



An Information Service of the Division of Health Benefits

## North Carolina Medicaid Pharmacy Newsletter

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## **9th Amendment to the Public Readiness and Emergency Preparedness (PREP) Act**

Effective Sept. 13, 2021 the NC DHHS issued a [NC State Health Director's Statewide Standing Order](#) for Subcutaneous Administration of Casirivimab/Imdevimab (REGEN-COV) Monoclonal Antibodies to meet the goal of the [9th Amendment to the PREP Act](#). This standing order authorizes any NC Medicaid licensed pharmacist to order and administer REGEN-COV and for pharmacy technicians/interns to administer it, in accordance with the conditions of their licensure and/or scope of practice to include **subcutaneous injections**, or pursuant to orders issued under North Carolina Executive Order 232, or as a covered person under the federal PREP Act functioning as monoclonal antibody providers to administer casirivimab/imdevimab (REGEN-COV) authorized by the FDA through an [Emergency Use Authorization](#) (EUA) and per conditions of this order.

More information can be found in the [PREP Act bulletin](#), the [Governor's Executive order](#) to expand access to monoclonal antibody treatment for COVID-19 and the [NC DHHS COVID-19 webpage](#).

Medicaid and NC Health Choice beneficiaries are eligible for this treatment if aged 12 years and older, weigh at least 40 kg (88.2 lb.), who present requesting and consent to treatment with monoclonal antibodies (casirivimab/imdevimab or REGEN-COV) for treatment of mild to moderate COVID-19 or for post-exposure prophylaxis to COVID-19, who self-attest to being at high risk for severe COVID-19 disease. Patients should have legal and decisional capacity to consent to treatment with monoclonal antibodies (casirivimab/imdevimab or REGEN-COV), in accordance with NC GS § 90-21.5.

Casirivimab/imdevimab (REGEN-COV) can only be administered in settings in which healthcare providers have immediate access to medications to treat a severe infusion/injection or hypersensitivity reaction (such as anaphylaxis) and the ability to activate Emergency Medical Services (EMS), as necessary and according to local protocol.

See previously published [Billing guidelines for REGEN-COV](#) for medical (non-pharmacist) providers who order monoclonal antibodies

### **Medicaid/NC Health Choice Billing Information:**

- Medicaid and/or NC Health Choice beneficiary must be 12 year of age or older
- Claims must be submitted as Professional (CMS-1500/837P transaction) or Institutional (UB-04/837I transaction) claims
- **Administration must be via subcutaneous route only**
- The ICD-10-CM diagnosis code(s) required for billing are:
  - U07.1 - COVID-19
  - B34.2 - Coronavirus infection, unspecified
  - B97.21 - SARS-associated coronavirus as the cause of diseases classified elsewhere
  - Z20.822 - Contact with and (suspected) exposure to COVID-19

**Drug HCPCS and Administration HCPCS codes to use when a pharmacist orders and/or administers REGEN-COV:**

<b>Drug HCPCS</b>	<b>Administration HCPCS</b>
<b>Q0240</b> - 600 mg (300 mg of casirivimab and 300 mg of imdevimab)	<b>M0240</b> - Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, <i>subsequent repeat doses</i>
	<b>M0241</b> - Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence, this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency, <i>subsequent repeat doses</i>
<b>Q0244</b> - 1,200 mg (600 mg of casirivimab and 600 mg of imdevimab)	<b>M0243</b> - Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring
	<b>M0244</b> - Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency

- The maximum reimbursement rate for drug product per unit is \$0.00
- The maximum reimbursement rate per administration of the MAB is:
  - \$450 per SQ injection for M0240 and M0243
  - \$750 per SQ injection for M0241 and M0244 for injection and monitoring in the home or residence
- **Modifier “SK” MUST be appended to the drug HCPCS code AND the administration code to allow claims to process when a pharmacist is the ordering provider**
- Providers must bill 11-digit NDCs and appropriate NDC units. The NDCs are:
  - REGEN-COV 2-VL DOSE PK (EUA): 61755-0035-02
  - REGEN-COV 8-VL DOSE PK (EUA): 61755-0036-08
  - REGEN-COV 5VL(1 CAS,4IMD)(EUA): 61755-0037-05
  - REGEN-COV 5VL(4CAS,1 IMD)(EUA): 61755-0038-05
  - REGEN-COV 600-600 MG/10ML(EUA): 61755-0039-01 (co-formulated)
  - Casirivimab (REGN10933): 61755-0024-01, 61755-0026-01
  - Imdevimab (REGN10987): 61755-0025-01, 61755-0027-01

**Prior Approval for Stromectol (ivermectin) tablets**

Ivermectin is a U.S. Food and Drug Administration (FDA)-approved prescription medication used to treat certain infections caused by internal and external parasites. When used as prescribed for approved indications, it is generally safe and well tolerated.

During the COVID-19 pandemic, ivermectin dispensing by retail pharmacies has increased, as has use of veterinary formulations available over the counter but not intended for human use. FDA has cautioned about the potential risks of use for prevention or treatment of COVID-19.

Ivermectin is not authorized or approved by FDA for prevention or treatment of COVID-19. To ensure appropriate use, effective Sept. 10, 2021, North Carolina Medicaid will require prior approval for Stromectol (ivermectin) tablets. Coverage will be approved for Stromectol (ivermectin) tablets for up to 10 tablets when being used to treat parasitic infections. Prior approval forms can be found on the [NCTracks website](#).

