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In This Issue...

[Influenza Vaccine and Reimbursement Guidelines for 2022-2023 for NC Medicaid and NC Health Choice](#)

[Procedures for Prior Authorization of palivizumab \(Synagis®\) for Respiratory Syncytial Virus Season 2022/2023](#)

[Pharmacy Point of Sale Process at Tailored Plan Launch](#)

[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 October 2022](#)

Influenza Vaccine and Reimbursement Guidelines for 2022-2023 for NC Medicaid and NC Health Choice

Vaccine strains for the 2022–2023 influenza vaccines were selected by the Food and Drug Administration’s Vaccines and Related Biologic Products Advisory Committee, based on the World Health Organization’s recommended Northern Hemisphere 2022–2023 influenza vaccine composition. For details on the 2022-2023 influenza vaccines, visit the [Centers for Disease Control \(CDC\) Flu Season web page](#).

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, which 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, point of sale pharmacies are NOT eligible to participate in the VFC program at this time. Immunizing pharmacist providers should only vaccinate non-VFC Medicaid-eligible beneficiaries aged 19 years and older. Pharmacists will NOT be reimbursed for the cost of vaccine administered to any NC Health Choice beneficiary or any Medicaid beneficiary younger than 19 years of age. Pharmacists would only be eligible for reimbursement for the administration of the vaccines.

Billing/Reporting Influenza Vaccines for Medicaid Beneficiaries

The following tables indicate the vaccine codes that may be billed (with the usual and customary charge) for influenza 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 influenza vaccines and administration charges. For influenza vaccine and administration fee rates, refer to the [Physician’s Drug Program fee schedule](#) on [DHB’s Fee Schedule web page](#) and [Physician Services Fee Schedule web page](#).

Vaccine Billing Codes to be used by Pharmacist for NC Medicaid Beneficiaries 19 Years of Age or Older

Vaccine CPT Code to Report	CPT Code Description
90662CG	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90672CG	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90674CG	influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5mL dosage, for intramuscular use

90682CG	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90686CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90688CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
90694CG	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
90756CG	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 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.

Administration Billing Codes to be used by Pharmacists for NC Medicaid Beneficiaries 19 Years of Age and Older

CPT Code(s)	CPT Code Description
90471CG	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472CG (add-on code)*	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine . (Separately list the add-on code(s) for each additional single vaccine and/or combination vaccine/toxoid administered, in addition to the primary procedure)
90473CG	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid). <i>Do not report 90473 in conjunction with 90471.</i>

*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.

*Providers *may* bill more than one unit of 90472 as appropriate.

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

NDCs for Influenza Vaccines

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

Influenza vaccines are licensed each year with new NDCs, so it is important to report the correct code for the products being administered 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 influenza vaccine procedure (CPT) codes and corresponding NDCs, which should be used for the 2022-2023 influenza season:

CPT and NDC codes for the 2022-2023 Influenza Vaccine Products

CPT Codes	NDC codes
90662	Fluzone® High-Dose Quad: 49281-0122-65, 49281-0122-88
90672	FluMist Quadrivalent: 66019-0309-01, 66019-0309-10
90674	Flucelvax® Quadrivalent: 70461-0322-03, 70461-0322-04
90682	Flublok® Quadrivalent: 49281-0722-10, 49281-0722-88
90686	Afluria Quadrivalent: 33332-0322-03, 33332-0322-04 Fluarix Quadrivalent: 58160-0890-41, 58160-0890-52 FluLaval Quadrivalent: 19515-0808-41, 19515-0808-52 Fluzone Quadrivalent syringe: 49281-0422-50, 49281-0422-88 Fluzone Quadrivalent vial: 49281-0422-10, 49281-0422-58
90687	Afluria Quadrivalent: 33332-0422-10, 33332-0422-11 Fluzone Quadrivalent: 49281-0637-15, 49281-0637-78
90688	Afluria Quadrivalent: 33332-0422-10, 33332-0422-11 Fluzone Quadrivalent: 49281-0637-15, 49281-0637-78
90694	Fluad® Quadrivalent: 70461-0122-03, 70461-0122-04
90756	Flucelvax® Quadrivalent: 70461-0422-10, 70461-0422-11

GDIT, 1-800-688-6696

Procedures for Prior Authorization of palivizumab (Synagis®) for Respiratory Syncytial Virus Season 2022/2023

The clinical criteria used by NC 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, 32nd 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 Nov. 1, 2022 - March 31, 2023.

