



An Information Service of the Division of Health Benefits

## North Carolina Medicaid Pharmacy Newsletter

*Number 328*

*April 2021*

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## April 2021 Drug Use Review (DUR) Board Meeting

The next DUR Board meeting will be held virtually on April 22, 2021. Please use the link below to register to attend.

<https://attendee.gototraining.com/rt/6947685746464106498>

After registering you will receive a confirmation email containing information about joining the training.

### Attention: Pharmacies

#### JANSSEN COVID-19 Vaccine (N/A) HCPCS code 91303: Billing Guidelines

Janssen COVID-19 vaccine is authorized for use under an Emergency Use Authorization (EUA) for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 18 years of age and older. Effective with date of service Feb 27, 2021, the Medicaid and NC Health Choice programs cover Janssen COVID-19 Vaccine (N/A) for use in the Physician Administered Drug Program (PADP) when billed with HCPCS code 91303 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free,  $5 \times 10^{10}$  viral particles/0.5mL dosage, for intramuscular use.

Janssen COVID-19 vaccine is a preservative-free suspension for injection in a multiple dose vial. It is administered intramuscularly as a single dose (0.5 mL). See full prescribing information for further detail.

The CDC has released Interim Guidance for Immunization Services during the COVID-19 pandemic. This guidance is intended to help immunization providers in a variety of clinical and alternative settings with the safe administration of vaccines during the COVID-19 pandemic.

If you have any questions about product-specific information, please contact the Immunization Branch help desk at 877-873-6247 and press option 6.

#### For Medicaid and NC Health Choice Billing

- The ICD-10-CM diagnosis code(s) required for billing is/are: Z23 - Encounter for immunization
- Providers must bill with HCPCS code: 91303 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free,  $5 \times 10^{10}$  viral particles/0.5mL dosage, for intramuscular use
- One Medicaid and NC Health Choice unit of coverage is: 0.5 mL (1 dose)
- The maximum reimbursement rate per unit is: N/A (federally supplied)
- Providers must bill 11-digit NDCs and appropriate NDC units. The NDCs is/are: 59676-0580-05, 59676-0580-15
- The NDC units should be reported as "UN1."
- The fee schedule for the PADP is available on NC Medicaid's [PADP web page](#).

#### Important Claims Information:

- Medicaid and NC Health Choice will reimburse at the Medicare approved COVID-19 vaccination administration rate at \$28.39 for vaccine administered prior to March 15, 2021. The rate will

increase to the Centers for Medicare & Medicaid Services' (CMS) increased Medicare rate of \$40 per dose for vaccine administered on and after March 15, 2021.

- Claims must have appropriate NDCs that correspond to the vaccine used for administration and corresponding CPT code
- Claims must contain both administration codes and vaccine codes to pay
- Vaccine codes should be reported as \$0.00
- Medicaid and NC Health Choice do not allow copays to be charged for COVID-19 immunization or administrations
- COVID-19 vaccines are exempt from the Vaccines For Children (VFC) program
- **Pharmacies may administer Janssen COVID-19 vaccines to any Medicaid and NC Health Choice beneficiary 18 years and older.** All other vaccines (non-COVID-19 vaccines), that are approved by the NC Board of Pharmacy to be administered by a pharmacist, are only permissible to be administered at a pharmacy for Medicaid beneficiaries 19 years and older.
- TJ modifier should be appended to all NC Health Choice claims (through 18 years)
- EP modifier should be appended to all non-NC Health Choice (only Medicaid beneficiaries) younger than 21 years of age
- CG modifier should be appended to **ALL COVID-19 vaccine AND administration** claims submitted by a pharmacy participating in the immunization program

### COVID-19 Vaccine Billing Codes for Medicaid Beneficiaries

#### Vaccine CPT Codes for ALL Covid-19 Vaccines to Report

| Vaccine CPT Code to Report | NDC   | CPT Code Description  |
|----------------------------|---|---|
| 91300                      | 59267-1000-01,<br>59267-1000-02,<br>59267-1000-03 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use                                    |
| 91301                      | 80777-0273-10,<br>80777-0273-99                   | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use  |
| 91303                      | 59676-0580-05, 59676-0580-15                      | 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 <sup>10</sup> viral particles/0.5mL dosage, for intramuscular use. |

**Administrative CPT Codes for ALL Covid-19 Vaccines to Bill**

| <b>Administration<br/>CPT Code(s) to<br/>Bill</b> | <b>CPT Code Description</b>  |
|---|--|
| 0001A   | 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/0.3mL dosage, diluent reconstituted; first dose                                    |
| 0002A   | 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/0.3mL dosage, diluent reconstituted; second dose                                   |
| 0011A   | 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, 100 mcg/0.5mL dosage; first dose  |
| 0012A   | 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, 100 mcg/0.5mL dosage; second dose   |
| 0031A   | 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 <sup>10</sup> viral particles/0.5mL dosage, single dose |

NCTracks Call Center 800-688-6696

**Medicaid Rate Increases for COVID-19 Vaccine Administration Codes**

Effective March 15, 2021, NC Medicaid is aligning reimbursement for COVID-19 vaccine administration with the Centers for Medicare & Medicaid Services’ (CMS) increased Medicare rate of \$40 per dose. This higher payment rate will support important actions taken by providers, including pharmacies who vaccinate, that are designed to increase the number of vaccines they can furnish each day. At a time when vaccine supply is growing, NC Medicaid is supporting provider efforts to expand capacity and ensure that all NC Medicaid beneficiaries can be vaccinated against COVID-19 as soon as possible.

