



An Information Service of the Division of Health Benefits

**North Carolina
Medicaid Pharmacy
Newsletter**

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Billing Limits

Providers are reminded to ensure NC Medicaid is not being billed for more total units than are ordered on a prescription. For example, if a prescription is written for 100 grams of a topical cream with no refills, NC Medicaid should not be billed for more than 100 grams total for that prescription.

As a reminder, the maximum supply for all drugs is a 34-day supply unless the medication meets the criteria described below to obtain a 90-day supply.

Birth Control Therapies:

Up to three months of birth control medications and prepackaged hormone replacement therapies are allowed.

Generic, Non-Controlled Maintenance Medications:

Medicaid and NCHC beneficiaries may obtain a 90-day supply of other medications if the claim is for a generic, non-controlled, maintenance medication and the beneficiary has had a previous 30-day fill of the same medication. The claim must also pay at either the National Average Drug Acquisition Cost (NADAC) generic price or the State Maximum Allowable Cost (SMAC) rate for a 90-day supply to be allowed. If the product is deleted from the SMAC list, then the beneficiary may obtain up to a 34-day supply. This is at the sole discretion of the beneficiary's health care provider. Only one co-pay is collected and only one dispensing fee is paid for the 90-day supply.

NC Medicaid and NC Health Choice Preferred Drug List (PDL) Changes

Effective July 1, 2019, NC Medicaid will make changes to the [NC Medicaid and NC Health Choice Preferred Drug List](#). Below is a quick summary (not a complete exhaustive list) of the changes.

ANALGESICS (OPIOID ANALGESIC, LONG ACTING)

- Move tramadol ER tablet to Long Acting Opioid analgesic category (from short acting)
- Move tramadol ER tablet to Preferred status from Non-Preferred

ANALGESICS (SHORT ACTING SCHEDULE II OPIOIDS)

- Add Apadaz™ tablet to Non-Preferred status
- Add Oxaydo® tablet to Non-Preferred status

ANALGESICS (SHORT ACTING SCHEDULE III-IV OPIOIDS / ANALGESIC COMBINATIONS)

- Move tramadol ER tablet to Long Acting opioid analgesic category and move to Preferred status
- Move Conzip® capsule to Long Acting opioid analgesic category and leave it as a Non-Preferred product

ANALGESICS (NEUROPATHIC PAIN)

- Add ZTLido™ to Non-Preferred status with clinical criteria

ANTICONVULSANTS (SECOND GENERATION)

- Add clobazam suspension / tablet to Non-Preferred status

- Add Epidiolex® solution to Non-Preferred status with an exception made for children ≥ 2 years old with Lennox-Gastaut Syndrome or Dravet Syndrome

ANTI-INFECTIVES (NITROMIDAZOLES)

- Add Firvanq™ to Non-Preferred status

ANTI-INFECTIVES (TETRACYCLINE DERIVATIVES)

- Add Minocin® to Non-Preferred status
- Add Nuzyra™ to Non-Preferred status

ANTI-INFECTIVES (ANTIFUNGALS)

- Add Tolsura™ capsule to Non-Preferred status

ANTI-INFECTIVES - ANTIVIRALS (HEPATITIS B AGENTS)

- Move Epivir® HBV Tablet / Solution to Non-Preferred status from Preferred status
- Move lamivudine HBV tablet (generic for Epivir® HBV) to Preferred status from Non-Preferred status

ANTI-INFECTIVES - ANTIVIRALS (HEPATITIS C AGENTS)

- Add sofosbuvir-velpatasvir tablet (generic of Epclusa® tablet) to Preferred status for recipients with Hepatitis C, all genotypes with decompensated cirrhosis. Note that the same clinical criteria as branded Epclusa® tablet will apply to this product.
- Move Epclusa® tablet to Non-Preferred status from Preferred status
- Add ledipasvir-sofosbuvir (generic for Harvoni Epclusa® tablet tablet) to Non-Preferred status. The same clinical criteria as branded Harvoni apply to this generic version.

