



An Information Service of the Division of Health Benefits

## North Carolina Medicaid Pharmacy Newsletter

*Number 358*

*Sept. 2023*

### **In This Issue...**

**[State Health Director Standing Orders Replaced by State Protocols on August 14, 2023](#)**

**[OTC COVID 19 Test for Home Use Pharmacy POS Coverage : \*INDICAID, CELLTRION, NEW GENABIO NDCs added to coverage.\*](#)**

**[Influenza Vaccine and Reimbursement Guidelines for 2023-2024 for NC Medicaid](#)**

**[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 Oct. 2023](#)**

## State Health Director Standing Orders Replaced by State Protocols on Aug. 14, 2023

The standing orders created by the State Health Director and Chief Medical Officer for NCDHHS, Dr. Elizabeth Tilson, to support the authorities granted to immunizing pharmacists by [House Bill 96/Session Law 2021-110](#) are replaced by [state protocols](#). According to the legislation, the State Health Director Standing Orders shall remain in effect until a joint sub-committee of the NC Board of Pharmacy and Medical Board develops statewide written protocols. In late July, NC Medicaid was informed that the Joint Committee of the Boards agreed to adopt Dr. Tilson's State Standing Orders as State Protocols. That mandated expiration of the following State Standing Orders when the new State Protocols were implemented on Aug. 14, 2023.

- [Self-administered oral or transdermal contraceptives](#)
- [Prenatal vitamins](#)
- [Nicotine replacement therapy that is approved by the United States Food and Drug Administration](#)
- [Post-exposure prophylaxis medications for the prevention of human immunodeficiency virus \(HIV\)](#)
- [Glucagon for the treatment of severe hypoglycemia](#)
- *\*Naloxone Standing Orders and COVID-19 Related Standing Orders will not be converted to protocols. COVID-19 Related Standing Orders will sunset in December of 2024. The Naloxone Standing Orders will remain under the NC State Health Director.*

The protocols are intended for pharmacist use; however, immunizing pharmacists are not currently enrolled providers in NC Medicaid. Until pharmacists have the ability to enroll in NC Medicaid as a provider the pharmacy NPI should be used as the prescriber when utilizing the protocols for a NC Medicaid beneficiary.

If any issues occur with processing a claim using the pharmacy NPI as the prescriber, please contact the NCTracks Call Center at 800-688-6696. Be prepared to provide the drug NDC number submitted on the claim.

Future communications will be coming about additional enhancements.

Please send any question or comments to the NCTracks Call Center: 800-688-6696.

### **OTC COVID 19 Test for Home Use Pharmacy POS Coverage: *INDICAID, CELLTRION, NEW GENABIO NDCs added to coverage.***

COVID 19 OTC Tests for home use are covered for full Medicaid enrollees through Sept. 30, 2024.

Guidance for NC Medicaid coverage and the complete list of covered products are available on the [Outpatient Pharmacy Services](#) webpage.

Updates to the covered products are below.

Test Name	NDC	# Tests in Kit	Billing Unit	SMAC	Effective Date
INDICAID COVID-19 AG HOME TEST	60008040780	2	2	\$10.48/test; \$20.96 kit	8/1/2023
CELLTRION DIATRUST COV-19 HOME	06121076323	2	2	\$10.34/test; \$20.68 kit	8/1/2023
GENABIO COVID-19 RAPID AT-HOME	60008095486	1	1	\$12.99/test; \$12.99/kit	7/28/2023
GENABIO COVID-19 RAPID AT-HOME	60008095487	2	2	\$12.99/test; \$25.98/kit	7/28/2023

### **Influenza Vaccine and Reimbursement Guidelines for 2023-2024 for NC Medicaid**

Vaccine strains for the 2023–24 influenza vaccines were selected by the Food and Drug Administration’s Vaccines and Related Biologic Products Advisory Committee based on WHO’s recommended Northern Hemisphere 2023–24 influenza vaccine composition. For details on the 2023-2024 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 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 Influenza 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 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.

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:

- Administration rate for beneficiaries younger than 21 years is \$20.45
- Administration rate for beneficiaries 21 or older is \$13.30

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 Influenza Vaccine Products***

<b>Drug</b>	<b>NDC</b>
Afluria Quadrivalent 2023-2024 Vial	33332-0423-10; 33332-0423-11
Afluria Quadrivalent 2023-24 (3 Years and up)	33332-0323-03; 33332-0323-04
Fluad Quadrivalent 2023-2024 Syringe	70461-0123-03; 70461-0123-04
Fluarix Quadrivalent 2023-2024 Syringe	58160-0909-41; 58160-0909-52
Flublok Quadrivalent 2023-2024 Syringe	49281-0723-10; 49281-0723-88
Flucelvax Quadrivalent 2023-2024 Syringe	70461-0323-03; 70461-0323-04
Flucelvax Quadrivalent 2023-2024 Vial	70461-0423-10; 70461-0423-11
Flulaval Quadrivalent 2023-2024 Syringe	19515-0814-41; 19515-0814-52
Flumist Quadrivalent Nasal 2023-24	66019-0310-01; 66019-0310-10
Fluzone High-Dose Quadrivalent 2023-24	49281-0123-65; 49281-0123-88
Fluzone Quadrivalent 2023-2024 Syringe	49281-0423-50; 49281-0423-88
Fluzone Quadrivalent 2023-2024 Vial	49281-0639-15; 49281-0639-78

**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 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 [DHB's Physician Administered Drug Program \(PADP\) and Physician Services Fee Schedule](#).

