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North Carolina Medicaid Pharmacy Newsletter

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In This Issue...

[Updates to Hepatitis C Coverage Criteria](#)

[NC Medicaid to Remove Copays for HIV Antiretroviral Medications](#)

[New Vaccine Coverage for Pharmacy Claims](#)

[NC Medicaid Respiratory Syncytial Virus \(RSV\) Pharmacy Guidelines for 2023-2024](#)

[Preferred Drug List \(PDL\) Clarification: Preferred Brand Medications with Non-Preferred Generics](#)

[Preferred Brands with Non-Preferred Generics on the Preferred Drug List \(PDL\)](#)

[72-Hour Emergency Supply Available for Pharmacy Prior Authorization Drugs](#)

[Checkwrite Schedule for Dec. 2023](#)

Updates to Hepatitis C Coverage Criteria

Effective for outpatient claims with dates of service on or after 10/20/2023, Mavyret and generic sofosbuvir/velpatasvir no longer require prior approval. Both Mavyret and generic sofosbuvir/velpatasvir are preferred products on the NC Medicaid Preferred Drug list.

Other changes that went into effect include removal of the requirement for submission of medical records documenting the diagnosis of chronic hepatitis C with genotype and subtype to be submitted with the prior approval request and removal of the requirement to submit quantitative HCV RNA lab analysis.

Prior approvals for all agents in this policy will expire 12 months from approval date and beneficiaries may receive up to 90 day supply of agents in this policy at a time at the pharmacy point of sale.

NC Medicaid to Remove Copays for HIV Antiretroviral Medications

Effective November 1, 2023, in preparation for the launch of NC Medicaid Expansion, NC Medicaid removed all copay requirements for antiretroviral (ARV) medications, which decrease viral load in patients with HIV. This change applies to both NC Medicaid Direct and NC Medicaid Managed Care and covers all FDA-approved ARVs used to treat HIV.

Currently, an eligible Medicaid beneficiary who receives prescribed drugs through the Outpatient Pharmacy benefit is required to pay a \$4 copay for each prescription received unless they are exempt for one of the reasons listed in the [Outpatient Pharmacy Clinical Coverage Policy No. 9](#). This change in policy supports public health efforts to reduce the transmission of HIV.

New Vaccine Coverage for Pharmacy Claims

Effective 10/1/2023, the following vaccines are covered at pharmacy point-of-sale claims for full NC Medicaid beneficiaries:

- Ixiaro® (Japanese encephalitis vaccine, inactivated, adsorbed suspension for intramuscular injection) for ages 19 and up
- Typhim Vi® (typhoid vi polysaccharide vaccine) for ages 19 and up
- Vaxchora® (cholera vaccine, live, oral suspension for oral administration) for ages 19 to 64
- Vivotif® (typhoid vaccine live oral Ty21a) for ages 19 and up
- YF-Vax® (yellow fever vaccine, for subcutaneous use) for ages 19 and up

Pharmacies are allowed to bill NC Medicaid Direct for vaccines on pharmacy claims at point of sale. Immunizing pharmacists are not required to submit vaccine administration claims on medical 837P or CMS 1500 form, but this remains an option for immunizing pharmacists who wish to do so. Additional information can be found in the [Vaccine Immunization Claims Can Be Submitted on Pharmacy Claims for NC Medicaid Direct Beneficiaries](#) published on Nov. 28, 2022.

NC Medicaid Respiratory Syncytial Virus (RSV) Pharmacy Guidelines for 2023-2024

Medicaid Pharmacy Claims Billing for Abrysvo and Arexvy:

Effective Jan. 1, 2016, NC Medicaid will reimburse pharmacies for covered vaccines, including RSV vaccines, as permitted by G.S. 90-85.15B (see below) when administered to NC Medicaid beneficiaries 19 years of age and older by an immunizing pharmacist.

