



An Information Service of the Division of Health Benefits

## North Carolina Medicaid Pharmacy Newsletter

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## NC Medicaid Managed Care Pharmacy Billing and Contracting Information

Beginning July 1, 2021, approximately 1.6 million NC Medicaid and NC Health Choice beneficiaries will transition to having their health care benefits through Medicaid Managed Care Prepaid Health Plans (PHPs). This transition includes the pharmacy benefits of these beneficiaries as well. To be able to serve these beneficiaries that will be enrolled in a PHP after 7/1/2021 a pharmacy must be enrolled as an NC Medicaid provider, in addition to being enrolled with the beneficiary's PHP. Please see below for PHPs that will serve beneficiaries, their pharmacy processing information, and provider contracting information.

<i>Prepaid Health Plan</i>	<i>PBM Processor</i>	<i>BIN Number</i>	<i>PCN</i>	<i>Rx Group Number</i>
AmeriHealth Caritas	PerformRx	019595	PRX00801	N/A
Carolina Complete Health	Envolve Rx (back end CVS Health)	004336	MCAIDADV	RX5480
Healthy Blue (BCBS of NC)	IngenioRx (back end CVS Health)	020107	NC	8473
United Healthcare	Optum Rx	610494	4949	ACUNC
WellCare of NC	CVS Health	004336	MCAIDADV	RX8904

For PHP provider contracting information for all 5 of the PHPs listed above, please visit the following page on the NC Medicaid website:

<https://medicaid.ncdhhs.gov/transformation/health-plans/health-plan-contacts-and-resources>

### Attention: Pharmacy Providers Reminder Regarding the Naloxone Standing Order

North Carolina's standing order for naloxone, signed by the State Health Director in 2016, authorizes any pharmacist practicing in the state of North Carolina and licensed by the North Carolina Board of Pharmacy to dispense naloxone to any person who meets set criteria.

Narcan nasal spray and naloxone (ampule/syringe/vial) are listed as preferred on the North Carolina Medicaid Preferred Drug List for beneficiaries who are at risk of an opioid overdose. NC Medicaid covers Narcan/naloxone through the outpatient pharmacy benefit using either the Naloxone Standing Order or a prescription issued to a beneficiary. Pharmacies are encouraged to dispense naloxone when medically appropriate. For more information on the use of naloxone, visit [www.naloxonesaves.org](http://www.naloxonesaves.org).

## **New Preferred Drug List (Pdl) Begins 6/1/2021**

Effective June 1, 2021, the North Carolina Medicaid and NC Health Choice PDL will be updated to reflect changes made based on the March 25, 2021 PDL Panel meeting. Below is a summary of the changes:

### ANTICONVULSANTS

#### SECOND GENERATION

- Add Fintepla® Solution, Valtoco® Nasal Spray, Xocopri® Tablet/Titration Pak as Non-Preferred products

### ANTI-INFECTIVES – SYSTEMIC ANTIBIOTICS

#### PENICILLINS, CEPHALOSPORINS AND RELATED

- Brand/generic switch to make cefixime capsule/suspension (generic for Suprax® Capsule/Suspension) Preferred and Suprax® Capsule/Chewable/Suspension Non-Preferred

#### NITROMIDAZOLES

- Add Dificid® Suspension as Non-Preferred with criteria “Trial and failure of vancomycin only for treatment of clostridium difficile”

#### ANTIVIRALS (HEPATITIS C AGENTS)

- Add Harvoni® Pellet Pack and Sovaldi® Pellet Packet as Non-Preferred products; Notification also that sofosbuvir-velpatasvir (generic for Epclusa® Tablet) was made a Preferred option for all genotypes without cirrhosis.

#### ANTIVIRALS (INFLUENZA)

- Move Tamiflu® Capsule from Preferred to Non-Preferred

### BEHAVIORAL HEALTH

#### ANTIHYPERKINESIS / ADHD

- Add methylphenidate ER capsule (generic for Aptensio® XR) as a Non-Preferred product

#### ATYPICAL ANTIPSYCHOTICS ORAL

- Add Caplyta™ Capsule as a Non-Preferred product

### CARDIOVASCULAR

#### ANGIOTENSIN II RECEPTOR BLOCKERS

- Move olmesartan tablet (generic for Benicar® Tablet) from Non-Preferred to Preferred status

#### ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

- Move amlodipine-olmesartan tablet (generic for Azor®) and amlodipine-olmesartan-HCTZ (generic for Tribenzor® Tablet) from Non-Preferred to Preferred status

#### ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

- Move Olmesartan-HCTZ (generic for Benicar® HCT Tablet) from Non-Preferred to Preferred status

#### CHOLESTEROL LOWERING AGENTS

- Add Nexletol® and Nexlizet® as Non-Preferred products

#### ORAL PULMONARY HYPERTENSION

- Move tadalafil tablet (generic for Adcirca® Tablet) from Non-Preferred to Preferred product. Add exemption for sildenafil suspension (generic for Revatio® suspension) to process as Preferred for ages less than 12.

### CENTRAL NERVOUS SYSTEM

#### ANTIMIGRAINE AGENTS

- Add Nurtec™ ODT Tablet, Ubrelvy™ Tablet and Vyepti™ Vial as Non-Preferred products; clinical criteria “Trial and Failure of Preferred agents in this category not required for treatment of acute migraine” applies for Nurtec™ ODT and Ubrelvy™ Tablet

#### ANTIPARKINSON & RESTLESS LEG SYNDROME AGENTS

- Add Kynmobi™ SL Film and Ongentys® Capsule as Non-Preferred products

#### MULTIPLE SCLEROSIS

- Category is now split into injectable and oral.

#### INJECTABLE

- Add Kesimpta® Injection as Non-Preferred injectable product.

#### ORAL

- Add Bafiertam™ Capsule, dimethyl fumarate DR capsule (generic for Tecfidera® capsule) and Zeposia® Starter Pack/Capsule as Non-Preferred products.

#### SEDATIVE HYPNOTICS

- Add Dayvigo™ Tablet as a Non-Preferred product

## ENDOCRINOLOGY

### HYPOGLYCEMICS – RAPID ACTING INSULIN

- Add insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior), Lyumjev™ U-100 KwikPen®/Vial, and Lyumjev™ U-200 KwikPen® as Non-Preferred products. Move branded Humalog U-100 Junior KwikPen® from Non-Preferred to Preferred status

### HYPOGLYCEMICS INJECTABLE – LONG ACTING INSULIN

- Add Semglee™ Pen/Vial as Non-Preferred product

### HYPOGLYCEMICS – PREMIXED RAPID COMBINATION INSULIN

- Add insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 mix) as a Non-Preferred product

### GLP-1 RECEPTOR AGONISTS AND COMBINATIONS

- Move Trulicity® Pen from Non-Preferred to Preferred. In addition the category criteria changed to “Requires trial and failure or insufficient response to metformin containing products (*except for diabetic beneficiaries with ASCVD, heart failure, or CKD*) unless contraindicated or documented adverse event when using either a preferred or a non-preferred GLP-1 Receptor Agonist and Combination.”

### BIGUANIDES AND COMBINATIONS

- Add metformin solution (generic for Riomet® Solution) as a Non-Preferred product; add an exemption for beneficiaries younger than 12 years of age for metformin solution

### DPP-IV INHIBITORS AND COMBINATIONS

- Move Onglyza® tablet from Non-Preferred to Preferred, add Trijardy® XR Tablet as a Non-Preferred product

### SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR AND COMBINATION

- Change to clinical criteria for category to “For use in Type 2 Diabetes Mellitus, requires trial and failure or insufficient response to metformin containing products (*except for diabetic beneficiaries with ASCVD, heart failure, or CKD*) unless contraindicated or documented adverse event when using either a preferred or a non-preferred SGLT2 Inhibitor or Combination. When the primary indication is heart failure, no trial and failure of metformin containing products is required.”