Request for Coverage Outside of Season

For requests for coverage outside of the defined coverage season, submit an EPSDT request using the

[Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age.](#)

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](#).

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 is 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 10th 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 (<0.5%) of a second same season hospitalization,.

Prior Approval Request

Providers may submit PA requests for coverage of Synagis beginning Oct. 1, 2022.

The Synagis® PA request form for Medicaid Direct beneficiaries is found on the NCTracks pharmacy services page at: <https://www.nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html>. 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.

Please note, the Document-for-Safety has been discontinued for Synagis PA submission.

PA 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 help desk for assistance.

[AmeriHealth Caritas North Carolina, Inc.](#)

[Carolina Complete Health, Inc.](#)

[Healthy Blue of North Carolina](#)

[UnitedHealth Care of North Carolina, Inc](#)

[WellCare Health Plan](#)

Pharmacy Information

Synagis claims processing will begin on Oct. 26, 2022, to allow sufficient time for pharmacies to provide Synagis by Nov. 1, 2022. 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, 2022, and after March 31, 2023, will not be allowed. Use of a point of sale PA override code will not be allowed.

Pharmacy providers should always indicate an accurate days supply when submitting claims.

Submit POS claims for Synagis doses with multiple vial strengths as a single compound-drug claim. Synagis doses, which 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.

Pharmacy Point of Sale Process at Tailored Plan Launch

Pharmacy Point of Sale (POS) claims for members enrolled in Behavioral Health and Intellectual/Developmental Disabilities (I/DDs) Tailored Plans will be temporarily managed by NCTracks when Tailored Plans launch on Dec. 1, 2022 through March 31, 2023. Beginning on April 1, 2023, these claims will be managed by the Tailored Plans. This change was made as a result of a key Pharmacy Benefit Manager (PBM) unexpectedly leaving the NC Medicaid market in late 2021, requiring some Tailored Plans to procure another PBM.

- During this period, NCTracks will manage pharmacy POS claims, pharmacy prior authorizations (PAs), and the Lock-In program.
- The Tailored Plans will manage all medical claims during this period, including medical Durable Medical Equipment (DME) claims and medical drug claims (i.e., drugs billed on a CMS-1500 or a UB-04).
- DME billed on a medical claim must be submitted to the Tailored Plan.
- DME billed at Pharmacy POS must be processed by NCTracks.

Impact to Tailored Plan Members

- There will be no impact to members' pharmacy benefits during this transition period.
- From Dec. 1, 2022, through March 31, 2023, member ID cards will not include pharmacy information. A new card will be issued for April 1, 2023, indicating the new RxBin and PCN numbers for the Tailored Plans.
- Members should use the Tailored Plan contact/call center line for questions about their pharmacy benefits.
 - The call center number will appear on their ID card.
 - Calls will be routed to the NCTracks Call Center or the NC Medicaid Contact Center from this single portal of entry, as needed.

Impact to Pharmacists and Providers

To appropriately process pharmacy POS claims for Tailored Plan enrolled members from Dec. 1, 2022, through March 31, 2023, pharmacies must submit pharmacy POS claims for members who are enrolled in a Tailored Plan to NCTracks. The NCTracks POS information is listed below:

- **BIN:** 610242
- **PCN:** 781640064

To submit pharmacy PAs for Tailored Plan enrolled members from Dec. 1, 2022, through March 31, 2023, providers must submit pharmacy PAs to NCTracks via NCTracks' Provider Portal or:

- NCTracks Fax: 855-710-1969
- NCTracks Pharmacy PA Call Center: 866-246-8505

Pharmacy Overrides Available at Tailored Plan Launch

From Dec. 1, 2022 through March 31, 2023, NCTracks will not receive any new medical claims information for Tailored Plan enrolled members. Medical data, which may be used by NCTracks to process automated prior authorization requirements, may not be present at POS during this period. This applies to any new medical data managed by the Tailored Plan between Dec. 1, 2022, and March 31, 2023; providers may be required to submit PA in these instances.

