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Pharmacy Point of Sale Coverage of Spermicides and Condoms as of September 1

Effective Sept. 1, 2024, NC Medicaid covers condoms and spermicides as over-the-counter products, through the pharmacy benefit. This coverage applies to both NC Medicaid Direct and NC Medicaid Managed Care health plans.

Coverage supports reproductive health care for NC Medicaid beneficiaries, including prevention of unintended pregnancy and sexually transmitted diseases. Medicaid beneficiaries will be able to obtain condoms and spermicides from pharmacies enrolled in Medicaid with a prescription from a Medicaid-enrolled provider, with no cost sharing responsibility.

Pharmacy Providers

For condoms and spermicides to be covered by NC Medicaid, pharmacy providers should, upon receipt of a prescription:

- Ensure product dispensed is included in coverage, per the table below
- Process all claims as a point-of-sale prescription
- No copay should be collected

Claims will be paid based on the fee schedule below. A dispensing fee will not be paid to the pharmacy for dispensing of condoms and/or spermicide. Beneficiaries are allowed to obtain up to 30 condoms per month, with a prescription, with 11 refills. Annual limit of 360. No age limits apply.

Covered products and the reimbursement rate are listed below, effective Sept. 1, 2024.

Product Description	Rate	Effective Date
NONOXYNOL 9 (gel)	\$0.51215 per gram	9/1/2024
NONOXYNOL 9 (film)	\$0.75000 per each	9/1/2024
CONDOMS, LATEX, NON-LUBRICATED	\$0.41666 per each	9/1/2024
CONDOMS, LATEX, LUBRICATED	\$0.24166 per each	9/1/2024
CONDOMS, NON-LATEX, LUBRICATED	\$0.50875 per each	9/1/2024
CONDOMS, FEMALE	\$12.41666 per each	9/1/2024

Medicaid Pharmacy Claims Billing for Abrysvo, Arexvy, mRESVIA:

Effective Jan. 1, 2016, NC Medicaid reimburses pharmacies for covered vaccines, including RSV vaccines, as permitted by G.S. 90-85.15B (see below) when administered to NC Medicaid beneficiaries 19 years of age and older by an immunizing pharmacist.

Pharmacies are 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 remains 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.

Providers must bill 11-digit NDCs and appropriate NDC units. The NDCs are:

- Abrysvo: 00069-0344-01, 00069-0344-05, 00069-2465-10
- Arexvy: 58160-0848-11
- mRESVIA: 80777-0345-01, 80777-0345-90, 80777-0345-96

The [Vaccine Point-of-Sale \(POS\) Catalogs and Rate Listings](#) is maintained with vaccine POS and rate listing information.

For NC Medicaid Managed Care health plans, pharmacy providers should refer to communications from the beneficiaries' plan for Abrysvo/Arexvy/mRESVIA claim submission guidance.

- [Alliance Health](#)
- [AmeriHealth Caritas North Carolina, Inc.](#)
- [Carolina Complete Health, Inc.](#)
- [Healthy Blue of North Carolina](#)
- [Partners Health Management](#)
- [Trillium Health Resources](#)
- [United Health Care of North Carolina, Inc.](#)
- [Vaya Health](#)
- [WellCare Health Plan](#)

Procedures for Prior Authorization of palivizumab (Synagis®) for RSV Season 2024/2025 – Coverage starts Sept. 15, 2024 and ends March 31, 2025

The clinical criteria used by NC Medicaid for the 2024/2025 RSV season are consistent with guidance published by the *American Academy of Pediatrics (AAP): 2024 – 2027 Report of the Committee on Infectious Diseases, 33rd 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 Sept. 15, 2024, through March 31, 2025. Coverage for a maximum of five doses within the timeframe is allowed. Request for coverage of a sixth dose will be evaluated under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Request for Coverage under EPSDT

Please submit an EPSDT coverage request using the [Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age](#). The provider should submit an EPSDT request:

- For coverage outside of policy criteria (e.g. outside of Guidelines for Evidenced-Based Synagis Prophylaxis referenced below or a sixth dose request)
- For coverage outside the defined coverage period
- If Beyfortus was administered during the current season
- If maternal vaccine Abrysvo was administered during pregnancy

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](#).

Refer to the Managed Care Plans pharmacy prior authorization page to find the EPSDT form.

PA Request for Coverage During the Season for Medicaid Direct Enrollees

Providers should submit PA requests for coverage of Synagis beginning Sept. 15, 2024

- The Synagis PA request form for NC Medicaid Direct beneficiaries is found on the [NCTracks pharmacy services 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. *Note: The Document-for-Safety application 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 an NC Medicaid Managed Care health plan should be submitted in accordance with the plans' procedures. Refer to the plans' website or contact their help desk for assistance with the Synagis PA form and EPSDT form. Pharmacy providers should refer to communications from the Plans for Synagis claim submission guidance.

- [Alliance Health](#)
- [AmeriHealth Caritas North Carolina](#)
- [Carolina Complete Health](#)
- [Healthy Blue of North Carolina](#)
- [Partners Health Management](#)

- [Trillium Health Resources](#)
- [United Health Care of North Carolina](#)
- [Vaya Total Health](#)
- [WellCare Health Plan](#)

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 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 tenth 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%.

If nirsevimab is administered during the course of the season, coverage of additional palivizumab doses should discontinue.

Pharmacy Information for Medicaid Direct Claims Submission

Synagis claims processing will begin on Sept. 15, 2024. 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. 15, 2024, and after March 31, 2025, is not allowed. Use of a POS PA override code is not allowed.

Submit POS claims for EPSDT approved Synagis coverage according to the effective date of the approval.

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 NC Medicaid.