ANTI-INFECTIVES - ANTIVIRALS (INFLUENZA)

- Remove amantadine capsule / solution (generic for Symmetrel®) from this PDL category
- Add Xofluza™ to Non-Preferred status

ANTI-INFECTIVES (INHALED ANTIBIOTICS)

- Add Arikayce® to Non-Preferred status

BEHAVIORAL HEALTH (ANTIHYPERKINESIS/ADHD)

- Move clonidine ER tablet to Preferred status from Non-Preferred status. This move was made on 1/28/2019 due to recipient access issues from Kapvay® becoming a CMS non-rebateable product.
- Move Dyanavel® XR suspension to Preferred status from Non-Preferred status

BEHAVIORAL HEALTH (ATYPICAL ANTIPSYCHOTICS- INJECTABLE LONG ACTING)

- Add Aristada® Initio™ syringe to Preferred status
- Move Perseris® syringe to Preferred status from Non-Preferred status

BEHAVIORAL HEALTH (ATYPICAL ANTIPSYCHOTICS – ORAL)

- Add Abilify® MyCite® to Non-Preferred status

CARDIOVASCULAR (ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS)

- Move Exforge® HCT to Non-Preferred status from Preferred status

- Move amlodipine/valsartan/HCTZ tablet (generic for Exforge® HCT) to Preferred status from Non-Preferred status
- Move Exforge® to Non-Preferred status from Preferred status

CARDIOVASCULAR (ANTI-ARRHYTHMICS)

- Move dofetilide capsule (generic for Tikosyn® capsule) to Preferred status from Non-Preferred status

CARDIOVASCULAR (BETA BLOCKERS)

- Add Tenormin® to Non-Preferred status
- Add Kapsargo™ Sprinkle to Non-Preferred status, with an exemption for children < 12 years of age

CARDIOVASCULAR (BILE ACID SEQUESTRANTS)

- Add colesevelam packet / tablet (generic for Welchol®) to Non-Preferred status

CARDIOVASCULAR (DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS)

- Move nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) to Preferred status from Non-Preferred status. This move was made 12/14/2018 due to product discontinuation of Afeditab CR® and Nifedical XL®.

CENTRAL NERVOUS SYSTEM (ANTIMIGRAINE AGENTS - CGRP BLOCKERS/MODULATORS)

- Add CGRP Blockers/Modulators as a new PDL subcategory under Antimigraine Agents. All drugs in this category have clinical criteria for coverage.
- Add Aimovig™ and Emgality® to Preferred status
- Add Ajovy™ to Non-Preferred status

CENTRAL NERVOUS SYSTEM (ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS)

- Add Osmolex™ ER tablet to Non-Preferred status with clinical criteria for coverage

CENTRAL NERVOUS SYSTEM (MULTIPLE SCLEROSIS)

- Add dalfampridine ER tablet (generic of Ampyra® tablet) to Preferred status

ENDOCRINOLOGY (HYPOGLYCEMICS- INJECTABLE, RAPID ACTING INSULIN)

- Add Humalog® U-100 KwikPen® / vial to Preferred status. This is a clarification / FYI only; as this has been processing this way.
- Add Humalog® U-100 cartridge / U-100 Junior KwikPen® to Non-Preferred status. This is a clarification / FYI only; as this has been processing this way.
- Add Humalog® U-200 KwikPen® to Non-Preferred status. This is a clarification / FYI only; as this has been processing this way.

ENDOCRINOLOGY - HYPOGLYCEMICS (INJECTABLE, SHORT ACTING INSULIN)

- Add Humulin® R U500 vial to Preferred status. This is a clarification / FYI only; as this has been processing this way.

ENDOCRINOLOGY – HYPOGLYCEMICS (INJECTABLE, LONG ACTING INSULIN)

- Add Toujeo® Max SoloStar® to Non-Preferred status.