To mitigate impact to providers, pharmacists may utilize 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

For more information, please refer to the [Pharmacy Point of Sale for Tailored Plan Launch fact sheet](#).

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of Aug. 31, 2022

Brand Name	Generic Name
Tegretol 100 mg/5 ml Susp	Carbamazepine 100 mg/5 ml Susp
Tegretol 200 mg Tab	Carbamazepine 200 mg Tab
Transderm-Scop 1.5 mg/3 day	Scopolamine 1 mg/3 Day Patch
Diclegis 10-10 DR	Doxylamine Succinate/Pyridoxine HCL 10-10 DR
Retin-A Gel 0.01%	Tretinoin Gel 0.01%
Retin-A Gel 0.025%	Tretinoin Gel 0.025%
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
Derma-Smoothe-FS Body Oil	Fluocinolone 0.01% Body Oil
Zovirax 5% Ointment	Acyclovir 5% Ointment
TobraDex Eye Drops	Tobramycin-Dexamethasone Drops
Tegretol XR 200 mg Tab	Carbamazepine ER 200 mg Tab
Sabril 500 mg Powder Packet	Vigabatrin 500 mg Powder Packet
Tegretol XR 400 mg Tab	Carbamazepine ER 400 mg Tab
Pulmicort 1 mg/2 ml	Budesonide 1.0 mg/2 ml
Zovirax 5% Cream	Acyclovir 5% Cream
Dovonex 0.005% Cream	Calcipotriene 0.005% Cream
E.E.S 200	Erythromycin Ethyl Succinate 200 mg/5 ml

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
Flovent HFA 110 mcg Inhaler	Fluticasone Prop HFA 110 mcg Inhaler
Flovent HFA 44 mcg Inhaler	Fluticasone Prop HFA 44 mcg Inhaler
Flovent HFA 220 mcg Inhaler	Fluticasone Prop HFA 200 mcg Inhaler
Canasa 1,000 mg Suppository	Mesalamine 1,000 mg Suppository
Actiq 200 mcg Lozenges	Fentanyl Citrate 200 mcg Lozenges
Actiq 400 mcg Lozenges	Fentanyl Citrate 400 mcg Lozenges
Provigil 100 mg	Modafinil 100 mg
Tegretol XR 100 mg Tab	Carbamazepine ER 100 mg Tab
Humalog 100 units/ml Vial	Insulin Lispro 100 units/ml Vial
ProAir HFA Inhaler	Albuterol HFA Inhaler
Retin-A Micro 0.1% Gel	Tretinoin Micro 0.1% Gel
Differin 0.1% Cream	Adapalene 0.1% Cream
Humalog Kwikpen 100 units/ml	Insulin Lispro 100 units/ml
Gabitril 4 mg	Tiagabine 4 mg
Gabitril 12 mg	Tiagabine 12 mg
Gabitril 16 mg	Tiagabine 16 mg
Lotemax 0.5% Eye Drops	Loteprednol 0.5% Eye Drops
Cipro 5% Suspension	Ciprofloxacin 250 mg/5 ml Suspension
Cipro 10% Suspension	Ciprofloxacin 500 mg/5 ml Suspension
Actiq 600 mcg Lozenges	Fentanyl Citrate 600 mcg Lozenges
Actiq 800 mcg Lozenges	Fentanyl Citrate 800 mcg Lozenges
Actiq 1200 mcg Lozenges	Fentanyl Citrate 1200 mcg Lozenges
Actiq 1600 mcg Lozenges	Fentanyl Citrate 1600 mcg Lozenges
Provigil 200 mg	Modafinil 200 mg
MetroCream 0.75% Cream	Metronidazole 0.75% Cream
Humalog Kwikpen Mix 75-25	Insulin Lispro Mix 75-25
Advair 100-50 Diskus	Fluticasone-Salmeterol 100-50
Advair 250-50 Diskus	Fluticasone-Salmeterol 250-50
Advair 500-50 Diskus	Fluticasone-Salmeterol 500-50
Novolog 100 U/ml Cartridge	Insulin Aspart 100 U/ml Cartridge
Novolog 100 U Vial	Insulin Aspart 100 U Vial
Novolog 100 U/ml FlexPen	Insulin Aspart 100 U/ml Pen
Gabitril 2 mg	Tiagabine 2 mg
Concerta 18 mg tab	Methylphenidate ER 18 mg
Concerta 36 mg tab	Methylphenidate ER 36 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
Concerta 54 mg tab	Methylphenidate ER 54 mg
Travatan Z 0.004% Eye Drop	Travoprost 0.004% Eye Drop
Alphagan P 0.15% Drops	Brimonidine P 0.15% Drops
Adderall XR 10 mg	Amphetamine Salt Combo ER 10 mg

