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Relyvrio End of Coverage and Removal from NC Medicaid Preferred Drug List (PDL)

Amylyx Pharmaceuticals has formally announced that Relyvrio (sodium phenylbutyrate and taurursodiol) is no longer available to new patients as of April 4, 2024. Amylyx has initiated a process with the U.S. Food and Drug Administration (FDA) to voluntarily discontinue the drug and remove it from the market.

According to a [press release](#) from the manufacturer, patients currently receiving treatment who, in consultation with their physician, wish to continue can be transitioned to a free drug program.

As a result of this announcement, Relyvrio is no longer covered at point-of-sale, effective April 4, 2024 and the product will be removed from the NC Medicaid [Preferred Drug List \(PDL\)](#).

Reminder on NC Medicaid Pharmacy Co-payment Requirements

DHB recently received questions regarding Medicaid beneficiaries who cannot pay pharmacy copays for medication. A provider cannot refuse to provide services if a beneficiary cannot pay a copay at the time of service. The issue is addressed in Pharmacy Policy 9 under section 5.5 Copayments. The specific guidance with reference is below.

5.5.1 Medicaid Co-payment Requirements

An eligible Medicaid beneficiary, who receives prescribed drugs, is required to make a copayment of \$4.00 for each prescription received unless they are exempt for one of the reasons listed below in Subsection 5.5.2. A provider may not deny services to any Medicaid beneficiary because of the individual's inability to pay a deductible, coinsurance or co-payment amount. A provider may not willfully discount copays for a Medicaid beneficiary, and an individual's inability to pay does not eliminate his or her liability for the cost sharing charge. The provider shall open an account for the beneficiary, collect the amount owed at a later date, and document all attempts to collect the 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 May 1, 2024

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
Advair 100-50 Diskus	Fluticasone-Salmeterol 100-50
Advair 250-50 Diskus	Fluticasone-Salmeterol 250-50

Advair 500-50 Diskus	Fluticasone-Salmeterol 500-50
Advair HFA 45-21 mcg Inhaler	Fluticasone-Salmeterol 45-21 HFA Inhaler
Advair HFA 115-21 mcg Inhaler	Fluticasone-Salmeterol 115-21 HFA Inhaler
Advair HFA 230-21 mcg Inhaler	Fluticasone-Salmeterol 230-21 HFA Inhaler
Alphagan P 0.1% Drops	Brimonidine P 0.1% Drops
Alphagan P 0.15% Drops	Brimonidine P 0.15% Drops
Amitiza 24 mcg Capsule	Lubiprostone 24 mcg Capsule
Amitiza 8 mcg Capsule	Lubiprostone 8 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
Banzel 200 mg Tablet	Rufinamide 200 mg Tablet
Banzel 40 mg/ml Suspension	Rufinamide 40 mg/ml Suspension
Banzel 400 mg Tablet	Rufinamide 400 mg Tablet
Bethkis 300 mg/4 ml Ampule	Tobramycin Solution 300 mg/4 ml Ampule
BiDil 20mg-37.5mg Tablet	Isosorbide DN 20mg/Hydralazine 37.5mg
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
Cipro 10% Suspension	Ciprofloxacin 500 mg/5 ml Suspension
Cipro 5% Suspension	Ciprofloxacin 250 mg/5 ml Suspension
Combigan 0.2%-0.5% Eye Drops	Brimonidine-Timolol 0.2%-0.5%
Copaxone 20 mg/ml Syr	Glatiramer 20 mg/ml Syr
Copaxone 40 mg/ml Syr	Glatiramer 40 mg/ml Syr
Daytrana 10 mg/9 hr Patch	Methylphenidate 10 mg/9 hr Patch
Daytrana 15 mg/9 hr Patch	Methylphenidate 15 mg/9 hr Patch
Daytrana 20 mg/9 hr Patch	Methylphenidate 20 mg/9 hr Patch
Daytrana 30 mg/9 hr Patch	Methylphenidate 30 mg/9 hr Patch
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