Information from the FDA regarding ivermectin use: <https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19>

Information from the CDC regarding ivermectin use: <https://emergency.cdc.gov/han/2021/han00449.asp>

Information from the NC Board of Pharmacy regarding ivermectin use: <http://www.ncbop.org/> (Thursday, Aug. 26, 2021 post)

### **Reminder Regarding the Naloxone Standing Order**

North Carolina's standing order for naloxone, signed by the State Health Director in 2016, authorizes any pharmacist practicing in the state of North Carolina and licensed by the North Carolina Board of Pharmacy to dispense naloxone to any person who meets set criteria.

Narcan nasal spray and naloxone (ampule/syringe/vial) are listed as preferred on the North Carolina Medicaid Preferred Drug List for beneficiaries who are at risk of an opioid overdose. NC Medicaid covers Narcan/naloxone through the outpatient pharmacy benefit using either the Naloxone Standing Order or a prescription issued to a beneficiary. Pharmacies are encouraged to dispense naloxone when medically appropriate. For more information on the use of naloxone, visit [www.naloxonesaves.org](http://www.naloxonesaves.org).

### **Long Acting Injectable (LAI) Medications**

Effective Oct. 1, 2021, Session Law 2021 – 110 House Bill 96 authorizes immunizing pharmacists to administer Long Acting Injectable (LAI) medications to persons at least 18 years of age pursuant to a specific prescription order initiated by a prescriber. Administration of LAIs to Medicaid and NC Health Choice beneficiaries is eligible for reimbursement of an administration fee paid through the outpatient pharmacy benefit.

Pharmacies must input a Level of Service (Field 418-DI) indicator equal to 05 on the Point of Service (POS) pharmacy claim for payment of the administration fee when applicable. The administration fee will be paid at a rate of \$17.36. The fee will be effective Oct. 1, 2021. There is a limit of one administration fee paid per claim. The administration fee will not be paid on IHS/Tribal pharmacy claims paid at the OMB flat rate.

An administration fee may be paid on a compound drug claim if one or more paid injectable medications are found on the claim. Pharmacies cannot request an emergency supply, mailing fee or delivery fee on the same claim submitted with an 05 administration fee reimbursement indicator.

A POS message will return to the pharmacy for all claims billing the administration fee to alert the provider the administration fee was paid or not paid. No administration fee will be paid for denied claims.

Starting Nov. 1, 2021, POS pharmacy claims with the Level of Service indicator 05 will adjudicate to reimburse the administration fee.

Please note:

- Pharmacies cannot request an emergency supply, mailing or delivery fee on the same claim with an administration fee indicator.
- No more than one administration fee will be paid on a single claim.
- Denied pharmacy claims will not pay an administration fee.
- NC Medicaid will monitor this fee usage and may update these guidelines at any time.

### **Usage of Preferred Brands**

North Carolina Medicaid utilizes a preferred drug list (PDL) and encourages use of generics whenever possible. There are a few exceptions on the PDL where a branded product is preferred and the generic equivalent is non-preferred. A list of these products is published in the monthly pharmacy newsletters found at <https://medicaid.ncdhhs.gov/2021-pharmacy-newsletters>. NC Medicaid still provides coverage for non-preferred products with prior approval. In cases where the preferred brand is experiencing a market shortage, the provider may contact the Medicaid Direct prior approval call center to request a prior approval for the non-preferred generic medication.

### **Premiums and Cost-sharing Protections for Indian CHIP and Medicaid Members**

The American Recovery and Reinvestment Act of 2009, Public Law 111-5, Section 5006 of the Recovery Act provides premiums and cost-sharing protection for Indians in Medicaid and Children's Health Insurance Program (CHIP).

As a reminder, members of federally recognized Indian tribes and individuals who are otherwise eligible for services from an Indian health care provider have the following Medicaid and CHIP protections from cost sharing:

- Medicaid premiums and enrollment fees are waived if the member is eligible to receive care from an Indian health care provider or through referral to a non-Indian provider (such as Purchased/Referred Care (PRC))
- Cost sharing, like deductibles, coinsurance, or copayments, for any Medicaid service from any Medicaid provider is waived if the member has ever received a service or referral from an Indian health care provider

Children who are American Indian or Alaska Native cannot be charged any premium, enrollment fee, copayment, coinsurance, or deductible in CHIP. NCTracks is a source of information regarding member eligibility for Indian Health Services (IHS) benefits. Please note that some IHS members are eligible only for a limited time, such as until they turn 19 or during pregnancy.

### **October 2021 Drug Utilization Review (DUR) Board Meeting**

The next DUR Board meeting will be held virtually on Oct. 28, 2021, from 1-3 p.m. Please see the [DHB website](#) to register for the meeting.

**Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of Sept. 24, 2021**

<b>Brand Name</b>	<b>Generic Name</b>
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
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
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
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 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
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
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

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
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 November 2021

### Electronic Cutoff Schedule

October 28, 2021  
 November 4, 2021  
 November 11, 2021  
 November 18, 2021  
 November 25, 2021

### Checkwrite Date

November 2, 2021  
 November 9, 2021  
 November 16, 2021  
 November 23, 2021  
 November 30, 2021

*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 DHB and DMH/DPH/ORH can be found under the Quick Links on the right side of the [NCTracks Providers home page](#).

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