Pharmacies are allowed to bill NC Medicaid Direct for vaccines on pharmacy claims at point of sale. Immunizing pharmacists are not required to submit vaccine administration claims on medical 837P or CMS 1500 form, but this remains an option for immunizing pharmacists who wish to do so. Additional information can be found in the [Vaccine Immunization Claims Can Be Submitted on Pharmacy Claims for NC Medicaid Direct Beneficiaries](#) published on Nov. 28, 2022.

Providers must bill 11-digit NDCs and appropriate NDC units. The NDCs are:

- Abrysvo: 00069-0207-01, 00069-0344-01, 00069-0344-05
- Arexvy: 58160-0848-11

Covered Ages for Abrysvo:

- Effective July 17, 2023, Abrysvo is covered for beneficiaries 60 years of age and older for pharmacy claims.
- Effective Sept. 22, 2023, Abrysvo is covered for beneficiaries 19 years of age and older for pharmacy claims.

Covered Ages for Arexvy: Effective August 1, 2023, Arexvy is covered for beneficiaries 60 years of age and older for pharmacy claims.

For NC Medicaid Managed Care health plans, pharmacy providers should refer to communications from the beneficiaries' plan for Abrysvo/Arexvy claim submission guidance.

- [AmeriHealth Caritas North Carolina, Inc.](#)
- [Carolina Complete Health, Inc.](#)
- [Healthy Blue of North Carolina](#)
- [United Health Care of North Carolina, Inc.](#)
- [WellCare Health Plan](#)

Procedures for Prior Authorization of palivizumab (Synagis®) for RSV Season 2023/2024 – Coverage starts Nov. 1, 2023

The clinical criteria used by NC Medicaid for the 2023/2024 RSV season are consistent with guidance published by the *American Academy of Pediatrics (AAP): 2021 – 2024 Report of the Committee on Infectious Diseases, 32nd Edition*. This guidance for Synagis use among infants and children at increased risk of hospitalization for RSV infection found in the AAP Red Book is available online by subscription. Providers are encouraged to review the AAP guidance.

Coverage Season

The coverage season is Nov.1, 2023, through March 31, 2024. Coverage for a maximum of five doses within the five-month timeframe is allowed. Request for coverage of a sixth dose will be evaluated under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Request for Coverage under EPSDT

Please submit an EPSDT coverage request using the [Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age](#). The provider should submit an EPSDT:

- For coverage outside of policy criteria (e.g., outside of Guidelines for Evidenced-Based Synagis Prophylaxis referenced below or a sixth dose request)
- For coverage outside the defined coverage period
- If Beyfortus was administered during the current season
- If maternal vaccine Abrysvo was administered during pregnancy

The form is available on the [NCTracks Prior Approval web page](#). Information about EPSDT coverage is found on [Medicaid's Health Check and EPSDT web page](#).

PA Request for Coverage During the RSV Season for NC Medicaid Direct Enrollees

Providers should submit PA requests for coverage of Synagis beginning Oct. 9, 2023.

- The Synagis PA request form for Medicaid Direct beneficiaries is found on the [NCTracks pharmacy services page](#).
- Submit PA requests by fax to NCTracks at 855-710-1969. Call the NCTracks Pharmacy PA Call Center at 866-246-8505 for assistance with submitting a PA request. *Note: The Document-for-Safety application has been discontinued for Synagis PA submission.*

Coverage Requests and Claims Processing for Managed Care Plan Enrollees

Synagis PA and EPSDT requests for beneficiaries enrolled in an NC Medicaid Managed Care Standard Plan should be submitted in accordance with the plans' procedures. Refer to the plans' website or contact their help desk for assistance with the Synagis PA form, EPSDT form and applicable dates. Pharmacy providers should refer to communications from the plans for Synagis claim submission guidance.

