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State Health Director Standing Orders to be replaced by State Protocols in August 2023

The standing orders created by the State Health Director and Chief Medical Officer for NCDHHS, Dr. Elizabeth Tilson, to support the authorities granted to immunizing pharmacists by [House Bill 96/Session Law 2021-110](#) are sunseting. According to the legislation, the State Health Director Standing Orders shall remain in effect until a joint sub-committee of the NC Board of Pharmacy and Medical Board develops statewide written protocols. In late July, NC Medicaid was informed that the Joint Committee of the Boards agreed to adopt Dr. Tilson's State Standing Orders as State Protocols with an anticipated implementation on August 14, 2023. The following State Standing Orders will sunset when the new State Protocols are implemented:

- [Self-administered oral or transdermal contraceptives](#)
- [Prenatal vitamins](#)
- [Nicotine replacement therapy that is approved by the United States Food and Drug Administration](#)
- [Post-exposure prophylaxis medications for the prevention of human immunodeficiency virus \(HIV\)](#)
- [Glucagon for the treatment of severe hypoglycemia](#)
- **Naloxone Standing Orders and COVID-19 Related Standing Orders will not be converted to protocols. COVID-19 Related Standing Orders will sunset in December of 2024. The Naloxone Standing Orders will remain under the NC State Health Director.*

The protocols are intended for pharmacist use; however, immunizing pharmacists are not currently enrolled providers in NC Medicaid. Until pharmacists have the ability to enroll in NC Medicaid as a provider the pharmacy NPI should be used as the prescriber when utilizing the protocols for a NC Medicaid beneficiary. Future communications will be coming about additional enhancements.

Please send any question or comments to the NCTracks Call Center: 800-688-6696.

Donation of Abandoned Long-Acting Injectable Antipsychotics to a Registered Drug Repository Program

NC Medicaid is updating Clinical Coverage Pharmacy Policy 9 to allow for donation of abandoned Long-Acting Injectable Antipsychotics (LAIs) as defined in the updated policy to a registered Drug Repository Program, as defined under and in accordance with N.C.G.S §90-85.44.

An “abandoned” LAI is defined as a LAI, which has been prescribed for a specific beneficiary, dispensed to the beneficiary’s provider for administration, and the beneficiary either fails to appear for the administration of the LAI and meets the requirements described below, or the provider obtains written documentation of the beneficiary’s refusal to receive the LAI.

For beneficiaries who have not appeared for their appointment, the LAI is considered “abandoned” 30 days past the missed date of administration of the LAI dose and after the provider attempts at least two calls to the beneficiary and has sent the beneficiary a letter of notification regarding the missed LAI dose. The LAI is considered abandoned if there is no response from the beneficiary after the three defined patient outreach attempts from the provider or if the provider documents the beneficiary’s refusal to receive the LAI.

This applies only to unused LAIs when:

- LAI has been ordered by the provider and intended for use by a Medicaid beneficiary.
- Pharmacy has released the LAI to the provider for administration and Medicaid has paid the pharmacy for the LAI.
- Medicaid beneficiary has not appeared for their appointment to receive the LAI or has otherwise declined, in writing, to receive the injection.
- The provider has made at least two phone calls and sent a letter of notification to the Medicaid beneficiary about their failure to appear for their appointment as described below.
- Provider has either been unable to contact the Medicaid beneficiary or the Medicaid beneficiary's intent to abandon the LAI is documented as required in this policy; and
- The dispensing pharmacy is unable to take the medication back.

Medicaid beneficiaries must consent to having their abandoned LAI donated by their provider on their behalf, to a registered Drug Repository Program.

To allow for donation of an abandoned LAI by a patient covered by NC Medicaid, the provider must obtain and keep in the beneficiary's record a signed consent of the beneficiary donor's willingness to donate the abandoned LAI. The provider may satisfy this requirement by obtaining at the initial patient visit where the LAI is prescribed a signed authorization/consent from the Medicaid beneficiary stating that the beneficiary agrees to donate any abandoned doses of the LAI in accordance with [N.C.G.S. §90-85.44](#).

