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SPECIAL BULLETIN COVID-19 #254: Pfizer-BioNTech COVID-19 Vaccine: Primary Series for Children Ages 6 Months to Under 5 Years

Effective June 18, 2022, North Carolina Medicaid and NC Health Choice will cover the administration of the primary series of the Pfizer-BioNTech COVID-19 pediatric vaccine for administration to children ages 6 months to under 5 years.

The Pfizer-BioNTech COVID-19 Vaccine is a preservative-free suspension for injection in a multiple dose vial. It is administered intramuscularly as a single dose (0.2 mL). See full prescribing information for further detail.

The Pfizer-BioNTech COVID-19 Vaccine is administered as a primary series of three doses in which the initial two doses are administered three weeks apart followed by a third dose administered at least eight weeks after the second dose in individuals ages 6 months to under 5 years.

Code for Pfizer-BioNTech COVID-19 Pediatric Vaccine Primary Series (children ages 6 months to under 5 years)

- **91308** - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
- **0081A** 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, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose
- **0082A** Second dose
- **0083A** Third dose

Pharmacy providers are ONLY able to vaccinate children ages 3 years and older per the criteria set forth by the [Federal Emergency PREP Act](#).

For Medicaid and NC Health Choice Billing

- The ICD-10-CM diagnosis code required for billing is: Z23 - Encounter for immunization
- Providers must bill with CPT code: 91308
- One Medicaid and NC Health Choice unit of coverage is: 0.2 mL (one dose)
- The maximum reimbursement rate per unit is: N/A (federally supplied)
- Providers must bill 11-digit NDCs and appropriate NDC units. The NDCs are: 59267-0078-01, 59267-0078-04
- 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 of \$65.
- 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 (e.g., 0081A, 0082A, or 0083A for corresponding administration code for first and second pediatric vaccine, respectively).

- 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 Pfizer Pediatric COVID-19 Vaccines to any Medicaid beneficiary (ages 3 years and older) and NC Health Choice beneficiary (ages 6 through 11 years) {in general, during the pandemic, pharmacies have been given authorization to administer any COVID-19 vaccine as per FDA/EUA age approval to Medicaid and/or NC Health Choice beneficiary}. 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 age 19 and older.
- TJ modifier should be appended to all NC Health Choice claims (through age 18).
- EP modifier should be appended to all non-NC Health Choice (only NC Medicaid beneficiaries) younger than age 21.
- CG modifier should be appended to ALL COVID-19 vaccine AND administration claims submitted by a pharmacy participating in the immunization program.
- See the Pfizer-Biontech Covid-19 Vaccine Administration in Patients 6 months through 4 Years Standing Order under Vaccines on [DHB's Guidance page](#) for more info

CONTACT

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SPECIAL BULLETIN COVID-19 #256: Moderna COVID-19 Vaccine – Primary Series for Children 6 Months Through 5 Years of Age

Effective June 18, 2022, Medicaid and NC Health Choice will cover the administration of the primary series of the Moderna COVID-19 pediatric vaccine for administration to children aged 6 months *through* age 5.

Moderna COVID-19 Vaccine is a preservative-free suspension for injection in a multiple dose vial. It is administered intramuscularly as a single dose (0.25 mL). See full prescribing information for further detail.

The Moderna COVID-19 Vaccine is administered as a primary series of 2 doses in which the initial two doses are administered four to eight weeks apart. Immunocompromised patients can receive a 3rd dose 4 weeks after the primary series.

Code for Moderna COVID-19 Pediatric Vaccine Primary Series (children 6 months through 5 years of age)

91311 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use

0111A 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, 25 mcg/0.25 mL dosage; first dose

0112A 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, 25 mcg/0.25 mL dosage; second dose

Pharmacy providers are ONLY able to vaccinate children ages 3 years and older as per the criteria set forth by the [Federal Emergency PREP Act](#).

