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## North Carolina Medicaid Pharmacy Newsletter

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## **ProAir Manufacturer Discontinuation**

On Oct. 1, 2022, ProAir® HFA inhalation aerosol was discontinued by the manufacturer. Ventolin® HFA shifted from non-preferred to preferred on the preferred Drug List (PDL) effective Sept. 23, 2022.

Claims for ProAir® HFA will continue to pay as a preferred drug to allow pharmacies to dispense existing stock. An approximate 90-day supply of ProAir® HFA is expected to remain after the discontinuation date, per the manufacturer. The generic albuterol inhalers on the PDL will remain non-preferred.

It is the recommendation of the State, regardless of refill status of ProAir® HFA, that providers proactively seek a prescription for Ventolin® HFA to reduce any delays in patient access.

## **Revised Procedures for Prior Authorization of palivizumab (Synagis®) for Respiratory Syncytial Virus Season 2022/2023 – Coverage Started Oct. 1, 2022**

The clinical criteria used by N.C. Medicaid for the 2022/2023 Respiratory Syncytial Virus (RSV) season are consistent with guidance published by the American Academy of Pediatrics (AAP): 2021 – 2024 Report of the Committee on Infectious Diseases, 32<sup>nd</sup> Edition. This guidance for Synagis use among infants and children at increased risk of hospitalization for RSV infection is available online by subscription. Providers are encouraged to review the AAP guidance.

### **Coverage Season**

The coverage season is Oct. 1, 2022, through March 31, 2023. Coverage for a maximum of five doses within the six month timeframe is allowed. Request for coverage of a sixth dose will be evaluated under the Early Periodic Screening, Diagnostic and Treatment Medicaid Services for Children (EPSDT).

### **Request for Coverage Outside of Policy for Medicaid Direct Enrollees**

To request coverage for a sixth dose or outside of the specified six month time period, please submit an EPSDT coverage request using the [Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age](#) on the [Drug Request Forms page](#) of NCTracks.

Information about EPSDT coverage is found on [Medicaid's Health Check and EPSDT web page](#).

### **Prior Authorization Request for Coverage During the Season for Medicaid Direct Enrollees**

Providers should submit prior authorization (PA) requests for coverage of Synagis beginning Sept. 21, 2022

The Synagis PA request form for Medicaid Direct beneficiaries is found on the [NCTracks Drug Request Forms 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. Document-for-safety is discontinued for Synagis PA submission.

### **Coverage Requests and Claims Processing for Managed Care Plan Enrollees**

Synagis PA and EPSDT requests for beneficiaries enrolled in a Managed Care Standard Plan should be submitted in accordance with the plan's procedures. Refer to the plan's 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 Prepaid Health Plans (PHPs) for Synagis claim submission guidance.

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

### **Guidelines for Evidence-Based Synagis Prophylaxis**

- Infants younger than 12 months at the 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. neonatal intensive care unit (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 10<sup>th</sup> 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 began on Sept. 27, 2022, to allow sufficient time for pharmacies to provide Synagis for administration which began on Oct. 1, 2022. Point-of-sale (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 Sept. 27, 2022 and after March 31, 2023, is not allowed. Use of a point-of-sale PA override code is not allowed.

Submit POS claims for EPSDT approved Synagis coverage according to the 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 N.C. Medicaid.

**Contact** NCTracks Call Center: 800-688-6696

### **SPECIAL BULLETIN COVID-19 #264: Pfizer & Moderna Bivalent COVID-19 Booster Vaccines**

Effective with date of service Aug. 31, 2022, the NC Medicaid and NC Health Choice programs cover Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Original and Omicron BA.4/BA.5) - 12 years of age and older (N/A) for use in the Physician Administered Drug Program (PADP) when billed with HCPCS code 91312 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use.

A single booster dose (0.3 mL) of Pfizer-BioNTech COVID-19 Vaccine, Bivalent may be administered at least two months after completion of primary vaccination or receipt of the most recent booster dose with any authorized or approved monovalent COVID-19 vaccine.