Adderall XR 20 mg	Amphetamine Salt Combo ER 20 mg
Adderall XR 30 mg	Amphetamine Salt Combo ER 30 mg
Focalin 2.5 mg	Dexmethylphenidate 2.5 mg
Focalin 5 mg	Dexmethylphenidate 5 mg
Focalin 10 mg	Dexmethylphenidate 10 mg
Tracleer 125 mg Tablet	Bosentan 125 mg tablet
Tracleer 62.5 mg Tablet	Bosentan 62.5 mg tablet
Elidel 1% Cream	Pimecrolimus 1% Cream
Novolog Mix 70-30 FlexPen	Insulin Aspart Pro Mix 70-30 Pen
Concerta 27 mg tab	Methylphenidate ER 27 mg
Copaxone 20 mg/ml Syr	Glatiramer 20 mg/ml Syr
Retin-A Micro 0.04% Gel	Tretinoin Micro 0.04% Gel
Adderall XR 5 mg	Amphetamine Salt Combo ER 5 mg
Adderall XR 15 mg	Amphetamine Salt Combo ER 15 mg
Adderall XR 25 mg	Amphetamine Salt Combo ER 25 mg
Novolog Mix 70-30 Vial	Insulin Aspart Pro Mix 70-30 Vial
Restasis 0.05% Eye Emulsion	Cyclosporine 0.05% Eye Emulsion
Emend 80 mg Capsule	Aprepitant 80 mg Capsule
Ciprodex Otic Suspension	Ciprofloxacin/Dexamethasone Suspension
Symbyax 6-25	Olanzapine-fluoxetine 6-25
Combigan 0.2%-0.5% Eye Drops	Brimonidine-Timolol 0.2%-0.5%
Clobex 0.005% Shampoo	Clobetasol 0.005% Shampoo
Methylin 5 mg/5 ml Solution	Methylphenidate 5 mg/5 ml Solution
Methylin 10 mg/5 ml Solution	Methylphenidate 10 mg/5 ml Solution
Derma-Smoothe-FS Scalp Oil	Fluocinolone 0.01% Scalp Oil
Focalin XR 5 mg	Dexmethylphenidate ER 5 mg
Focalin XR 10 mg	Dexmethylphenidate ER 10 mg
Focalin XR 20 mg	Dexmethylphenidate ER 20 mg
BiDil 20mg-37.5mg Tablet	Isosorbide DN 20mg/Hydralazine 37.5mg
Metrogel Topical 1% Gel	Metronidazole Topical 1% Gel
Butrans 5 mcg/hr Patch	Buprenorphine 5 mcg/hr Patch
Butrans 10 mcg/hr Patch	Buprenorphine 10 mcg/hr Patch
Butrans 20 mcg/hr Patch	Buprenorphine 20 mcg/hr Patch
Dermotic Otic Drops	Fluocinolone 0.01% Otic Drops
Amitiza 24 mcg Capsule	Lubiprostone 24 mcg Capsule
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
Chantix Starting Month Box	Varenicline Starting Month Box
Focalin XR 15 mg	Dexmethylphenidate ER 15 mg
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
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
Lialda 1.2 gm Tablet	Mesalamine 1.2 gm Tablet
Nexium DR 20 mg Packet	Esomeprazole DR 20 mg Packet
Nexium DR 40 mg Packet	Esomeprazole DR 40 mg Packet
Tekturna 300 mg Tablet	Aliskiren 300 mg Tablet
Tekturna 150 mg Tablet	Aliskiren 150 mg Tablet
Symbicort 80-4.5 mcg Inhaler	Budesonide-Formoterol 80-4.5 mcg Inhaler
Symbicort 160-4.5 mcg Inhaler	Budesonide-Formoterol 160-4.5 mcg Inhaler
Letairis 5 mg Tablet	Ambrisentan 5 mg Tablet
Letairis 10 mg Tablet	Ambrisentan 10 mg Tablet
Nuvigil 150 MG Tabs	Armodafinil 150 mg tabs
Nuvigil 50 MG Tabs	Armodafinil 50 mg tabs
Nuvigil 250 MG Tabs	Armodafinil 250 mg tabs
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
Symbyax 3-25	Olanzapine-fluoxetine 3-25
Nexium DR 10 mg Packet	Esomeprazole DR 10 mg Packet
Protonix 40 mg Suspension	Pantoprazole 40 mg Suspension
Amitiza 8 mcg Capsule	Lubiprostone 8 mcg Capsule
Pradaxa 75 mg	Dabigatran 75mg
Toviaz ER 4 mg Tablet	Fesoterodine 4 mg Tablet
Toviaz ER 8 mg Tablet	Fesoterodine 8 mg Tablet
Durezol 0.05% Eye Drops	Difluprednate 0.05% Eye Drops
Bethkis 300 mg/4 ml Ampule	Tobramycin Solution 300 mg/4 ml Ampule
Apriso ER 0.375 Gram Capsule	Mesalamine 0.375 mg Capsule
Saphris 5 mg Tab Sublingual	Asenapine 5 mg Tablet SL
Saphris 10 mg Tab Sublingual	Asenapine 10 mg Tablet SL
Invega ER 1.5 mg tablet	Paliperidone ER 1.5 mg tablet
Focalin XR 30 mg	Dexmethylphenidate ER 30 mg
Vagifem 10 mcg Vaginal Tab	Estradiol 10 mcg Vaginal Insert
Focalin XR 40 mg	Dexmethylphenidate ER 40 mg
Suboxone 2-0.5 mg Film	Buprenorphine/Naloxone 2-0.5 mg Film
Suboxone 8 mg-2 mg Film	Buprenorphine/Naloxone 8mg-2mg Film
Pradaxa 150 mg	Dabigatran 150 mg
Natroba 0.9% Topical Susp	Spinosad 0.9% Topical Susp
Androgel Pump	Testosterone Gel Pump