- [AmeriHealth Caritas North Carolina, Inc.](#)
- [Carolina Complete Health, Inc.](#)
- [Healthy Blue of North Carolina](#)
- [United Health Care of North Carolina, Inc.](#)
- [WellCare Health Plan](#)

Guidelines for Evidenced-Based Synagis Prophylaxis

- Infants younger than 12 months at start of their **FIRST** RSV season with a diagnosis of:
 - Prematurity - born **before** 29 weeks 0 days gestation
- Infants in their **FIRST** RSV season with a diagnosis of:
 - Chronic Lung Disease (CLD) of prematurity (defined as birth at less than 32 weeks 0 days gestation and requiring greater than 21 percent oxygen for at least 28 days after birth), [**must submit documentation of CLD as defined to meet criteria approval, e.g., NICU discharge summary**].
 - Hemodynamically significant acyanotic heart disease, receiving medication to control congestive heart failure, and will require cardiac surgical procedures.
 - Moderate to severe pulmonary hypertension,
 - Neuromuscular disease or pulmonary abnormality that impairs the ability to clear secretions from the upper airway because of ineffective cough.
 - Cystic Fibrosis with clinical evidence of CLD and/or nutritional compromise
- *Note: Infants in their **FIRST** RSV season with cyanotic heart disease may receive prophylaxis with cardiologist recommendation. Documentation of cardiologist recommendation required.*
- Infants less than 24 months of age in their **SECOND** RSV season with a diagnosis of:
 - CLD of prematurity (see above definition) AND continue to require medical support (supplemental oxygen, chronic corticosteroid or diuretic therapy) during the six-month period before start of **second** RSV season
 - Cystic Fibrosis - with manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in first year or abnormalities on

chest radiography or chest computed tomography that persist when stable) or weight-for-length less than tenth percentile.

- Infants in their **FIRST** or **SECOND** RSV Season:
 - With profound immunocompromise during the RSV season
 - Undergoing cardiac transplantation during the RSV season

Coverage Limitations

Coverage of Synagis for CLD, profound immunocompromise, cardiac transplantation and cystic fibrosis will terminate when the beneficiary exceeds 24 months of age.

If any infant or young child receiving monthly palivizumab prophylaxis experiences a breakthrough RSV hospitalization, coverage of Synagis should be discontinued due to the extremely low likelihood of a second same season hospitalization <0.5%.

Pharmacy Information for Medicaid Direct Claims Submission

Synagis claims processing will begin on Oct. 26, 2023, to allow sufficient time for pharmacies to provide Synagis for administration starting on Nov. 1, 2023. POS claims should not be submitted by the pharmacy prior to the first billable date of service for the season.

Payment of a Synagis claim with a date of service before Oct. 26, 2023, and after March 31, 2024, is not allowed. Use of a POS PA override code is not allowed.

Submit POS claims for EPSDT approved Synagis coverage according to approved time period. Pharmacy providers should always calculate and indicate an accurate day's supply when submitting claims. **Submit POS claims for Synagis doses with multiple vial strengths as a single compound-drug claim. Synagis doses that require multiple vial strengths that are submitted as separate individual claims are subject to recoupment.** Physicians and pharmacy providers are subject to audits of beneficiary records by NC Medicaid.

Preferred Drug List (PDL) Clarification: Preferred Brand Medications with Non-Preferred Generics

Preferred brand medications with non-preferred generics do not require "Medically Necessary" to be written on the prescription. If a prescription is written by its generic name but the brand is preferred on the [NC Medicaid PDL](#), the pharmacy has the responsibility to select the appropriate product to process the claim. A new prescription with the preferred drug brand name written on it is not required.

Example:

- Currently, the preferred albuterol inhaler on the PDL is Ventolin® HFA.
- A prescriber writes a prescription for albuterol HFA inhaler, without specifying any particular brand is medically necessary.
- The pharmacy staff person should select the preferred albuterol HFA inhaler, which in this case is Ventolin®.
- It is not necessary for the prescriber to specify Ventolin® HFA on the prescription for this product selection to occur at the pharmacy nor is it necessary for the pharmacy to contact the prescriber to verify which product should be dispensed (apart from any other points of clarification that the pharmacy staff may need to proceed with the dispensing process).