Effective with date of service Aug. 31, 2022, the NC Medicaid and NC Health Choice programs cover Moderna COVID-19 Vaccine, Bivalent (Original and Omicron BA.4/BA.5) - Booster Dose (N/A) for use in the Physician Administered Drug Program (PADP) when billed with HCPCS code 91313 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use.

A single booster dose (0.5 mL) of Moderna COVID-19 Vaccine, Bivalent may be administered at least two months after completion of primary vaccination or receipt of the most recent booster dose with any authorized or approved monovalent COVID-19 vaccine.

### **Important Update on NC Medicaid Tailored Plans**

NCDHHS has delayed the implementation of Tailored Plans until April 1, 2023. Specific new services will still go live Dec. 1, 2022.

Sept. 29, 2022

To ensure beneficiaries can seamlessly receive care on day one, the North Carolina Department of Health and Human Services (NCDHHS) will delay the implementation of the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans (Tailored Plans) until **April 1, 2023**.

Tailored Plans, originally scheduled to launch Dec. 1, 2022, will provide the same services as Standard Plans in NC Medicaid Managed Care and will also provide additional specialized services for individuals with significant behavioral health conditions, Intellectual/Developmental Disabilities (I/DDs) and traumatic brain injury (TBI).

The delayed start of Tailored Plans allows Local Management Entity/Managed Care Organizations (LME/MCOs), which will operate the Tailored Plans, more time to contract with additional providers to support member choice and to validate that data systems are working appropriately. The decision is supported by the leadership of the state's six LME/MCOs. For more information, please see the full [press release](#) NCDHHS Delays Medicaid Managed Care Tailored Plans published Sept. 29.

### **For Pharmacists and Providers**

Due to the delayed implementation, use of the below pharmacy overrides, previously communicated available from Dec. 1, 2022 through March 31, 2023, is rescinded.

- Utilization of PA type code "1" or submission clarification code "2" to override a rejection due to PA being required for the drugs or drug classes listed below:
  - Anticonvulsants
  - Xifaxan
  - Antipsychotics
  - Oral Pulmonary Hypertension Agents

### **Attention: Physicians, Physician's Assistants, and Nurse Practitioners- Monkeypox Vaccine (Jynneos™) HCPCS code 90611: Billing Guidelines**

Effective Oct. 3, 2022 the Medicaid and NC Health Choice programs cover monkeypox vaccine, live, non-replicating suspension for subcutaneous and intradermal injection (Jynneos™) for use in the Physician Administered Drug Program (PADP) when billed with HCPCS code 90611 - Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension.

Strength/Package Size(s): Each vial contains a single dose (0.5 mL) for subcutaneous injection or up to 5 doses (0.1 mL each) for intradermal injection.

Indicated for prevention of monkeypox disease in those determined to be at high risk for infection.

\*\*\*PREP Act 10/2022\*\*\*

The U.S. Department of Health and Human Services (HHS) has announced an amendment under the Public Readiness and Emergency Preparedness Act (PREP Act) declaration that broadens the pool of qualified healthcare professionals authorized to administer [monkeypox](#) vaccines and therapeutics licensed (*INCLUDING PHARMACISTS AND PHARMACY PERSONNEL*), approved or authorized by the U.S. Food and Drug Administration (FDA) during a federal, regional state or locally declared emergency. The Prep Act amendment can be found at <https://aspr.hhs.gov/monkeypox/Pages/default.aspx>.

\*\*\*Emergency Use Authorization 8/9/2022\*\*\*

The US Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for the emergency use of Jynneos for:

- Individuals less than 18 years of age for subcutaneous injection only. Administer two doses (0.5 mL each) 4 weeks apart.
- Individuals 18 years of age and older for intradermal injection only. Administer two doses (0.1 mL each) 4 weeks apart.