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 CPT code: 91311
- One Medicaid and NC Health Choice unit of coverage is: 0.25 mL (one dose)
- The maximum reimbursement rate per unit is: N/A (federally supplied)
- Providers must bill 11-digit NDCs and appropriate NDC units. The NDCs are: 80777-0279-05, 80777-0279-99
- 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 \$65
- 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 Moderna PEDIATRIC COVID-19 Vaccines to any Medicaid beneficiary (three years of age and older) and NC Health Choice beneficiary (six through 11 years of age) {in general, during the pandemic, pharmacies have been given authorization to administer any COVID-19 vaccine as per FDA/EUA age approval to Medicaid and/or NC Health Choice beneficiary}. 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 age 19 and older.
- 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
- See the Moderna COVID-19 Vaccine Administration for 6 months through 5 years Standing Order on [DHB's Guidance page](#) for more info

Information on Booster Dose for Moderna

6 months through 5 years **non-immunocompromised**:

- 5 years and older **should** receive a single booster dose of Pfizer-BioNTech at least 5 months following completion of the primary series (2 doses Moderna, or 3 doses Pfizer)
- A booster dose is **not** recommended for 6 months through age 4

6 months through 5 years Primary 3-Dose Series for Immunocompromised:

- Dose 1 to 2 should be 4 weeks apart
- Dose 2 to 3 should be at least 4 weeks apart
- Can use administration code 0112A for Doses 2 and 3
- 5 years and older **should** receive a single booster dose of Pfizer-BioNTech at least 3 months following completion of the 3-dose primary series.
- A booster dose is not recommended for 6 months through age 4

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SPECIAL BULLETIN COVID-19 #257: Moderna Pediatric Vaccine Primary Series for Children Ages 6 Through 11 Years

Effective June 24, 2022, NC Medicaid and NC Health Choice will cover the administration of the primary series of the Moderna COVID-19 pediatric vaccine for administration to children ages 6 through 11 years.

At present, the Moderna “**Booster Only**” formulation can be used to administer primary series doses to children ages 6 to 11. Remember: this product is only authorized for use as the primary series in this age group, and **NOT** for boosters at this time. Pfizer continues to be the product authorized for booster doses in the 6 to 11 age group. In the future, 6 to 11 years Moderna COVID-19 Vaccine will be packaged with a **teal cap** and distributed as a separate product.

Please use the following codes for billing:

- Code 91309 - Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use
- Code 0094A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage

Note: 0094A code may be used to bill for the multiple injection in the primary series of vaccinations until new codes are available. Please note that these codes are also used for billing the Moderna COVID-19 Booster Vaccine as recommended by [CMS](#) for those age 18 and older.

[Provider communication from NCDHHS](#) is available.

The Statewide Standing Order (SWSO) FDA EUA Moderna for ages 6 through 11 and Moderna ages 12 and older are now [published online](#) and available:

- [Statewide Standing Order for Moderna mRNA COVID-19 Vaccine Administration in Patients 6 Years through 11 Years](#) (June 23, 2022)
- [Statewide Standing Order for FDA Authorized Moderna COVID-19 Vaccine Administration in Patients 12 Years and Older](#) (June 23, 2022)

All current SWSOs are available on the NCDHHS webpages for [pharmacists](#) and [providers](#).

Please read and review the fact sheets for healthcare providers:

- Moderna: [Moderna Recipients 6y-11y](#)
- Moderna: [Moderna Recipients 12+](#)
- Moderna: [Product Guide](#)

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PUBLISHED: <https://medicaid.ncdhhs.gov/blog/2022/07/06/special-bulletin-covid-19-257-moderna-pediatric-vaccine>

Pharmacy Point of Sale Overrides

Reports of Medicaid beneficiaries paying out of pocket for covered medications or paying an amount exceeding their cost share is increasingly coming to the attention of the State. It is reported alternate programs, such as GoodRx, are offered by the pharmacy when the claim does not adjudicate successfully when submitted to State.

Pharmacy policy has point of sale (POS) overrides available to help ensure Medicaid beneficiaries are able to obtain covered medications. The pharmacist should be knowledgeable of the below overrides to help ensure medication is dispensed to beneficiaries in a timely manner and at a cost not exceeding their copay amount.

- Early Refill Override – Vacation – Submission clarification code 3
- Early Refill Override – Lost prescription – Submission clarification code 4
- Early Refill Override – Change in Therapy – Submission clarification code 5
- Prior Approval Override – 72 hour EMR supply – Level of Service field code 3

The cost avoidance or other coverage code overrides should always be considered when the claim denial reason is third party liability (TPL). The other coverage codes with an abbreviated descriptions follow. Refer to [Pharmacy Policy 9](#) on the [DHB's Pharmacy Services Clinical Coverage Policies page](#) for the full detail language about cost avoidance.