ENDOCRINOLOGY – HYPOGLYCEMICS (INJECTABLE, PREMIXED 70/30 COMBINATION INSULIN)

- Add Novolin® 70/30 FlexPen® to Non-Preferred status.
- Move Humulin® 70/30 KwikPen® to Preferred status from Non-Preferred status

GASTROINTESTINAL (ANTIEMETIC-ANTIVERTIGO AGENTS)

- Add Compro® rectal to Non-Preferred status
- Move promethazine ampule / vial (generic for Phenergan®) to Preferred status from Non-Preferred status

GASTROINTESTINAL (PROTON PUMP INHIBITORS)

- Move lansoprazole Rx capsule (generic for Prevacid® Rx capsule) to Preferred status from Non-Preferred status

GASTROINTESTINAL (ULCERATIVE COLITIS – ORAL)

- Add budesonide ER tablet (generic for Uceris®) to Non-Preferred status

GASTROINTESTINAL (ULCERATIVE COLITIS – RECTAL)

- Add mesalamine suppository (generic for Canasa®) to Non-Preferred status

GENITOURINARY / RENAL (BENIGN PROSTATIC HYPERPLASIA TREATMENTS)

- Add silodosin capsule (generic for Rapaflo®) to Non-Preferred status
- Add tadalafil tablet (generic for Cialis®) to Non-Preferred status. Clinical criteria apply for coverage.

HEMATOLOGIC (COLONY STIMULATING FACTORS)

- Add Udenyca™ Syringe to Non-Preferred status

HEMATOLOGIC (HEMATOPOIETIC AGENTS)

- Add Retacrit® vial to Non-Preferred status

HEMATOLOGIC (THROMBOPOIESIS STIMULATING AGENTS)

- Add Promacta® suspension to Preferred status
- Add Tavalisse™ tablet to Non-Preferred status

OPHTHALMIC (ANTIBIOTICS)

- Move Neo-Polycin® ophthalmic ointment (branded generic for Neosporin® Ophthalmic Ointment) to Non-Preferred status from Non-Preferred status

OPHTHALMIC (ANTI-INFLAMMATORY)

- Add Bromsite™ solution to Non-Preferred status
- Add Dexycu™ vial to Non-Preferred status
- Add Inveltys™ drops to Non-Preferred status
- Add Yutiq™ implant to Non-Preferred status

OPHTHALMIC (ANTI-INFLAMMATORY / IMMUNOMODULATOR)

- Add Cequa™ drops to Non-Preferred status

OPHTHALMIC (CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS)

- Add dorzolamide/timolol PF drops (generic for Cosopt PF®) to Non-Preferred status

OPHTHALMIC (PROSTAGLANDIN AGONISTS)

- Add Xelpros® drops to Non-Preferred status

RESPIRATORY (BETA ADRENERGIC HANDHELD, SHORT ACTING)

- Add albuterol HFA inhaler (generic for Proair® HFA inhaler) to Non-Preferred status
- Add albuterol HFA inhaler (generic for Ventolin® HFA inhaler) to Non-Preferred status
- Add levalbuterol HFA inhaler (generic for Xopenex® HFA inhaler) to Non-Preferred status

RESPIRATORY (ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS)

- Add Yulpelri™ solution to Non-Preferred status

RESPIRATORY (CORTICOSTEROID COMBINATIONS)

- Add fluticasone/salmeterol inhaler (generic for Advair® Diskus®) to Non-Preferred status
- Add Wixela™ Inhub™ to Non-Preferred status

RESPIRATORY (INTRANASAL RHINITIS AGENTS)

The panel approves the PDL proposal for INTRANASAL RHINITIS AGENTS with the following changes:

- Add Sinuva™ implant to Non-Preferred status

TOPICALS (ACNE AGENTS)

- Add adapalene solution to Non-Preferred status
- Add clindamycin/benzoyl peroxide with pump (generic for Acanya®) to non-Preferred status
- Add Plixda® swabs to Non-Preferred status

TOPICALS (NSAIDS)

The panel approves the PDL proposal for NSAIDS with the following changes:

- Add DermacinRx® Lexitral PharmaPak® to Non-Preferred status

TOPICALS (ANTIFUNGALS)

- Add miconazole/zinc oxide/petrolatum ointment (generic for Vusion®) to Non-Preferred status with clinical criteria to match the branded Vusion® product

TOPICALS (ANTIPARASITICS)

- Add Crotan™ lotion to Non-Preferred status

TOPICALS (IMMUNOMODULATORS - ATOPIC DERMATITIS)

