timolol 0.2%-0.5%	53407
Copaxone 20 mg/ml Syr	Glatiramer 20 mg/ml Syr	50210
Copaxone 40 mg/ml Syr	Glatiramer 40 mg/ml Syr	71942
Daytrana 10 mg/9 hr Patch	Methylphenidate 10 mg/9 hr Patch	60615
Daytrana 15 mg/9 hr Patch	Methylphenidate 15 mg/9 hr Patch	60616
Daytrana 20 mg/9 hr Patch	Methylphenidate 20 mg/9 hr Patch	60617
Daytrana 30 mg/9 hr Patch	Methylphenidate 30 mg/9 hr Patch	60618
Derma-Smoothe-FS Body Oil	Fluocinolone 0.01% Body Oil	7507
Derma-Smoothe-FS Scalp Oil	Fluocinolone 0.01% Scalp Oil	58950
Dermotic Otic Drops	Fluocinolone 0.01% Otic Drops	60055
Dexilant DR 30 mg Cap	Dexlansoprazole DR 30 mg Cap	64793
Dexilant DR 60 mg Cap	Dexlansoprazole DR 60 mg Cap	64794
Diclegis 10-10 DR	Doxylamine Succinate/Pyridoxine HCL 10-10 DR	4722
Dymista Nasal Spray	Azelastine/Fluticasone Prop Nasal Spray	69144
Elidel 1% Cream	Pimecrolimus 1% Cream	49724
Exelon 13.3 mg/24 hr Patch	Rivastigmine 13.3 mg/24 hr Patch	69938
Exelon 4.6 mg/24 hr Patch	Rivastigmine 4.6 mg/24 hr Patch	62870
Exelon 9.5 mg/24 hr Patch	Rivastigmine 9.5 mg/24 hr Patch	62871
Finacea 15% Gel	Azelaic Acid 15% Gel	51812
Gabitril 12 mg	Tiagabine 12 mg	34738
Gabitril 16 mg	Tiagabine 16 mg	34739
Gabitril 2 mg	Tiagabine 2 mg	44693
Gabitril 4 mg	Tiagabine 4 mg	34737
Gilenya 0.5 mg Capsule	Fingolimod 0.5 mg Capsule	66709
Humalog Kwikpen Mix 75-25	Insulin Lispro Mix 75-25	42076
Invega ER 3 mg tablet	Paliperidone ER 3 mg tablet	61985
Invega ER 6 mg tablet	Paliperidone ER 6 mg tablet	61986

Invega ER 9 mg tablet	Paliperidone ER 9 mg tablet	61987
Kitabis Pak 300 mg/5 ml	Tobramycin Pak 300 mg/5 ml	73201
Lialda 1.2 gm Tablet	Mesalamine 1.2 gm Tablet	62058
Lotemax 0.5% Eye Drops	Loteprednol 0.5% Eye Drops	39106
Natroba 0.9% Topical Susp	Spinosad 0.9% Topical Susp	66988
Nexium DR 10 mg Packet	Esomeprazole DR 10 mg Packet	63668
Nexium DR 20 mg Packet	Esomeprazole DR 20 mg Packet	62245
Nexium DR 40 mg Packet	Esomeprazole DR 40 mg Packet	62246
Novolog 100 U/ml Cartridge	Insulin Aspart 100 U/ml Cartridge	44093
Nuvigil 150 MG Tabs	Armodafinil 150 mg tabs	62819
Nuvigil 200 MG Tabs	Armodafinil 200 mg tabs	72017
Nuvigil 250 MG Tabs	Armodafinil 250 mg tabs	62821
Nuvigil 50 MG Tabs	Armodafinil 50 mg tabs	62820
OxyContin ER 10mg Tablet	Oxycodone ER 10mg Tablet	72862
OxyContin ER 20mg Tablet	Oxycodone ER 20mg Tablet	72864
OxyContin ER 40mg Tablet	Oxycodone ER 40mg Tablet	72866
OxyContin ER 80mg Tablet	Oxycodone ER 80mg Tablet	72868
Paxil 10 mg/5 ml	Paroxetine 10 mg/5 ml	46226
Pradaxa 150 mg	Dabigatran 150 mg	66781
Pradaxa 75 mg	Dabigatran 75mg	63997
ProAir or Ventolin HFA Inhaler	Albuterol HFA Inhaler	28090
Protonix 40 mg Suspension	Pantoprazole 40 mg Suspension	63700
Provigil 100 mg	Modafinil 100 mg	25848
Provigil 200 mg	Modafinil 200 mg	41478
Pylera Capsules	Bismuth-Metro-Tetr 140-125-125	62462
Renvela 800 mg Tablet	Sevelamer Carbonate 800 mg Tablet	63473
Renvela 800 mg Packet	Sevelamer Carbonate 800 mg Packet	65494
Renvela 2400 mg Packet	Sevelamer Carbonate 2400 mg Packet	65495
Restasis 0.05% Eye Emulsion	Cyclosporine 0.05% Eye Emulsion	51820
Retin-A 0.025% Cream	Tretinoin 0.025% Cream	5799
Retin-A 0.05% Cream	Tretinoin 0.05% Cream	5800
Retin-A 0.1% Cream	Tretinoin 0.1% Cream	5801
Retin-A Gel 0.01%	Tretinoin Gel 0.01%	5797
Retin-A Gel 0.025%	Tretinoin Gel 0.025%	5798
Retin-A Micro 0.04% Gel	Tretinoin Micro 0.04% Gel	50417
Retin-A Micro 0.1% Gel	Tretinoin Micro 0.1% Gel	30614
Sabril 500 mg Tablet	Vigabatrin 500 mg Tablet	17870
Saphris 10 mg Tab Sublingual	Asenapine 10 mg Tablet SL	65538