Dexilant DR 30 mg Cap	Dexlansoprazole DR 30 mg Cap
Dexilant DR 60 mg Cap	Dexlansoprazole DR 60 mg Cap
Diclegis 10-10 DR	Doxylamine Succinate/Pyridoxine HCL 10-10 DR
Dymista Nasal Spray	Azelastine/Fluticasone Prop Nasal Spray
Elidel 1% Cream	Pimecrolimus 1% Cream
Exelon 13.3 mg/24 hr Patch	Rivastigmine 13.3 mg/24 hr Patch
Exelon 4.6 mg/24 hr Patch	Rivastigmine 4.6 mg/24 hr Patch
Exelon 9.5 mg/24 hr Patch	Rivastigmine 9.5 mg/24 hr Patch
Farxiga 10 mg	Dapagliflozin 10 mg
Farxiga 5 mg	Dapagliflozin 5 mg
Humalog Kwikpen Mix 75-25	Insulin Lispro Mix 75-25
Invega ER 3 mg tablet	Paliperidone ER 3 mg tablet
Invega ER 6 mg tablet	Paliperidone ER 6 mg tablet
Invega ER 9 mg tablet	Paliperidone ER 9 mg tablet
Kitabis Pak 300 mg/5 ml	Tobramycin Pak 300 mg/5 ml
Lialda 1.2 gm Tablet	Mesalamine 1.2 gm Tablet
Lotemax 0.5% Eye Drops	Loteprednol 0.5% Eye Drops
Natroba 0.9% Topical Susp	Spinosad 0.9% Topical Susp
Nexium DR 10 mg Packet	Esomeprazole DR 10 mg Packet
Nexium DR 20 mg Packet	Esomeprazole DR 20 mg Packet
Nexium DR 40 mg Packet	Esomeprazole DR 40 mg Packet
Novolog 100 U/ml Cartridge	Insulin Aspart 100 U/ml Cartridge
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
OxyContin ER 10mg Tablet	Oxycodone ER 10mg Tablet
OxyContin ER 20mg Tablet	Oxycodone ER 20mg Tablet
OxyContin ER 40mg Tablet	Oxycodone ER 40mg Tablet
OxyContin ER 80mg Tablet	Oxycodone ER 80mg Tablet
Paxil 10 mg/5 ml	Paroxetine 10 mg/5 ml
Pradaxa 150 mg	Dabigatran 150 mg
Pradaxa 110 mg	Dabigatran 110 mg
Pradaxa 75 mg	Dabigatran 75 mg
ProAir or Ventolin HFA Inhaler	Albuterol HFA Inhaler
Protonix 40 mg Suspension	Pantoprazole 40 mg Suspension
Provigil 100 mg	Modafinil 100 mg
Provigil 200 mg	Modafinil 200 mg