01= No Other Coverage Identified

02 = Other Coverage Exists - Payment Collected (the member has other coverage, and the payor has returned a payment amount)

03 = Other Coverage Exists - This Claim Not Covered (claim not covered under primary Third-Party Plan)

04 = Other Coverage Exists - Payment Not Collected (used when the member has other coverage and that payor has accepted the claim but did not return any payment)

The above listed overrides are not exhaustive. It is very important for pharmacists to know Medicaid policy and to use available and appropriate overrides to help ensure the beneficiary leaves the pharmacy counter with the needed medications and having paid no more than their copay to obtain it.

North Carolina Medicaid Pharmacy Point of Sale Billing for Pharmacist Prescribed Paxlovid

The [July 6, 2022 FDA Statement](#) authorizes state-licensed pharmacists to prescribe Paxlovid. It is the responsibility of the pharmacist to prescribe Paxlovid in accordance with conditions of the FDA's guidance from July 6.

Only pharmacists credentialed as Clinical Pharmacist Practitioners (CPPs) are enrolled as NC Medicaid providers. This means non-CPP pharmacists prescribing Paxlovid must use the pharmacy NPI as the prescriber on point of sale (POS) pharmacy claims submitted to NC Medicaid. Using the pharmacy NPI will avoid denials for non-enrolled providers. A State standing order will not be issued for Paxlovid.

In addition to the above, the following is applicable to Paxlovid POS claims:

- Reimbursement is the ingredient cost (currently free) plus the professional dispensing fee.
- No copay applies because Paxlovid is for treatment of COVID-19.
- Pharmacist must enter the COVID-19 diagnosis on the claim.

NCTracks system readiness for claims processing is anticipated by July 18, 2022. This pharmacy POS billing guidance will be retroactively effective for July 6, 2022; once claims processing is active, providers may retroactively bill back to the July 6, 2022 start date.

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of June 30, 2022

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
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
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
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
Combigan 0.2%-0.5% Eye Drops	Brimonidine-Timolol 0.2%-0.5%
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
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
Epiduo Forte 0.3-2.5% Gel Pump	Adapalene-BnzyI Perox 0.3-2.5%
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
Flovent HFA 44 mcg Inhaler	Fluticasone Prop HFA 44 mcg Inhaler
Flovent HFA 110 mcg Inhaler	Fluticasone Prop HFA 110 mcg Inhaler
Flovent HFA 220 mcg Inhaler	Fluticasone Prop HFA 200 mcg Inhaler
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 Kwikpen 100 units/ml	Insulin Lispro 100 units/ml
Humalog Jr Kwikpen 100 units/ml	Insulin Lispro Jr 100 units/ml
Humalog Kwikpen Mix 75-25	Insulin Lispro Mix 75-25
Invega ER 1.5 mg tablet	Paliperidone ER 1.5 mg tablet
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
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
OxyContin ER 10mg Tablet	Oxycodone ER 10mg Tablet
OxyContin ER 15mg Tablet	Oxycodone ER 15mg Tablet
OxyContin ER 20mg Tablet	Oxycodone ER 20mg Tablet
OxyContin ER 30mg Tablet	Oxycodone ER 30mg Tablet
OxyContin ER 40mg Tablet	Oxycodone ER 40mg Tablet
OxyContin ER 60mg Tablet	Oxycodone ER 60mg Tablet
OxyContin ER 80mg Tablet	Oxycodone ER 80mg Tablet
ProAir 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
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
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
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
Saphris 2.5 mg Tab Sublingual	Asenapine 2.5 mg Tablet SL
Saphris 5 mg Tab Sublingual	Asenapine 5 mg Tablet SL
Saphris 10 mg Tab Sublingual	Asenapine 10 mg Tablet SL
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
Vagifem 10 mcg Vaginal Tab	Estradiol 10 mcg Vaginal Insert
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 August 2022

Electronic Cutoff Schedule

July 28, 2022
 August 4, 2022
 August 11, 2022
 August 18, 2022
 August 25, 2022

Checkwrite Date

August 3, 2022
 August 9, 2022
 August 16, 2022
 August 23, 2022
 August 30, 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 2022 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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