Saphris 2.5 mg Tab Sublingual	Asenapine 2.5 mg Tablet SL	73981
Saphris 5 mg Tab Sublingual	Asenapine 5 mg Tablet SL	65537
Spiriva Handihaler 18 mcg Cap	Tiotropium 18 mcg Cap-Inhaler	50714
Suboxone 12-3 mg Film	Buprenorphine/Naloxone 12-3 mg Film	70262
Suboxone 2-0.5 mg Film	Buprenorphine/Naloxone 2-0.5 mg Film	66635
Suboxone 4-1 mg Film	Buprenorphine/Naloxone 4-1 mg Film	70259
Suboxone 8 mg-2 mg Film	Buprenorphine/Naloxone 8mg-2mg Film	66636
Symbicort 160-4.5 mcg Inhaler	Budesonide-Formoterol 160-4.5 mcg Inhaler	62726
Symbicort 80-4.5 mcg Inhaler	Budesonide-Formoterol 80-4.5 mcg Inhaler	62725
Symbyax 3-25	Olanzapine-fluoxetine 3-25	62878
Symbyax 6-25	Olanzapine-fluoxetine 6-25	53400
Tegretol 100 mg/5 ml Susp	Carbamazepine 100 mg/5 ml Susp	4557
Tegretol 200 mg Tab	Carbamazepine 200 mg Tab	4558
Tegretol XR 100 mg Tab	Carbamazepine ER 100 mg Tab	26868
Tegretol XR 200 mg Tab	Carbamazepine ER 200 mg Tab	16773
Tegretol XR 400 mg Tab	Carbamazepine ER 400 mg Tab	17876
Tekturna 150 mg Tablet	Aliskiren 150 mg Tablet	62289
Tekturna 300 mg Tablet	Aliskiren 300 mg Tablet	62288
Toviaz ER 4 mg Tablet	Fesoterodine 4 mg Tablet	64000
Toviaz ER 8 mg Tablet	Fesoterodine 8 mg Tablet	64001
Tracleer 125 mg Tablet	Bosentan 125 mg tablet	48987
Tracleer 62.5 mg Tablet	Bosentan 62.5 mg tablet	48988
Transderm-Scop 1.5 mg/3 day	Scopolamine 1 mg/3 Day Patch	4704
Travatan Z 0.004% Eye Drop	Travoprost 0.004% Eye Drop	47612
Vagifem 10 mcg Vaginal Tab	Estradiol 10 mcg Vaginal Insert	65966
Vascepa 0.5 gm Cap	Icosapent Ethyl 0.5 gm Cap	76660
Vascepa 1 gm Cap	Icosapent Ethyl 1 gm Cap	69960
Viibryd 10 mg Tab	Vilazodone 10 mg Tab	67376
Viibryd 20 mg Tab	Vilazodone 20 mg Tab	67377
Viibryd 40 mg Tab	Vilazodone 40 mg Tab	67378
Vyvanse 10 mg Cap	Lisdexamfetamine 10 mg Cap	73292
Vyvanse 10 mg Chew Tab	Lisdexamfetamine 10 mg Chew	77083
Vyvanse 20 mg Cap	Lisdexamfetamine 20 mg Cap	63645
Vyvanse 20 mg Chew Tab	Lisdexamfetamine 20 mg Chew	77142
Vyvanse 30 mg Cap	Lisdexamfetamine 30 mg Cap	62283
Vyvanse 30 mg Chew Tab	Lisdexamfetamine 30 mg Chew	77143
Vyvanse 40 mg Cap	Lisdexamfetamine 40 mg Cap	63646
Vyvanse 40 mg Chew Tab	Lisdexamfetamine 40 mg Chew	77144

Vyvanse 50 mg Cap	Lisdexamfetamine 50 mg Cap	62284
Vyvanse 50 mg Chew Tab	Lisdexamfetamine 50 mg Chew	77145
Vyvanse 60 mg Cap	Lisdexamfetamine 60 mg Cap	63647
Vyvanse 60 mg Chew Tab	Lisdexamfetamine 60 mg Chew	77146
Vyvanse 70 mg Cap	Lisdexamfetamine 70 mg Cap	62285
Xopenex HFA 45 mcg Inhaler	Levalbuterol HFA 45 mcg Inhaler	58890
Zovirax 5% Cream	Acyclovir 5% Cream	18315

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 Jan. 2024

Electronic Cutoff Schedule	Checkwrite Date
Dec. 28, 2023	Jan. 3, 2024
Jan. 4, 2024	Jan. 9, 2024
Jan. 11, 2024	Jan. 17, 2024
Jan. 18, 2024	Jan. 23, 2024
Jan. 25, 2024	Jan. 30, 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 2023 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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