On the NC Medicaid PDL, albuterol HFA inhalers (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) are currently non-preferred products. Selecting one of the generics for adjudication will result in a denied claim and/or prior authorization request unless the beneficiary has a documented trial and failure of the preferred product(s).

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of Nov. 1, 2023

Brand Name	Generic Name	GSN
Actiq 1200 mcg Lozenges	Fentanyl Citrate 1200 mcg Lozenges	41341
Actiq 1600 mcg Lozenges	Fentanyl Citrate 1600 mcg Lozenges	41342
Actiq 200 mcg Lozenges	Fentanyl Citrate 200 mcg Lozenges	22358
Actiq 400 mcg Lozenges	Fentanyl Citrate 400 mcg Lozenges	22360
Actiq 600 mcg Lozenges	Fentanyl Citrate 600 mcg Lozenges	41339
Actiq 800 mcg Lozenges	Fentanyl Citrate 800 mcg Lozenges	41340
Advair 100-50 Diskus	Fluticasone-Salmeterol 100-50	43366
Advair 250-50 Diskus	Fluticasone-Salmeterol 250-50	43367
Advair 500-50 Diskus	Fluticasone-Salmeterol 500-50	43368
Advair HFA 45-21 mcg Inhaler	Fluticasone-Salmeterol 45-21 HFA Inhaler	61343
Advair HFA 115-21 mcg Inhaler	Fluticasone-Salmeterol 115-21 HFA Inhaler	61344
Advair HFA 230-21 mcg Inhaler	Fluticasone-Salmeterol 230-21 HFA Inhaler	61345
Alphagan P 0.1% Drops	Brimonidine P 0.1% Drops	59668
Alphagan P 0.15% Drops	Brimonidine P 0.15% Drops	48333
Amitiza 24 mcg Capsule	Lubiprostone 24 mcg Capsule	60341
Amitiza 8 mcg Capsule	Lubiprostone 8 mcg Capsule	63946
Apriso ER 0.375 Gram Capsule	Mesalamine 0.375 mg Capsule	64701
Aptensio XR 10mg Capsule	Methylphenidate ER 10 mg Capsule	61443
Aptensio XR 15mg Capsule	Methylphenidate ER 15 mg Capsule	61444
Aptensio XR 20mg Capsule	Methylphenidate ER 20 mg Capsule	61445
Aptensio XR 30mg Capsule	Methylphenidate ER 30 mg Capsule	61446
Aptensio XR 40mg Capsule	Methylphenidate ER 40 mg Capsule	61447
Aptensio XR 50mg Capsule	Methylphenidate ER 50 mg Capsule	61448
Aptensio XR 60mg Capsule	Methylphenidate ER 60 mg Capsule	61449
Banzel 200 mg Tablet	Rufinamide 200 mg Tablet	63076
Banzel 40 mg/ml Suspension	Rufinamide 40 mg/ml Suspension	67131
Banzel 400 mg Tablet	Rufinamide 400 mg Tablet	63077
Bethkis 300 mg/4 ml Ampule	Tobramycin Solution 300 mg/4 ml Ampule	64682
BiDil 20mg-37.5mg Tablet	Isosorbide DN 20mg/Hydralazine 37.5mg	59324
Butrans 10 mcg/hr Patch	Buprenorphine 10 mcg/hr Patch	59590