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

<b>Vaccine CPT Code to Report</b>	<b>CPT Code Description</b>
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.

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

<b>CPT Code(s)</b>	<b>CPT Code Description</b>
90471CG	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); <b>one vaccine</b> (single or combination vaccine/toxoid)
90472CG (add-on code)*	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); <b>each additional vaccine</b> . (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.

**NDC’s for Influenza 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.

Influenza 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 influenza vaccine procedure (CPT) codes and corresponding NDCs that should be used for the 2023-2024 influenza season:

***CPT and NDC codes for the 2023-2024 Influenza Vaccine Products***

<b>CPT Codes</b>	<b>NDC codes</b>
90662	Fluzone® High-Dose Quad: 49281-0123-65, 49281-0123-88
90672	FluMist Quadrivalent: 66019-0310-01, 66019-0310-10
90674	Flucelvax® Quadrivalent: 70461-0323-03, 70461-0323-04
90682	Flublok® Quadrivalent: 49281-0723-10, 49281-0723-88
90686	Afluria® Quadrivalent (3 years and up) Syringe: 33332-0323-03, 33332-0323-04 Fluarix Quadrivalent Syringe: 58160-0909-41, 58160-0909-52 FluLaval Quadrivalent Syringe: 19515-0814-41, 19515-0814-52 Fluzone® Quadrivalent syringe: 49281-0423-50, 49281-0423-88
90688	Afluria® Quadrivalent Vial: 33332-0423-10, 33332-0423-11 Fluzone® Quadrivalent Vial: 49281-0639-15, 49281-0639-78
90694	Fluad® Quadrivalent Syringe: 70461-0123-03, 70461-0123-04
90756	Flucelvax® Quadrivalent Vial: 70461-0423-10, 70461-0423-11

GDIT, 1-800-688-6696

**Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of Aug. 31, 2023**

**\*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.**

Brand Name	Generic Name
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
Advair 100-50 Diskus	Fluticasone-Salmeterol 100-50
Advair 250-50 Diskus	Fluticasone-Salmeterol 250-50
Advair 500-50 Diskus	Fluticasone-Salmeterol 500-50
Advair HFA 45-21 mcg Inhaler	Fluticasone-Salmeterol 45-21 HFA Inhaler
Advair HFA 115-21 mcg Inhaler	Fluticasone-Salmeterol 115-21 HFA Inhaler
Advair HFA 230-21 mcg Inhaler	Fluticasone-Salmeterol 230-21 HFA Inhaler
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
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
Cipro 10% Suspension	Ciprofloxacin 500 mg/5 ml Suspension
Cipro 5% Suspension	Ciprofloxacin 250 mg/5 ml Suspension
Combigan 0.2%-0.5% Eye Drops	Brimonidine-Timolol 0.2%-0.5%
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
Durezol 0.05% Eye Drops	Difluprednate 0.05% Eye Drops
Elidel 1% Cream	Pimecrolimus 1% Cream
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
Gilenya 0.5 mg Capsule	Fingolimod 0.5 mg Capsule
Humalog Kwipen 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
Latuda 40 mg tablet	Lurasidone 40 mg tablet
Latuda 80 mg tablet	Lurasidone 80 mg tablet
Latuda 20 mg tablet	Lurasidone 20 mg tablet
Latuda 120 mg tablet	Lurasidone 120 mg tablet
Latuda 60 mg tablet	Lurasidone 60 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
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
Onglyza 2.5 mg	Saxagliptin 2.5 mg
Onglyza 5 mg	Saxagliptin 5 mg
OxyContin ER 10mg Tablet	Oxycodone ER 10mg Tablet

OxyContin ER 20mg Tablet	Oxycodone ER 20mg Tablet
OxyContin ER 40mg Tablet	Oxycodone ER 40mg 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
Pylera Capsules	Bismuth-Metro-Tetr 140-125-125
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
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
Zovirax 5% Cream	Acyclovir 5% Cream

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 Oct. 2023

### Electronic Cutoff Schedule

Sept. 28, 2023  
 Oct. 5, 2023  
 Oct. 12, 2023  
 Oct. 19, 2023  
 Oct. 26, 2023

### Checkwrite Date

Oct. 3, 2023  
 Oct. 11, 2023  
 Oct. 17, 2023  
 Oct 24, 2023  
 Oct. 31, 2023

*POS claims must be transmitted and completed by 11:59 p.m. on the day of the electronic cutoff date to be included in the next checkwrite.*

The 2023 checkwrite schedules for both NC Medicaid and DMH/DPH/ORH can be found under the Quick Links on the right side of the [NCTracks Provider Portal](#) home page.

---

**Angela Smith, PharmD, DHA, BCPS, FACHE**

Director of Pharmacy, DME/POS, Hearing &  
Optical, and Ancillary Services  
Division of Health Benefits, NC Medicaid  
N.C. Department of Health and Human Services

**Sandra Terrell, MS, RN**

Director of Clinical Programs and Policy  
Division of Health Benefits  
N.C. Department of Health and Human Services

**Jay Ludlam**

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

**Paul Guthery**

Executive Account Director  
NCTracks  
GDIT

**Shannon Dowler, MD**

Chief Medical Officer  
Division of Health Benefits  
N.C Department of Health and Human Services

**Rick Paderick, R.Ph.**

Pharmacy Director  
NCTracks  
GDIT

**Bonnie Williams**

Deputy Executive Account Director  
NCTracks  
GDIT