- Add pimecrolimus cream (generic for Elidel®) to Non-Preferred status

TOPICALS (IMMUNOMODULATORS – IMIDAZOQUINOLINAMINES)

The panel approves the PDL proposal for TOPICAL IMMUNOMODULATORS, IMIDAZOQUINOLINAMINES with the following changes:

- Add Veregen® ointment to Non-Preferred status

TOPICALS (ROSACEA AGENTS)

- Add azelaic acid gel (generic for Finacea® gel) to Non-Preferred status

TOPICALS (STEROIDS - HIGH POTENCY)

- Add desoximetasone spray (generic for Topicort®) to Non-Preferred status

TOPICALS (STEROIDS - VERY HIGH POTENCY)

- Add Bryhali™ lotion to Non-Preferred status
- Add halobetasol propionate foam (generic for Lexette®) to Non-Preferred status
- Add Lexette® foam to Non-Preferred status

MISCELLANEOUS (EPINEPHRINE - SELF INJECTED)

- Clarifying that all self-injected epinephrine products have quantity limits that apply. This has been the case, but it has not been listed on the PDL document.
- Add Symjepi™ to Non-Preferred status

MISCELLANEOUS (PROGESTATIONAL AGENTS)

- Move hydroxyprogesterone caproate injection single dose vial to Preferred status from Non-Preferred status
- Move Makena auto injector to Preferred status from Non-Preferred status
- Both of these PDL updates were made for access reasons on 12/27/2018 due to Makena vials being on manufacturer backorder.

MISCELLANEOUS (IMMUNOMODULATORS – SYSTEMIC)

- Add Ilumya® injection to Non-Preferred status
- Add Olumiant® tablet to Non-Preferred status

Preferred Brands with Non-Preferred Generics List

Current as of July 1, 2019

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 Diskus 100-50	fluticasone-salmeterol 100-50
Advair Diskus 250-50	fluticasone-salmeterol 250-50
Advair Diskus 500-50	fluticasone-salmeterol 500-50
Aggrenox	aspirin-dipyridamole ER
Alphagan P 0.15% Drops	brimonidine P 0.15% Drops

Androgel 1.62% Gel Pump	testosterone 1.62% gel pump
Astepro 0.15% Nasal Spray	azelastine 0.15% nasal spray
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
Canasa 1,000 mg Suppository	mesalamine 1,000 mg suppository
Catapres-TTS 1	clonidine 0.1 mg/day patch
Catapres-TTS 2	clonidine 0.2 mg/day patch
Catapres-TTS 3	clonidine 0.3 mg/day patch
Cipro 10% Suspension	ciprofloxacin 500 mg/5 ml suspension
Cipro 5% Suspension	ciprofloxacin 250 mg/5 ml 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 syringe
Copaxone 40 mg/ml Syr	glatiramer 40 mg/ml syringe
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
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 125 mg Capsule	aprepitant 125 mg capsule
Emend 40 mg Capsule	aprepitant 40 mg capsule
Emend 80 mg Capsule	aprepitant 80 mg capsule
Epiduo Gel	adapalene/benzoyl peroxide gel
Eryped 400mg/5ml suspension	erythromycin 400mg/5ml suspension
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
Fazaclo 12.5 mg ODT	clozapine 12.5 mg ODT
Fazaclo 150 mg ODT	clozapine 150 mg ODT
Fazaclo 200 mg ODT	clozapine 200 mg ODT