See full prescribing information for further detail. If you have any questions about product-specific information, please contact the Immunization Branch help desk at (877) 873-6247 and press option 6.

### **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 HCPCS code: 90611 - Monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use
- One Medicaid and Health Choice unit of coverage is: 0.5 mL
- The maximum reimbursement rate per unit is: N/A because the drug is distributed from the National Stockpile (reimbursement will be provided for the administration of the vaccine)
- Providers must bill 11-digit NDCs and appropriate NDC units. The NDCs is/are: 50632-0001-01, 50632-0001-02
- For additional information, refer to the January 2012, Special Bulletin, [National Drug Code Implementation Update](#) and [PADP Clinical Coverage Policy 1B](#), Attachment A, H.7 on Medicaid's website.

### **Important Claims Information:**

- Medicaid and NC Health Choice will reimburse at the standard administration rate for subcutaneous or intradermal vaccine
- 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 the Jynneos vaccine
- Jynneos vaccine is exempt from the Vaccines For Children (VFC) program
- **Pharmacies may administer Jynneos vaccine to any Medicaid or NC Health Choice beneficiary 19 years and older**
- CG modifier should be appended to ALL Jynneos vaccine AND administration claims submitted by a pharmacy participating in the immunization program
- TJ modifier should be appended to all NC Health Choice claims (through 18 years)

- EP modifier should be appended to all non-NC Health Choice (only Medicaid beneficiaries) younger than 21 years of age

**Contact** NCTracks Call Center: 800-688-6696

## **New Preferred Drug List Effective Oct. 1, 2022**

Effective Oct. 1, 2022, the North Carolina Medicaid and NC Health Choice PDL was updated to reflect changes made based on the July 14, 2022 PDL Panel meeting. Below is a summary of the changes:

### **ANALGESICS:**

#### **SHORT ACTING SCHEDULE III-IV OPIOIDS/ANALGESICS COMBINATIONS**

- Add tramadol HCl solution (authorized generic for QDOLO® oral solution) and Seglentis® (brand for celecoxib and tramadol HCl tablets) as non-preferred with the same clinical criteria that applies to all drugs in this class

#### **NSAIDS**

- Add diclofenac potassium capsule (generic for Zipsor®) as non-preferred

#### **NEUROPATHIC PAIN**

- Move lidocaine patch (generic for Lidoderm®) from non-preferred to preferred

### **ANTICONVULSANTS:**

#### **FIRST GENERATION**

- Move Felbatol® (brand for felbamate) Suspension/Tablet from non-preferred to preferred

#### **SECOND GENERATION**

- Move the following drugs from non-preferred to preferred: Banzel® (brand for rufinamide) Suspension/Tablet, Briviact® (brand for brivaracetam) Tablet and Solution, clobazam suspension (generic for Onfi® Suspension, clobazam tablet (generic for Onfi® Tablet), Diacomit® (brand for stiripentol) Capsule/Power Pack, Eprontia™ (brand for topiramate) Solution, Fycompa® (brand for perampanel) Tablet/Suspension, lamotrigine ER tablet/ODT/ODT Starter Kit/Starter Kit (generic for Lamictal® XR/ODT) Sabril® (brand for vigabatrin) Tablet, Vimpat® (brand for lacosamide) Solution/Starter Kit/Tablet, Xcopri® (brand for cenobamate) Tablet/Titration Pack
- Add lacosamide solution and tablet as non-preferred
- Move diazepam rectal/system (generic for Diastat Accudial/Pedi system) from non-preferred to preferred (off-cycle move due to shortage with brand drug)

### **ANTI-INFECTIVES – SYSTEMIC ANTIBIOTICS:**

#### **MACROLIDES AND KETOLIDES**

- Add erythromycin ethylsuccinate 400 suspension (generic and authorized generic for EryPed®) to non-preferred

#### **TETRACYCLINES**

- Add Targadox® (brand for doxycycline hyclate) tablet and minocycline ER capsule (Generic for Ximino™ ER) as non-preferred