The consent should clearly explain to a beneficiary when the LAI is considered "abandoned" as defined by NC Medicaid Clinical Coverage Policy 9 so that the beneficiary is fully aware of the point at which their medication will be considered abandoned.

Once an LAI is "abandoned," the LAI must be donated to a registered Drug Repository Program in the original unopened container or box as defined under and in accordance with [N.C.G.S. §90-85.44\(b\)](#). The provider shall not re-use or administer the LAI to another patient outside of a registered Drug Repository Program.

In addition, providers must:

- Adhere to all NC Board of Pharmacy procedures and policies with respect to abandoned LAI donation.
- NOT bill Medicaid for administration of the LAI, if the medication is abandoned and donated. Providers should only bill administration fees where the Medicaid beneficiary receives the LAI.
- Clearly document ongoing psychoeducation efforts and medication management decision-making with the beneficiary for any LAI abandoned by a Medicaid beneficiary on three consecutive occasions. This includes consent or withdrawal of consent for ongoing treatment with LAIs, to reduce the likelihood of future LAI abandonment.
- Cooperate with any investigations for fraud, waste, or abuse and monitoring, as providers are subject to Medicaid Provider Participation Agreement terms.

To prevent further waste of expensive LAIs which would have otherwise been wasted, and to allow abandoned LAIs to be made available to qualifying North Carolinians through Drug

Repository Programs, this addition to clinical coverage policy 9A is being posted in advance of policy promulgation and is effective immediately.

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of July 26, 2023

| 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 0.15% 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 |

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| 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 |
| Cipro 10% Suspension | Ciprofloxacin 500 mg/5 ml Suspension |
| Cipro 5% Suspension | Ciprofloxacin 250 mg/5 ml Suspension |
| Ciprodex Otic Suspension | Ciprofloxacin/Dexamethasone 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 |
| Diclegis 10-10 DR | Doxylamine Succinate/Pyridoxine HCL 10-10 DR |
| Durezol 0.05% Eye Drops | Difluprednate 0.05% Eye Drops |
| Elidel 1% Cream | Pimecrolimus 1% Cream |
| EpiPen 0.3 mg Auto-Injector | Epinephrine 0.3 mg Auto-Inject |
| EpiPen Jr 0.15 mg Auto-Injector | Epinephrine 0.15 mg Auto-Inject |
| 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 110 mcg Inhaler | Fluticasone Prop HFA 110 mcg Inhaler |
| Flovent HFA 220 mcg Inhaler | Fluticasone Prop HFA 200 mcg Inhaler |
| Flovent HFA 44 mcg Inhaler | Fluticasone Prop HFA 44 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 |

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| 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 |
| Gilenya 0.5 mg Capsule | Fingolimod 0.5 mg Capsule |
| 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 |
| Latuda 40 mg tablet | Lurasidone 40 mg tablet |
| Latuda 80 mg tablet | Lurasidone 80 mg tablet |
| Latuda 20 mg tablet | Lurasidone 20 mg tablet |
| Latuda 120 mg tablet | Lurasidone 120 mg tablet |
| Latuda 60 mg tablet | Lurasidone 60 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 |
| 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 Vial | Insulin Aspart 100 U Vial |
| Novolog 100 U/ml Cartridge | Insulin Aspart 100 U/ml Cartridge |
| Novolog 100 U/ml FlexPen | Insulin Aspart 100 U/ml Pen |
| 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 |

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| Pradaxa 150 mg | Dabigatran 150 mg |
| Pradaxa 75 mg | Dabigatran 75mg |
| 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 |
| Pylera Capsules | Bismuth-Metro-Tetr 140-125-125 |
| Renvela 800 mg Tablet | Sevelamer Carbonate 800 mg Tablet |
| 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 |
| 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 |
| 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 |

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| 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 |
| Zovirax 5% Cream | Acyclovir 5% Cream |

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.

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 September 2023

Electronic Cutoff Schedule

August 31, 2023
September 7, 2023
September 14, 2023
September 21, 2023

Checkwrite Date

September 6, 2023
September 12, 2023
September 19, 2023
September 26, 2023

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 2023 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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