Fazaclo 25 mg ODT	clozapine 25 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
Kadian ER 10 mg	morphine sulfate ER capsules 10 mg
Kadian ER 100 mg	morphine sulfate ER capsules 100 mg
Kadian ER 20 mg	morphine sulfate ER capsules 20 mg
Kadian ER 30 mg	morphine sulfate ER capsules 30 mg
Kadian ER 40 mg	morphine sulfate ER capsules 40 mg
Kadian ER 50 mg	morphine sulfate ER capsules 50 mg
Kadian ER 60 mg	morphine sulfate ER capsules 60 mg
Kadian ER 80 mg	morphine sulfate ER capsules 80 mg
Kitabis Pak 300 mg/5 ml	tobramycin pak 300 mg/5 ml
Letairis 5mg	ambrisentan 5mg
Letairis 10mg	ambrisentan 10mg
Lialda 1.2 gm Tablet	mesalamine 1.2 gm tablet
Lotemax 0.5% eye drops	loteprednol etabonate eye drops
Lovenox 300 mg/3 ml Vial	enoxaparin 300 mg/3 ml vial
Makena 1,250 mg/5 ml Vial	hydroxyprogesterone 1,250 mg/5 ml vial
Methylin 10 mg/5 ml Soltuion	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
MetroLotion 0.75% Lotion	metronidazole 0.75% lotion
Mitigare 0.6 mg capsules	colchicine 0.6 mg capsules
Natroba 0.9% Topical Susp	spinosad 0.9% topical susp
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
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 10 mg	oxycodone ER 10 mg
Oxycontin 15 mg	oxycodone ER 15 mg
Oxycontin 20 mg	oxycodone ER 20 mg
Oxycontin 30 mg	oxycodone ER 30 mg
Oxycontin 40 mg	oxycodone ER 40 mg
Oxycontin 60 mg	oxycodone ER 60 mg
Oxycontin 80 mg	oxycodone ER 80 mg
Pataday 0.2% Drops	olopatadine 0.2% drops
ProAir HFA/Proventil HFA	albuterol HFA inhaler
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
Ranexa ER 500mg	ranolazine ER 500mg
Ranexa ER 1000mg	ranolazine ER 1000mg
Renagel 400mg	sevelamer 400mg
Renagel 800mg	sevelamer 800mg
Renvela 0.8 gm powder pkt	sevelamer 0.8 gm powder pkt
Renvela 2.4 gm powder pkt	sevelamer 2.4 gm powder pkt
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%
Sabril Powder Pack	vigabatin powder pack
Suboxone 2 mg-0.5 mg Film	buprenorphine/naloxone 2mg-0.5mg film
Suboxone 4 mg-1 mg Film	buprenorphine/naloxone 4mg-1mg film
Suboxone 8 mg-2 mg Film	buprenorphine/naloxone 8mg-2mg film
Suboxone 12 mg-3 mg Film	buprenorphine/naloxone 12mg-3mg 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
Supraz 400 mg capsule	cefixime 400 mg capsule
Symbyax 12-25	olanzepine-fluoxetine 12-25
Symbyax 12-50	olanzepine-fluoxetine 12-50
Symbyax 3-25	olanzepine-fluoxetine 3-25
Symbyax 6-25	olanzepine-fluoxetine 6-25

Symbyax 6-50	olanzepine-fluoxetine 6-50
Tamiflu 30 mg Caps	oseltamivir 30 mg caps
Tamiflu 45 mg Caps	oseltamivir 45 mg caps
Tamiflu 6 mg/ml Suspension	oseltamivir 6 mg/ml suspension
Tamiflu 75 mg Caps	oseltamivir 75 mg caps
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 150mg Tablet	aliskiren 150mg tablet
Tekturna 300mg Tablet	aliskiren 300mg tablet
TobraDex Eye Drops	tobramycin-dexamethasone drops
Transderm-Scop 1.5 mg/3 day	scopolamine 1 mg/3 day patch
Vagifem 10 mcg Vaginal Tab	estradiol 10 mcg vaginal insert
Vigamox 0.5% Eye Drops	moxifloxacin 0.5% eye drops
Voltaren 1% Gel	diclofenac 1% gel
Xenazine 12.5 mg Tablets	tetrabenazine 12.5 mg tablets
Xenazine 25 mg Tablets	tetrabenazine 25 mg tablets
Zovirax 5% Cream	acyclovir 5% cream
Zovirax 5% Ointment	acyclovir 5% ointment

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 July 2019

Electronic Cutoff Schedule

June 28, 2019
 July 5, 2019
 July 12, 2019
 July 19, 2019
 July 26, 2019

Checkwrite Date

July 2, 2019
 July 9, 2019
 July 16, 2019
 July 23, 2019
 July 30, 2019

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 2019 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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 Executive Account Director
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