## GASTROINTESTINAL

### H. PYLORI COMBINATIONS

- Add Helidac® Therapy Pack and Talicia® Capsule as Non-Preferred products

#### PROTON PUMP INHIBITORS

- Add esomeprazole magnesium packet (generic for Nexium® RX Packet) and pantoprazole suspension (generic for Protonix®) as Non-Preferred products

#### GENITOURINARY / RENAL

##### URINARY ANTISPASMODICS

- Brand/generic switch moving Vesicare® Tablet from Preferred to Non-Preferred and move solifenacin tablet (generic for Vesicare® Tablet) from Non-Preferred to Preferred

#### OPHTHALMIC

##### ALLERGIC CONJUNCTIVITIS AGENTS

- Add Zerviate™ Drops as a Non-Preferred product

#### OSTEOPOROSIS

##### BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Add teriparatide injection (generic for Forteo® Injection) as a Non-Preferred product

#### OTIC

##### ANTIBIOTICS

- Move ofloxacin drops (generic for Floxin®) from Non-Preferred to Preferred; add ciprofloxacin-dexamethasone suspension (generic for Ciprodex®) as a Non-Preferred

#### RESPIRATORY

##### BETA ADRENERGIC HANDHELD, SHORT ACTING

- Move albuterol inhaler (generic for Proair® HFA Inhaler/Proventil® HFA Inhaler/Ventolin® HFA Inhaler), Proair® Respiclick®, Proventil® HFA Inhaler, Ventolin® HFA Inhaler, and Xopenex® HFA Inhaler from Preferred to Non-Preferred status

##### ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS

- Move Anoro® Ellipta® Inhaler from Non-Preferred to Preferred; move Spiriva® Respimat® Inhalation Spray from Non-Preferred to Preferred; remove exemption from 1.25mcg Spiriva® Respimat® product of “Exemption from trial and failure of preferred drugs for Spiriva®

Respimat® 1.25mcg when used for Asthma but must be used concurrently with an inhaled corticosteroid or inhaled corticosteroid/beta agonist combination and remove class criteria of “Trial and failure of either Spiriva® Handihaler® or Stiolto® Respimat® only required to obtain a non-preferred drug in this class.”

#### INHALED CORTICOSTEROID

- Move Flovent® Diskus from Non-Preferred to Preferred, Add ArmonAir™ Digihaler™ as a Non-Preferred product

#### INHALED CORTICOSTEROID COMBINATIONS

- Move Advair® HFA Inhaler from Non-Preferred to Preferred, Add AirDuo® Digihaler™ and Breztri™ Aerosphere™ as Non-Preferred products

#### INTRANASAL RHINITIS AGENTS

- Add azelastine-fluticasone nasal spray (generic for Dymista®) as a Non-Preferred product

#### TOPICALS

##### ACNE AGENTS

- Move Epiduo® Forte from Non-Preferred to Preferred status, add Aktipak™ Pouch and Arazlo™ Lotion as Non-Preferred products.

##### ANDROGENIC AGENTS

- Brand/generic switch moving Androgel® Pump to Preferred and testosterone pump (generic for Androgel®) to Non-Preferred; add Natesto® Nasal Gel as a Non-Preferred product.

##### NSAIDS

- Add Licart™ Patch as a Non-Preferred product

##### ANTIBIOTICS

- Add Xepi™ Cream as a Non-Preferred product

##### ANTIBIOTICS - VAGINAL

- Move Nuvessa® Vaginal gel from Non-Preferred product to Preferred

##### ROSACEA AGENTS

- Add Zilxi™ Foam as a Non-Preferred product

##### HIGH POTENCY STEROIDS

- Add Halog® Solution as a Non-Preferred Product

#### MISCELLANEOUS

## GLUCOCORTICOID STEROIDS, ORAL

- Add Hemady™ Tablet and Ortikos™ Capsule as Non-Preferred Products

## IMMUNOMODULATORS, SYSTEMIC

- Add Avsola® Injection, Enspryng™ Injection and Uplizna® Vial as Non-Preferred products.

## IMMUNOSUPPRESSANTS

- Add everlimus tablet (generic for Zortress® Tablet) as a Preferred product

## DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES

- Move Freestyle Libre™ 2 Reader from Non-Preferred to Preferred, move Freestyle Libre™ 2 Sensor from Non-Preferred to Preferred

## DIABETIC SUPPLIES

- Add ACCU-CHEK® Guide 100 count test strips.

**Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of May 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
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
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
Fazaclo 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 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
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
Zovirax 5% Ointment	Acyclovir 5% Ointment
Brand Name	Generic Name
Actiq 1200 mcg Lozenges	Fentanyl Citrate 1200 mcg Lozenges

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 June 2021

### Electronic Cutoff Schedule

May 27, 2021

June 3, 2021

June 10, 2021

June 17, 2021

### Checkwrite Date

June 2, 2021

June 8, 2021

June 15, 2021

June 22, 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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