Butrans 15 mcg/hr Patch	Buprenorphine 15 mcg/hr Patch	71432
Butrans 20 mcg/hr Patch	Buprenorphine 20 mcg/hr Patch	59591
Butrans 5 mcg/hr Patch	Buprenorphine 5 mcg/hr Patch	59589
Butrans 7.5 mcg/hr Patch	Buprenorphine 7.5 mcg/hr Patch	72673
Cipro 10% Suspension	Ciprofloxacin 500 mg/5 ml Suspension	39552
Cipro 5% Suspension	Ciprofloxacin 250 mg/5 ml Suspension	39551
Combigan 0.2%-0.5% Eye Drops	Brimonidine-Timolol 0.2%-0.5%	53407
Copaxone 20 mg/ml Syr	Glatiramer 20 mg/ml Syr	50210
Copaxone 40 mg/ml Syr	Glatiramer 40 mg/ml Syr	71942
Daytrana 10 mg/9 hr Patch	Methylphenidate 10 mg/9 hr Patch	60615
Daytrana 15 mg/9 hr Patch	Methylphenidate 15 mg/9 hr Patch	60616
Daytrana 20 mg/9 hr Patch	Methylphenidate 20 mg/9 hr Patch	60617
Daytrana 30 mg/9 hr Patch	Methylphenidate 30 mg/9 hr Patch	60618
Derma-Smoothe-FS Body Oil	Fluocinolone 0.01% Body Oil	7507
Derma-Smoothe-FS Scalp Oil	Fluocinolone 0.01% Scalp Oil	58950
Dermotic Otic Drops	Fluocinolone 0.01% Otic Drops	60055
Dexilant DR 30 mg Cap	Dexlansoprazole DR 30 mg Cap	64793
Dexilant DR 60 mg Cap	Dexlansoprazole DR 60 mg Cap	64794
Diclegis 10-10 DR	Doxylamine Succinate/Pyridoxine HCL 10-10 DR	4722
Durezol 0.05% Eye Drops	Difluprednate 0.05% Eye Drops	64354
Dymista Nasal Spray	Azelastine/Fluticasone Prop Nasal Spray	69144
Elidel 1% Cream	Pimecrolimus 1% Cream	49724
Exelon 13.3 mg/24 hr Patch	Rivastigmine 13.3 mg/24 hr Patch	69938
Exelon 4.6 mg/24 hr Patch	Rivastigmine 4.6 mg/24 hr Patch	62870
Exelon 9.5 mg/24 hr Patch	Rivastigmine 9.5 mg/24 hr Patch	62871
Finacea 15% Gel	Azelaic Acid 15% Gel	51812
Flovent HFA 110 mcg Inhaler	Fluticasone Prop HFA 110 mcg Inhaler	21251
Flovent HFA 220 mcg Inhaler	Fluticasone Prop HFA 200 mcg Inhaler	21483
Flovent HFA 44 mcg Inhaler	Fluticasone Prop HFA 44 mcg Inhaler	21253
Gabitril 12 mg	Tiagabine 12 mg	34738
Gabitril 16 mg	Tiagabine 16 mg	34739
Gabitril 2 mg	Tiagabine 2 mg	44693
Gabitril 4 mg	Tiagabine 4 mg	34737
Gilenya 0.5 mg Capsule	Fingolimod 0.5 mg Capsule	66709
Humalog Kwikpen Mix 75-25	Insulin Lispro Mix 75-25	42076
Invega ER 1.5 mg tablet	Paliperidone ER 1.5 mg tablet	65667
Invega ER 3 mg tablet	Paliperidone ER 3 mg tablet	61985
Invega ER 6 mg tablet	Paliperidone ER 6 mg tablet	61986

