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Reminder on NC Medicaid Pharmacy Co-payment Requirements

DHB recently received questions regarding Medicaid beneficiaries who cannot pay pharmacy co-pays for medication. A provider cannot refuse to provide services if a beneficiary cannot pay a copay at the time of service. The issue is addressed in Pharmacy [Policy 9](#) under section 5.5 Co-Payments. The specific guidance with reference is below.

5.5.1 Medicaid Co-payment Requirements

An eligible Medicaid beneficiary, who receives prescribed drugs, is required to make a co-payment of \$4.00 for each prescription received unless they are exempt for one of the reasons listed below in Subsection 5.5.2. A provider may not deny services to any Medicaid beneficiary because of the individual's inability to pay a deductible, coinsurance or co-payment amount. A provider may not willfully discount copays for a Medicaid beneficiary, and an individual's inability to pay does not eliminate his or her liability for the cost sharing charge. The provider shall open an account for the beneficiary, collect the amount owed at a later date, and document all attempts to collect the copay. If the account has not been paid, the pharmacy may in the course of normal accounting principles, write-off the charges and stop monitoring the claim.

Covid-19 Vaccine and Reimbursement Guidelines for 2023-2024 for NC Medicaid for Pharmacists

On Sept. 11, 2023, the Food and Drug Administration (FDA), approved new COVID-19 vaccines for the 2023-2024 season: [FDA: COVID-19 Vaccines](#). On Sept. 12, 2023, the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) recommends 2023–2024 (monovalent, XBB containing) COVID-19 vaccines as authorized under Emergency Use Authorization (EUA) or approved by BLA in persons ≥ 6 months of age. This will be published in Morbidity and Mortality Weekly Report (MMWR) in the coming months at [CDC COVID-19 ACIP Vaccine Recommendations](#).

The new COVID-19 vaccines are available through commercial pathways as outlined in the [U.S. Department of Health and Human Services: COVID-19 Commercialization](#) transition information.

NC Medicaid will cover the new COVID-19 vaccines and will cover CPT codes 91318-91322 with an effective date of Sept. 11, 2023.

- The new COVID-19 vaccines are part of the Vaccines for Children (VFC) program ([CDC VFC List](#)) for beneficiaries <19 years old.
- Additionally, COVID-19 vaccines will be covered point of sale at the pharmacy for beneficiaries 19 years of age or older; pharmacies will no longer be able to bill Medicaid for beneficiaries <19 years of age.

The currently available Novavax vaccines are still available for use under code 91304; when the FDA approves the Novavax EUA for 2023-2024. NC Medicaid anticipates covering these under code 91304. The Novavax vaccines for the 2023-2024 season are expected to be part of the VFC program.

NC Immunization Program/Vaccines for Children (NCIP/VFC)

Under NC Immunization Program/Vaccines for Children (NCIP/VFC) guidelines, the NC Division of Public Health (DPH) Immunization Branch manages and distributes all childhood vaccines that are recommended by the Advisory Committee on Immunization Practices (ACIP) to local health departments, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), hospitals and private providers. More information about the VFC program can be found at [DPH's Immunization Branch](#).

By joint decision of DPH and DHB, immunizing pharmacists are NOT eligible to participate in the VFC program. Immunizing pharmacist providers may only vaccinate to non-VFC Medicaid-eligible beneficiaries aged 19 years and older. Pharmacists will NOT be reimbursed for the cost of the vaccine for any Medicaid beneficiary younger than 19 years of age.

Billing/Reporting Covid-19 Vaccines for Medicaid Beneficiaries

Pharmacy Claims at Point of Sale:

Pharmacies will be 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 will remain 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.

Claims will deny if the beneficiary is less than 19 years of age unless the claim is pre-approved for pharmacy administration reimbursement **OR** if the vaccine administered is unapproved for administration by a pharmacy immunizer.

Reimbursement rates for vaccines will be WAC+3%, and will be listed on the [Outpatient Pharmacy](#) webpage, under the Reimbursement section.

CPT codes for administration of a vaccine will not be required on the pharmacy claim. Vaccine administration rates will be added to the reimbursement amount of the vaccine and will be reflected on the response transaction.