NC Medicaid is increasing the reimbursement rate for administration of each dose of the following COVID-19 Vaccines:

- 91300 Pfizer-BioNTech COVID-19 Vaccine,
- 91301 Moderna COVID-19 Vaccine
- 91303 Janssen COVID-19 Vaccine

This means that starting on March 15, 2021, for single dose COVID-19 vaccines, Medicaid will pay \$40 for its administration, and for COVID-19 vaccines requiring multiple doses, Medicaid will pay \$40 for each dose in the series.

Medicaid and NC Health Choice claims submitted with dates of service prior to March 15, 2021 will continue to be reimbursed at the Medicare approved COVID-19 vaccination administration first dose rate of \$16.94 and the second dose rate of \$28.39.

Please refer to previously released Special Medicaid Bulletins # 152 and # 160 at the following links for COVID-19 Vaccine billing guidance: *(please note any references to rates has been replaced by this bulletin)*

- <https://medicaid.ncdhhs.gov/blog/2021/01/21/special-medicaid-bulletin-covid-19-152-billing-guidance-covid-19-vaccines>
- <https://medicaid.ncdhhs.gov/blog/2021/03/15/special-bulletin-covid-19-160-janssen-covid-19-vaccine-hcpcs-code-91303-and-0031a>

NCTracks Call Center: 800-688-6696

### Rebate Eligible Drug Coverage Guidelines

The CMS Medicaid Prescription Drug Rebate Program was established to help offset the federal and state costs of most outpatient prescription drugs dispensed to Medicaid patients.

For prescription drugs, either through a medical claim or a point of sale pharmacy claim, to be covered by North Carolina Medicaid the specific national drug code (NDC) being submitted MUST be from a manufacturer that participates in the CMS Medicaid Drug Rebate Program.

If a provider has a question of whether a manufacturer’s NDC is a participating product, a provider has two options. A provider may contact the NCTracks Help Desk at 800-688-6696 or may look up the medication by name or NDC on the NCTracks website Drug Search lookup tool (<https://www.nctracks.nc.gov/publicPortal/pub/druglookup/>).

### Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of April 1, 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    |

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| 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            |
| Aggrenox 25 mg-200 mg Capsule | Aspirin-Dipyridamole 25mg-200 mg Capsule |
| 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              |
| 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                   |
| 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              |
| Fazacllo 100 mg ODT           | Clozapine 100 mg ODT                         |
| 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                               |
| Glyset 100 mg                 | Miglitol 100 mg                              |
| Glyset 25 mg                  | Miglitol 25 mg                               |
| Glyset 50 mg                  | Miglitol 50 mg                               |
| Humalog 100 units/ml Vial     | Insulin Lispro 100 units/ml Vial             |
| Humalog Kwikpen 100 units/ml  | Insulin Lispro 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 Mix 70-30 Pen        |
| Novolog Mix 70-30 Vial       | Insulin Aspart 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              |
| 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       |
| Suprax 100 mg/5 ml Susp       | Cefixime 100 mg/5 ml Susp                 |
| Suprax 200 mg/5 ml Susp       | Cefixime 200 mg/5 ml Susp                 |
| Suprax 400 mg Capsule         | Cefixime 400 mg Capsule                   |
| 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 12-50                 | Olanzapine-fluoxetine 12-50               |
| Symbyax 3-25                  | Olanzapine-fluoxetine 3-25                |
| Symbyax 6-25                  | Olanzapine-fluoxetine 6-25                |
| Symbyax 6-50                  | Olanzapine-fluoxetine 6-50                |
| 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                |
| Vagifem 10 mcg Vaginal Tab    | Estradiol 10 mcg Vaginal Insert           |
| Vesicare 10 mg Tab            | Solifenacin Succinate 10 mg Tab           |
| Vesicare 5 mg Tab             | Solifenacin Succinate 5 mg Tab            |
| Xopenex HFA 45 mcg Inhaler    | Levalbuterol Tar HFA 45 mcg Inhaler       |
| Zovirax 5% Cream              | Acyclovir 5% Cream                        |

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 May 2021

### Electronic Cutoff Schedule

April 29, 2021  
 May 8, 2021  
 May 15, 2021  
 May 20, 2021

### Checkwrite Date

May 4, 2021  
 May 11, 2021  
 May 18, 2021  
 May 25, 2021

*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 DHB 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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