Invega ER 9 mg tablet	Paliperidone ER 9 mg tablet	61987
Kitabis Pak 300 mg/5 ml	Tobramycin Pak 300 mg/5 ml	73201
Latuda 40 mg tablet	Lurasidone 40 mg tablet	66932
Latuda 80 mg tablet	Lurasidone 80 mg tablet	66933
Latuda 20 mg tablet	Lurasidone 20 mg tablet	68448
Latuda 120 mg tablet	Lurasidone 120 mg tablet	69894
Latuda 60 mg tablet	Lurasidone 60 mg tablet	71415
Lialda 1.2 gm Tablet	Mesalamine 1.2 gm Tablet	62058
Lotemax 0.5% Eye Drops	Loteprednol 0.5% Eye Drops	39106
Natroba 0.9% Topical Susp	Spinosad 0.9% Topical Susp	66988
Nexium DR 10 mg Packet	Esomeprazole DR 10 mg Packet	63668
Nexium DR 20 mg Packet	Esomeprazole DR 20 mg Packet	62245
Nexium DR 40 mg Packet	Esomeprazole DR 40 mg Packet	62246
Novolog 100 U/ml Cartridge	Insulin Aspart 100 U/ml Cartridge	44093
Nuvigil 150 MG Tabs	Armodafinil 150 mg tabs	62819
Nuvigil 200 MG Tabs	Armodafinil 200 mg tabs	72017
Nuvigil 250 MG Tabs	Armodafinil 250 mg tabs	62821
Nuvigil 50 MG Tabs	Armodafinil 50 mg tabs	62820
Onglyza 2.5 mg	Saxagliptin 2.5 mg	65430
Onglyza 5 mg	Saxagliptin 5 mg	65431
OxyContin ER 10mg Tablet	Oxycodone ER 10mg Tablet	72862
OxyContin ER 20mg Tablet	Oxycodone ER 20mg Tablet	72864
OxyContin ER 40mg Tablet	Oxycodone ER 40mg Tablet	72866
OxyContin ER 80mg Tablet	Oxycodone ER 80mg Tablet	72868
Paxil 10 mg/5 ml	Paroxetine 10 mg/5 ml	46226
Pradaxa 150 mg	Dabigatran 150 mg	66781
Pradaxa 75 mg	Dabigatran 75mg	63997
ProAir HFA Inhaler	Albuterol HFA Inhaler	28090
Protonix 40 mg Suspension	Pantoprazole 40 mg Suspension	63700
Provigil 100 mg	Modafinil 100 mg	25848
Provigil 200 mg	Modafinil 200 mg	41478
Pylera Capsules	Bismuth-Metro-Tetr 140-125-125	62462
Renvela 800 mg Tablet	Sevelamer Carbonate 800 mg Tablet	63473
Renvela 800 mg Packet	Sevelamer Carbonate 800 mg Packet	65494
Renvela 2400 mg Packet	Sevelamer Carbonate 2400 mg Packet	65495
Restasis 0.05% Eye Emulsion	Cyclosporine 0.05% Eye Emulsion	51820
Retin-A 0.025% Cream	Tretinoin 0.025% Cream	5799
Retin-A 0.05% Cream	Tretinoin 0.05% Cream	5800