**ANTIVIRALS (HEPATITIS C AGENTS)**

- Move Mavyret® (brand for glecaprevir/pibrentasvir) pellet pack from non-preferred to preferred

**BEHAVIORAL HEALTH:**

**ANTIDEPRESSANTS (OTHER)**

- Add bupropion XL (generic for Forfivo® XL) as non-preferred
- Move Effexor® (brand for venlafaxine) XR Capsule, Nardil® (brand for phenelzine) Tablet, and Pristiq® (brand for desvenlafaxine) ER Tablet from non-preferred to preferred

**SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI)**

- Add citalopram capsule and sertraline capsule as non-preferred

**ANTIHYPERKINESIS/ADHD**

- Add amphetamine sulfate tablet (generic for Evekeo® Tablet) as non-preferred

**ATYPICAL ANTIPSYCHOTICS**

- Add Nuplazid® (brand for pimavanserin) Capsule as non-preferred

**CARDIOVASCULAR:**

**NITRATE COMBINATION**

- Add isosorbide dinitrate/hydralazine oral tablet (authorized generic for Bidil®) as non-preferred

**CENTRAL NERVOUS SYSTEM:**

**ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS**

- Add apomorphine subcutaneous (generic for Apokyn®) and Dhivy™ (brand for carbidopa/levodopa) tablet as non-preferred

***MULTIPLE SCLEROSIS***

**INJECTABLE**

- Add Tysabri® (brand for natalizumab) as non-preferred

**ORAL**

- Move Tecfidera® (brand for dimethyl fumarate) Capsule/Start Pack from preferred to non-preferred
- Move dimethyl fumarate DR capsule (generic for Tecfidera® Capsule) from non-preferred to preferred

**ENDOCRINOLOGY:**

**GROWTH HORMONE**

- Add Skytrofa® (brand for lonapegsomatropin-tcgd) Cartridge as non-preferred



***HYPOGLYCEMICS INJECTABLE***

**RAPID ACTING INSULIN**

- Move insulin lispro U-100 KwikPen®/vial (generic for Humalog®) and insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior) from non-preferred to preferred

**PREMIXED RAPID COMBINATION INSULIN**

- Move insulin aspart protamine-aspart 70/30 U-100 FlexPen®/vial (generic for Novolog® Mix 70/30) from non-preferred to preferred
- Move Novolog® Mix 70/30 (brand for insulin aspart protamine-aspart) Vial from preferred to non-preferred

**GLP-1 RECEPTOR AGONISTS AND COMBINATIONS**

- Move Ozempic® (brand for semaglutide) from non-preferred to preferred

***HYPOGLYCEMICS ORAL***

**DPP-IV INHIBITORS AND COMBINATIONS**

- Move Glyxambi® (brand for empagliflozin/linagliptin) Tablet from preferred to non-preferred

**SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR AND COMBINATIONS**

- Move Invokana® Tablet (brand for canagliflozin) and Synjardy® (brand for empagliflozin/metformin) Tablet from non-preferred to preferred

***GASTROINTESTINAL:***

**ANTIEMETIC-ANTIVERTIGO AGENTS**

- Move aprepitant capsule/pack (generic for Emend®) from non-preferred to preferred
- Move Emend® (brand for aprepitant) Capsule from preferred to non-preferred

**PROTON PUMP INHIBITORS**

- Move esomeprazole magnesium capsule OTC (generic for Nexium® OTC) from preferred to non-preferred
- Add dexlansoprazole capsules (authorized generic for Dexilant®) as non-preferred

**SELECTIVE CONSTIPATION AGENTS**

- Add Ibsrela® (brand for tenapanor) Tablet (oral) as non-preferred

**ELECTROLYTE DEPLETERS (KIDNEY DISEASE)**

- Move Renvela® (brand for sevelamer carbonate) Tablet from non-preferred to preferred and move sevelamer tablet (generic for Renagel® and Renvela®) from preferred to non-preferred
- Add lanthanum carbonate chewable tablet (generic for Fosrenol® capsule) as non-preferred