NC Medicaid will reimburse at the Medicare-approved COVID-19 vaccination administration rate of \$65 until Sept. 30, 2024. Effective Oct. 1, 2024, reimbursement for COVID-19 vaccine administration will align with the standard administration rate per COVID-19 vaccine dose. Administration rates for pharmacy immunizations will remain the same as for all other NC Medicaid recognized medical providers and can be found on the [Physician Fee Schedule](#).

Additional information for vaccine administration on pharmacy claims:

- Providers shall bill with the 11-digit vaccine NDC associated with the product administered (best practice is to use the NDC closest to the drug administered)
- Providers shall bill their usual and customary charge for non-340B drugs
- Providers shall bill their actual acquisition charge for 340B drugs in the U&C field
- Dispensing fee will NOT be paid on pharmacy claims for immunization administration
- Claims for vaccines shall be copay exempt

- Vaccine claims submitted by the I/T/U provider will not be reimbursed the OMB Encounter rate (flat rate)
- A delivery fee will not be paid on claims for vaccines

NDC codes for the 2023-2024 Covid-19 Vaccine Products

Drug	NDCs:
Spikevax™	Vial: 80777-0102-04, 80777-0102-95, Syringe: 80777-0102-01, 80777-0102-93, 80777-0102-96
Comirnaty®	Single Dose Vials: 00069-2362-01, 00069-2362-10 Single Dose Prefilled Syringes: 00069-2392-01, 00069-2392-10
Novavax	Vials: 80631-0100-01, 80631-0100-10, 80631-0102-01, 80631-0102-10

Medical Claims via 837P or CMS 1500:

The following tables indicate the vaccine codes that may be billed (with the usual and customary charge) for Covid-19 vaccine. The tables also indicate the administration codes that may be billed, depending on the age of the beneficiaries and the vaccine(s) administered to them.

All providers, including pharmacists, will be reimbursed the same amount for the Covid-19 vaccines and administration charges. For Covid-19 vaccine and administration fee rates, refer to the [DHB's Physician Administered Drug Program \(PADP\) and Physician Services Fee Schedule](#).

Billing Codes to be used by Pharmacist for Medicaid Beneficiaries 19 Years of Age or Older via CMS 1500 or 837P Claims

Vaccine CPT Code to Report	CPT Code Description
91304CG	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use
91320CG	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
91322CG	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use.

*The CG modifier must be appended to every vaccine and vaccine administration CPT code used to bill vaccines by pharmacists. The CG modifier identifies a Pharmacy Provider in NCTracks for vaccine claims billing purposes.

90480CG - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, single dose

Detailed information about the regulations regarding pharmacist immunization can be found at [Pharmacist Administrated Vaccine and Reimbursement Guidelines](#) published in the Oct. 2016 Medicaid Bulletin. Please note that NDCs are required on vaccine claims.

NDC’s Change Each Year for Covid-19 Vaccines

Providers are required to use appropriate NDCs that correspond to the vaccine used for administration and corresponding CPT code. Note that not all products and NDCs under their respective CPT codes will be covered.

Covid-19 vaccines are licensed each year with new NDCs, so it is important to report the correct code for the products you are using to avoid having claims deny with edit 00996 (Mismatched NDC) which will require the claim to be resubmitted with the correct NDC. Below are the Covid-19 vaccine procedure (CPT) codes and corresponding NDCs that should be used for the 2023-2024 Covid-19 season:

CPT and NDC codes for the 2023-2024 Covid-19 Vaccine Products for Pharmacies

CPT Code	NDC Codes
91304	Vials: 80631-0100-01, 80631-0100-10, 80631-0102-01, 80631-0102-10
91320	Single Dose Vials: 00069-2362-01, 00069-2362-10 Single Dose Prefilled Syringes: 00069-2392-01, 00069-2392-10
91322	Vial: 80777-0102-04, 80777-0102-95, Syringe: 80777-0102-01, 80777-0102-93, 80777-0102-96

GDIT, 1-800-688-6696

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 Oct. 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
Ciprodex Otic Suspension	Ciprofloxacin/Dexamethasone Suspension	52911
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	Azelastrine/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 Powder Packet	Vigabatrin 500 mg Powder Packet	17869
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 Nov. 2023

Electronic Cutoff Schedule

Nov. 2, 2023
 Nov. 9, 2023
 Nov. 16, 2023
 Nov. 23, 2023

Checkwrite Date

Nov. 7, 2023
 Nov. 14, 2023
 Nov. 21, 2023
 Nov. 28, 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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