Retin-A 0.1% Cream	Tretinoin 0.1% Cream	5801
Retin-A Gel 0.01%	Tretinoin Gel 0.01%	5797
Retin-A Gel 0.025%	Tretinoin Gel 0.025%	5798
Retin-A Micro 0.04% Gel	Tretinoin Micro 0.04% Gel	50417
Retin-A Micro 0.1% Gel	Tretinoin Micro 0.1% Gel	30614
Sabril 500 mg Tablet	Vigabatrin 500 mg Tablet	17870
Saphris 10 mg Tab Sublingual	Asenapine 10 mg Tablet SL	65538
Saphris 2.5 mg Tab Sublingual	Asenapine 2.5 mg Tablet SL	73981
Saphris 5 mg Tab Sublingual	Asenapine 5 mg Tablet SL	65537
Spiriva Handihaler 18 mcg Cap	Tiotropium 18 mcg Cap-Inhaler	50714
Suboxone 12-3 mg Film	Buprenorphine/Naloxone 12-3 mg Film	70262
Suboxone 2-0.5 mg Film	Buprenorphine/Naloxone 2-0.5 mg Film	66635
Suboxone 4-1 mg Film	Buprenorphine/Naloxone 4-1 mg Film	70259
Suboxone 8 mg-2 mg Film	Buprenorphine/Naloxone 8mg-2mg Film	66636
Symbicort 160-4.5 mcg Inhaler	Budesonide-Formoterol 160-4.5 mcg Inhaler	62726
Symbicort 80-4.5 mcg Inhaler	Budesonide-Formoterol 80-4.5 mcg Inhaler	62725
Symbyax 3-25	Olanzapine-fluoxetine 3-25	62878
Symbyax 6-25	Olanzapine-fluoxetine 6-25	53400
Tegretol 100 mg/5 ml Susp	Carbamazepine 100 mg/5 ml Susp	4557
Tegretol 200 mg Tab	Carbamazepine 200 mg Tab	4558
Tegretol XR 100 mg Tab	Carbamazepine ER 100 mg Tab	26868
Tegretol XR 200 mg Tab	Carbamazepine ER 200 mg Tab	16773
Tegretol XR 400 mg Tab	Carbamazepine ER 400 mg Tab	17876
Tekturna 150 mg Tablet	Aliskiren 150 mg Tablet	62289
Tekturna 300 mg Tablet	Aliskiren 300 mg Tablet	62288
Toviaz ER 4 mg Tablet	Fesoterodine 4 mg Tablet	64000
Toviaz ER 8 mg Tablet	Fesoterodine 8 mg Tablet	64001
Tracleer 125 mg Tablet	Bosentan 125 mg tablet	48987
Tracleer 62.5 mg Tablet	Bosentan 62.5 mg tablet	48988
Transderm-Scop 1.5 mg/3 day	Scopolamine 1 mg/3 Day Patch	4704
Travatan Z 0.004% Eye Drop	Travoprost 0.004% Eye Drop	47612
Vagifem 10 mcg Vaginal Tab	Estradiol 10 mcg Vaginal Insert	65966
Vascepa 0.5 gm Cap	Icosapent Ethyl 0.5 gm Cap	76660
Vascepa 1 gm Cap	Icosapent Ethyl 1 gm Cap	69960
Viibryd 10 mg Tab	Vilazodone 10 mg Tab	67376
Viibryd 20 mg Tab	Vilazodone 20 mg Tab	67377
Viibryd 40 mg Tab	Vilazodone 40 mg Tab	67378
Vyvanse 10 mg Cap	Lisdexamfetamine 10 mg Cap	73292

Vyvanse 10 mg Chew Tab	Lisdexamfetamine 10 mg Chew	77083
Vyvanse 20 mg Cap	Lisdexamfetamine 20 mg Cap	63645
Vyvanse 20 mg Chew Tab	Lisdexamfetamine 20 mg Chew	77142
Vyvanse 30 mg Cap	Lisdexamfetamine 30 mg Cap	62283
Vyvanse 30 mg Chew Tab	Lisdexamfetamine 30 mg Chew	77143
Vyvanse 40 mg Cap	Lisdexamfetamine 40 mg Cap	63646
Vyvanse 40 mg Chew Tab	Lisdexamfetamine 40 mg Chew	77144
Vyvanse 50 mg Cap	Lisdexamfetamine 50 mg Cap	62284
Vyvanse 50 mg Chew Tab	Lisdexamfetamine 50 mg Chew	77145
Vyvanse 60 mg Cap	Lisdexamfetamine 60 mg Cap	63647
Vyvanse 60 mg Chew Tab	Lisdexamfetamine 60 mg Chew	77146
Vyvanse 70 mg Cap	Lisdexamfetamine 70 mg Cap	62285
Xopenex HFA 45 mcg Inhaler	Levalbuterol HFA 45 mcg Inhaler	58890
Zovirax 5% Cream	Acyclovir 5% Cream	18315

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 Dec. 2023

Electronic Cutoff Schedule

Nov. 30, 2023

Dec. 7, 2023

Dec. 14, 2023

Checkwrite Date

Dec. 5, 2023

Dec. 12, 2023

Dec. 19, 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

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

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

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

Paul Guthery
Executive Account Director
NCTracks
GDIT

Shannon Dowler, MD
Chief Medical Officer
Division of Health Benefits
N.C Department of Health and Human Services

Rick Paderick, R.Ph.
Pharmacy Director
NCTracks
GDIT

Bonnie Williams
Deputy Executive Account Director
NCTracks
GDIT