**GOUT:**

- Move Mitigare® (brand for colchicine 0.6 mg capsules) from preferred to non-preferred
- Move colchicine tablet (generic for Colcrys®) from non-preferred to preferred

**HEMATOLOGIC:**

ANTICOAGULANTS - ORAL

- Add Xarelto® (brand for rivaroxaban) Suspension as non-preferred

COLONY STIMULATING FACTORS

- Move Nivestym® (brand for filgrastim-aafi) Syringe and Nyvepria® (brand for pegfilgrastim-apgf) Syringe from non-preferred to preferred
- Move the following from preferred to non-preferred: Fulphila® (brand for pegfilgrastim-jmdb) Syringe, Granix® (brand for tbo-filgrastim) Injection Syringe/Vial, Leukine® (brand for sargramostim) Injection, Zarxio® (brand for filgrastim-sndz) Injection
- Add Releuko® (brand for filgrastim) Syringe (subcutaneous) and Releuko® Vial (injection) as non-preferred

**OPHTHALMIC:**

ANTIBIOTICS

- Move Azasite® (brand for azithromycin) Drops and moxifloxacin ophthalmic solution (generic for Moxeza®) from preferred to non-preferred
- Add neomycin/bacitracin/polymyxin ointment (authorized generic for Neosporin® ophthalmic ointment) as non-preferred

ANTI-INFLAMMATORY

- Add Xipere™ (brand for triamcinolone acetonide injectable suspension) as non-preferred

ANTI-INFLAMMATORY/IMMUNOMODULATOR

- Move Xiidra® (brand for lifitegrast) Drops from non-preferred to preferred
- Add cyclosporine ophthalmic (generic and authorized generic for Restasis®) as non-preferred
- Add Tyrvaya® (brand for varenicline) Nasal Spray as non-preferred

BETA BLOCKER AGENTS/COMBINATIONS

- Add brimonidine tartrate/timolol drops (generic and authorized generic for Combigan®) as non-preferred

**RESPIRATORY:**

INHALED CORTICOSTEROIDS

- Move budesonide suspension (generic for Pulmicort® Respules) from non-preferred to preferred
- Move Pulmicort® (brand for budesonide) Respules 0.25mg, 0.5mg, 1mg from preferred to non-preferred

**TOPICALS:**

**ACNE AGENTS**

- Add adapalene/benzoyl peroxide (generic for Epiduo Forte®), Altreno® (brand for tretinoin) Lotion and Twynéo® (brand for tretinoin and benzoyl peroxide) Cream as non-preferred

**ANTIBIOTICS - VAGINAL**

- Move Vandazole® (brand for metronidazole) Vaginal Gel from preferred to non-preferred

**ANTIFUNGALS**

- Add sulconazole nitrate cream and solution (generic for Exelderm®) as non-preferred

**ANTIVIRALS**

- Move Zovirax® (brand for acyclovir) Ointment from preferred to non-preferred
- Move acyclovir ointment (generic for Zovirax® Ointment) from non-preferred to preferred

**IMMUNOMODULATORS:**

**ATOPIC DERMATITIS**

- Remove Protopic® (brand for tacrolimus) Ointment (going off market)
- Move tacrolimus ointment (generic for Protopic) from non-preferred to preferred (off-cycle due to Protopic® going off market)
- Add Adbry® (brand for tralokinumab-ldrm injection) and Dupixent® (brand for dupilumab) Pen as non-preferred with the same clinical criteria that applies to all drugs in this class

**IMIDAZOQUINOLINAMINES**

- Add imiquimod cream pump (generic for Zyclara®) topical and imiquimod pump (generic for Zyclara®) topical as non-preferred