Focalin XR 25 mg	Dexmethylphenidate ER 25 mg
Focalin XR 35 mg	Dexmethylphenidate ER 35 mg
Differin 0.3% Gel Pump	Adapalene 0.3% Gel Pump
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
Exelon 13.3 mg/24 hr Patch	Rivastigmine 13.3 mg/24 hr Patch
Suboxone 4-1 mg Film	Buprenorphine/Naloxone 4-1 mg Film
Suboxone 12-3 mg Film	Buprenorphine/Naloxone 12-3 mg Film
Tecfidera Starter Pack	Dimethyl Fumarate Starter Pack
Tecfidera DR 120 mg Capsule	Dimethyl Fumarate 120 mg Capsule
Tecfidera DR 240 mg Capsule	Dimethyl Fumarate 240 mg Capsule
Butrans 15 mcg/hr Patch	Buprenorphine 15 mcg/hr Patch
Copaxone 40 mg/ml Syr	Glatiramer 40 mg/ml Syr
Nuvigil 200 MG Tabs	Armodafinil 200 mg tabs
Butrans 7.5 mcg/hr Patch	Buprenorphine 7.5 mcg/hr Patch
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
Mitigare 0.6 mg capsules	Colchicine 0.6 mg capsules
Kitabis Pak 300 mg/5 ml	Tobramycin Pak 300 mg/5 ml
Saphris 2.5 mg Tab Sublingual	Asenapine 2.5 mg Tablet SL
Epiduo Forte 0.3-2.5% Gel Pump	Adapalene-Bnzy1 Perox 0.3-2.5%
Humalog Jr Kwikpen 100 units/ml	Insulin Lispro Jr 100 units/ml

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 October 2022

Electronic Cutoff Schedule	Checkwrite Date
Sept. 29, 2022	Oct. 4, 2022
Oct. 6, 2022	Oct. 12, 2022
Oct. 13, 2022	Oct. 18, 2022
Oct. 20, 2022	Oct. 25, 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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