Pylera Capsules	Bismuth-Metro-Tetr 140-125-125
Renvela 800 mg Tablet	Sevelamer Carbonate 800 mg Tablet
Renvela 800 mg Packet	Sevelamer Carbonate 800 mg Packet
Renvela 2400 mg Packet	Sevelamer Carbonate 2400 mg Packet
Restasis 0.05% Eye Emulsion	Cyclosporine 0.05% Eye Emulsion
Retin-A 0.025% Cream	Tretinoin 0.025% Cream
Retin-A 0.05% Cream	Tretinoin 0.05% Cream
Retin-A 0.1% Cream	Tretinoin 0.1% Cream
Retin-A Gel 0.01%	Tretinoin Gel 0.01%
Retin-A Gel 0.025%	Tretinoin Gel 0.025%
Retin-A Micro 0.04% Gel	Tretinoin Micro 0.04% Gel
Retin-A Micro 0.1% Gel	Tretinoin Micro 0.1% Gel
Sabril 500 mg Tablet	Vigabatrin 500 mg Tablet
Saphris 10 mg Tab Sublingual	Asenapine 10 mg Tablet SL
Saphris 2.5 mg Tab Sublingual	Asenapine 2.5 mg Tablet SL
Saphris 5 mg Tab Sublingual	Asenapine 5 mg Tablet SL
Spiriva Handihaler 18 mcg Cap	Tiotropium 18 mcg Cap-Inhaler
Suboxone 12-3 mg Film	Buprenorphine/Naloxone 12-3 mg Film
Suboxone 2-0.5 mg Film	Buprenorphine/Naloxone 2-0.5 mg Film
Suboxone 4-1 mg Film	Buprenorphine/Naloxone 4-1 mg Film
Suboxone 8 mg-2 mg Film	Buprenorphine/Naloxone 8mg-2mg Film
Symbicort 160-4.5 mcg Inhaler	Budesonide-Formoterol 160-4.5 mcg Inhaler
Symbicort 80-4.5 mcg Inhaler	Budesonide-Formoterol 80-4.5 mcg Inhaler
Symbyax 3-25	Olanzapine-fluoxetine 3-25
Symbyax 6-25	Olanzapine-fluoxetine 6-25
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
Toviaz ER 4 mg Tablet	Fesoterodine 4 mg Tablet
Toviaz ER 8 mg Tablet	Fesoterodine 8 mg Tablet
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
Vascepa 0.5 gm Cap	Icosapent Ethyl 0.5 gm Cap
Vascepa 1 gm Cap	Icosapent Ethyl 1 gm Cap
Viibryd 10 mg Tab	Vilazodone 10 mg Tab
Viibryd 20 mg Tab	Vilazodone 20 mg Tab
Viibryd 40 mg Tab	Vilazodone 40 mg Tab
Vyvanse 10 mg Cap	Lisdexamfetamine 10 mg Cap
Vyvanse 10 mg Chew Tab	Lisdexamfetamine 10 mg Chew
Vyvanse 20 mg Cap	Lisdexamfetamine 20 mg Cap
Vyvanse 20 mg Chew Tab	Lisdexamfetamine 20 mg Chew
Vyvanse 30 mg Cap	Lisdexamfetamine 30 mg Cap
Vyvanse 30 mg Chew Tab	Lisdexamfetamine 30 mg Chew
Vyvanse 40 mg Cap	Lisdexamfetamine 40 mg Cap
Vyvanse 40 mg Chew Tab	Lisdexamfetamine 40 mg Chew
Vyvanse 50 mg Cap	Lisdexamfetamine 50 mg Cap
Vyvanse 50 mg Chew Tab	Lisdexamfetamine 50 mg Chew
Vyvanse 60 mg Cap	Lisdexamfetamine 60 mg Cap
Vyvanse 60 mg Chew Tab	Lisdexamfetamine 60 mg Chew
Vyvanse 70 mg Cap	Lisdexamfetamine 70 mg Cap
Xopenex HFA 45 mcg Inhaler	Levalbuterol HFA 45 mcg Inhaler
Zovirax 5% Cream	Acyclovir 5% Cream

When a PDL class has a preferred brand with a non-preferred generic, providers requesting prior approval for the non-preferred generic should give a clinical reason why the beneficiary cannot use the brand.

72-Hour Emergency Supply Available for Pharmacy Prior Authorization Drugs

Pharmacy providers are encouraged to use the 72-hour emergency supply allowed for drugs requiring prior approval. **Federal law requires that this emergency supply be available to Medicaid beneficiaries for drugs requiring prior approval** (Social Security Act, Section 1927, [42 U.S.C. 1396r-8\(d\)\(5\)\(B\)](#)). Use of this emergency supply will ensure access to medically necessary medications.

The system will bypass the prior approval requirement if an emergency supply is indicated. **Use a “3” in the Level of Service field (418-DI) to indicate that the transaction is an emergency fill.**

Note: Copayments will apply. There is no limit to the number of times the emergency supply can be used.

Checkwrite Schedule for June 2024

Electronic Cutoff Schedule

May 30, 2024
June 6, 2024
June 13, 2024

Checkwrite Date

June 4, 2024
June 11, 2024
June 18, 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 2024 checkwrite schedules for both NC Medicaid and DMH/DPH/ORH can be found under the Quick Links on the right side of the home page.

Angela Smith, PharmD, DHA, BCPS, FACHE
Director of Pharmacy, DME/POS, Hearing &
Optical, and Ancillary Services
Division of Health Benefits, NC Medicaid
N.C. Department of Health and Human Services

Janelle White, MD, MHCM
Chief Medical Officer
Division of Health Benefits
N.C. Department of Health and Human Services

Sandra Terrell, MS, RN
Director of Clinical Programs and Policy
Division of Health Benefits
N.C. Department of Health and Human Services

Rick Paderick, R.Ph.
Pharmacy Director
NCTracks
GDIT

Jay Ludlam
Deputy Secretary for NC Medicaid
Division of Health Benefits
N.C. Department of Health and Human Services

Bonnie Williams
Deputy Executive Account Director
NCTracks
GDIT

Paul Guthery
Executive Account Director
NCTracks
GDIT