**MISCELLANEOUS:**

**EPINEPHRINE, SELF INJECTED**

- Move Epi-Pen® (brand for epinephrine) Auto Injector and Epi-Pen® JR Auto Injector from non-preferred to preferred
- Move epinephrine auto injector (generic for Epi-Pen® Auto Injector) and epinephrine auto injector JR (generic for Epi-Pen® JR Auto Injector) from preferred to non-preferred

**GLUCOCORTICOID STEROIDS, ORAL**

- Add Tarpeyo™ (brand for budesonide) Capsule as non-preferred with exemption for diagnosis of IgA nephropathy

IMMUNOMODULATORS, SYSTEMIC

- Add Cibinqo® (brand for abrocitinib) Tablet (oral) and infliximab injection (generic for Remicade®) as non-preferred with the same clinical criteria that applies to all drugs in this class

IMMUNOSUPPRESSANTS

- Add Tavneos® (brand for avacopan) as preferred (all drugs in this class are preferred)

OPIOID ANTAGONISTS

- Add naloxone spray (authorized generic for Narcan® Nasal Spray) and Zimhi® (brand for naloxone HCl) Injection as preferred (all drugs in this class are preferred)

OPIOID DEPENDANCE

- Remove Bunavail® (brand for buprenorphine and naloxone) Film (no longer on market)
- Add Lucemyra® (brand for lofexidine) oral tablet as non-preferred with the same clinical criteria that applies to all drugs in this class
- Move buprenorphine-naloxone sublingual tablet (generic for Suboxone®) from non-preferred to preferred

SKELETAL MUSCLE RELAXANTS

- Move chlorzoxazone tablet (generic for Parafon Forte®) from preferred to non-preferred
- Add baclofen oral solution (authorized generic) and Fleqsuvy® (brand for baclofen) oral suspension as non-preferred

DISPOSABLE INSULIN DELIVERY DEVICES

- Add Omnipod® DASH Kit, Omnipod® 5, and Omnipod® 5 Kit as preferred (all products in this class are preferred)

**OFF-CYCLE PDL CHANGES**

SYMPATHOLYTICS AND COMBINATIONS

- Move clonidine patch (generic for Catapres®-TTS) from non-preferred to preferred

BETA-ADRENERGIC HANDHELD, SHORT-ACTING

- Move Ventolin HFA Inhaler from non-preferred to preferred (trial and failure of only one preferred drug in this class required)

NIACIN DERIVATIVES

- Move niacin ER tablet (generic for Niaspan®) from non-preferred to preferred

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

	Generic Name
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<b>Brand 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 24 mcg Capsule	Lubiprostone 24 mcg Capsule
Amitiza 8 mcg Capsule	Lubiprostone 8 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
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
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
Chantix Starting Month Box	Varenicline Starting Month Box
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
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
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 mg/5 ml	Erythromycin Ethyl Succinate 200 mg/5 ml
Elidel 1% Cream	Pimecrolimus 1% Cream
Epiduo Forte 0.3-2.5% Gel Pump	Adapalene-BnzyI Perox 0.3-2.5%
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
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 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
Lantus Solostar 100 unit/ml	Insulin Glargine Solostar U-100
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
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 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
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
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
TobraDex Eye Drops	Tobramycin-Dexamethasone Drops
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
Vimpat 10 mg/ml Solution	Lacosamide 10 mg/ml Solution
Vimpat 100 mg Tablet	Lacosamide 100 mg Tablet



Vimpat 150 mg Tablet	Lacosamide 150 mg Tablet
Vimpat 200 mg Tablet	Lacosamide 200 mg Tablet
Vimpat 50 mg Tablet	Lacosamide 50 mg Tablet
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. 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 2022**

#### **Electronic Cutoff Schedule**

Oct. 27, 2022  
 Nov. 3, 2022  
 Nov. 10, 2022  
 Nov. 17, 2022  
 Nov. 24, 2022

#### **Checkwrite Date**

Nov. 1, 2022  
 Nov. 8, 2022  
 Nov. 15, 2022  
 Nov. 22, 2022  
 Nov. 29, 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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