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North Carolina Medicaid Pharmacy Newsletter

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Over-the-Counter COVID-19 Tests for Home Use

Effective Jan. 10, 2022, NC Medicaid enrolled pharmacy providers may bill POS for FDA approved OTC COVID-19 tests dispensed for use by NC Medicaid beneficiaries in a home setting. The test can be dispensed with or without a prescription issued by an active NC Medicaid enrolled provider. The implementation date for POS claims submission is Jan. 10, 2022, for NC Medicaid Direct. Refer to the managed care plan of the beneficiary for implementation date guidance.

NC Medicaid will cover one kit per claim per date of service. A maximum of eight tests are allowed every rolling 30 days. The eight total tests could be mixed and matched between one-test kits or two-test kits to get a total of eight tests.

A [State Standing Order](#) has been issued for the OTC COVID 19 test for home use.

Another option is to submit the claim using the pharmacy NPI unless the test is prescribed by a Medicaid enrolled provider.

Pharmacies must follow the NCPDP standard and use the NDC found on the package. Reimbursement is at a NDC specific SMAC. Copayment will not apply. Covered test kits with the SMAC are listed below.

| Test Name | NDC | # Tests in Kit | Billing Unit | SMAC |
|---|-------------|----------------|--------------|-----------------------------|
| Quickvue At-Home Covid-19 Test | 14613033972 | 2 | 2 | \$14.50/test; \$29.00/ kit |
| Intelliswab Covid-19 Rapid Test | 08337000158 | 2 | 2 | \$14.50/test; \$29.00/kit |
| IHEALTH Covid-19 AG Rapid Test | 56362000589 | 2 | 2 | \$10.50/test; \$21.00/kit |
| Flowflex Covid-19 AG Home Test | 82607066027 | 2 | 2 | \$12.49/test; \$24.98/kit |
| Flowflex Covid-19 AG Home Test | 82607066026 | 1 | 1 | \$14.99/test; \$14.99/kit |
| Ellume Covid-19 Home Test | 56964000000 | 2 | 2 | \$18.77/test; \$37.54/kit |
| Carestart Covid-19 AG Home Test | 50010022431 | 2 | 2 | \$16.23/test; \$32.46/kit |
| Binaxnow Covid-19 AG Self Test | 11877001140 | 2 | 2 | \$13.83/test; \$27.66/kit |
| Pixel Covid-19 Home Collection Kit | 00042022224 | 1 | 1 | 129.99/test; \$129.99/kit |
| Lucira Check-It Covid-19 Test | 10055097004 | 1 | 1 | \$80.00/test; \$80.00/kit |
| Everlywell Covid-19 Home Collection Kit | 51044000842 | 1 | 1 | \$114.00/test; \$114.00/kit |

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of Dec.28, 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 |

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| 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 |
| Androgel Pump | Testosterone Gel Pump |
| 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 |

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| 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 |
| Durezol 0.05% Eye Drops | Difluprednate 0.05% Eye Drops |
| 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 |
| 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 |
| Humalog 100 units/ml Vial | Insulin Lispro 100 units/ml Vial |
| Humalog Kwipen 100 units/ml | Insulin Lispro 100 units/ml |
| Humalog Jr Kwipen 100 units/ml | Insulin Lispro Jr 100 units/ml |
| Humalog Kwipen Mix 75-25 | Insulin Lispro Mix 75-25 |
| Kitabis Pak 300 mg/5 ml | Tobramycin Pak 300 mg/5 ml |

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| 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 Pro Mix 70-30 Pen |
| Novolog Mix 70-30 Vial | Insulin Aspart Pro 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 |
| ProAir HFA Inhaler | Albuterol HFA Inhaler |
| 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 |

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| 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 |
| 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 |

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 February 2022

Electronic Cutoff Schedule

Jan. 27, 2022
Feb. 3, 2022
Feb. 10, 2022
Feb. 17, 2022

Checkwrite Date

Feb. 1, 2022
Feb. 8, 2022
Feb. 16, 2022
Feb. 22, 2022

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 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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