Immunization Billing for Medicaid Beneficiaries from Immunizing Pharmacies

For beneficiaries 19 years of age and older

Effective Jan. 1, 2016, NC Medicaid will reimburse pharmacies for covered vaccines, including influenza vaccines, as permitted by G.S. 90-85.15B (see below) when administered to NC Medicaid beneficiaries 19 years of age and older by an immunizing pharmacist.

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.

The [Vaccine Point-of-Sale \(POS\) Catalogs and Rate Listings](#) is maintained with vaccine POS and rate listing information.

For NC Medicaid Managed Care health plans, pharmacy providers should refer to communications from the beneficiaries' plan for influenza vaccine claim submission guidance.

- [Alliance Health](#)
- [AmeriHealth Caritas North Carolina, Inc.](#)
- [Carolina Complete Health, Inc.](#)
- [Healthy Blue of North Carolina](#)
- [Partners Health Management](#)
- [Trillium Health Resources](#)
- [United Health Care of North Carolina, Inc.](#)
- [Vaya Health](#)
- [WellCare Health Plan](#)

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
90653CG	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
90656CG	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90658CG	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
90660CG	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use
90661CG	Influenza virus vaccine (ccIIV3), derived from cell cultures, subunit, antibiotic free, for intramuscular use
90662CG	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90673CG	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, 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 N.C. Medicaid Beneficiaries 19 Years of Age and Older via CMS 1500 or 837P Claims

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.

NDC's Change Each Year 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 2024-2025 influenza season:

CPT and NDC codes for the 2024-2025 Influenza Vaccine Products*

CPT Codes	NDC codes
90653	Fluad®: 70461-0024-03, 70461-0024-04
90656	Afluria®: 33332-0024-03, 33332-0024-04 Fluarix: 58160-0884-41, 58160-0884-52 FluLaval: 19515-0810-41, 19515-0810-52 Fluzone®: 49281-0424-50, 49281-0424-88
90657	Afluria®: 33332-0124-10, 33332-0124-11 Fluzone®: 49281-0641-15, 49281-0641-78
90658	Afluria®: 33332-0124-10, 33332-0124-11 Fluzone®: 49281-0641-15, 49281-0641-78
90660	FluMist®: 66019-0311-00, 66019-0311-10
90661	Flucelvax®: 70461-0654-03, 70461-0654-04, 70461-0554-10, 70461-0554-11
90662	Fluzone® High-Dose: 49281-0124-65, 49281-0124-88
90673	Flublok®: 49281-0724-10, 49281-0724-88

*Please note that for PADP medical claims, the [PADP fee schedule](#) is updated monthly with current CPT-NDC combinations and the [Vaccine Point-of-Sale \(POS\) Catalogs and Rate Listings](#) webpage are updated regularly with current NDCs for pharmacy point-of-sale claims.

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of Sep. 1, 2024

Brand Name	Generic Name
Actiq 1600 mcg Lozenges	Fentanyl Citrate 1600 mcg Lozenges
Actiq 400 mcg Lozenges	Fentanyl Citrate 400 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 0.1% Drops	Brimonidine P 0.1% Drops
Alphagan P 0.15% Drops	Brimonidine P 0.15% Drops
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 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
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
Dexilant DR 30 mg Cap	Dexlansoprazole DR 30 mg Cap
Dexilant DR 60 mg Cap	Dexlansoprazole DR 60 mg Cap
Diclegis 10-10 DR	Doxylamine Succinate/Pyridoxine HCL 10-10 DR
Dymista Nasal Spray	AzelaStine/Fluticasone Prop Nasal Spray
Elidel 1% Cream	Pimecrolimus 1% Cream
Emflaza 18 mg tablet	Deflazacort 18 mg tablet
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
Farxiga 10 mg	Dapagliflozin 10 mg
Farxiga 5 mg	Dapagliflozin 5 mg
Humalog Kwikpen Mix 75-25	Insulin Lispro Mix 75-25
Kitabis Pak 300 mg/5 ml	Tobramycin Pak 300 mg/5 ml
Lialda 1.2 gm Tablet	Mesalamine 1.2 gm Tablet
Lotemax 0.5% Eye Drops	Loteprednol 0.5% Eye Drops
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/ml Cartridge	Insulin Aspart 100 U/ml Cartridge
Nuversa Vaginal 1.3% Gel	Metronidazole Vaginal 1.3% Gel
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 20mg Tablet	Oxycodone ER 20mg Tablet
OxyContin ER 40mg Tablet	Oxycodone ER 40mg Tablet
OxyContin ER 80mg Tablet	Oxycodone ER 80mg Tablet
Paxil 10 mg/5 ml	Paroxetine 10 mg/5 ml
Pradaxa 150 mg	Dabigatran 150 mg

Pradaxa 110 mg	Dabigatran 110 mg
Pradaxa 75 mg	Dabigatran 75 mg
ProAir or Ventolin 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
Renvela 800 mg Packet	Sevelamer Carbonate 800 mg Packet
Renvela 2400 mg Packet	Sevelamer Carbonate 2400 mg Packet
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
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
Spiriva Handihaler 18 mcg Cap	Tiotropium 18 mcg Cap-Inhaler
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
Vascepa 0.5 gm Cap	Icosapent Ethyl 0.5 gm Cap
Vascepa 1 gm Cap	Icosapent Ethyl 1 gm Cap
Victoza 2-pak 18 mg/3 ml Pen	Liraglutide 18 mg/3 ml Pen
Vyvanse 10 mg Cap	Lisdexamfetamine 10 mg Cap
Vyvanse 10 mg Chew Tab	Lisdexamfetamine 10 mg Chew
Vyvanse 20 mg Cap	Lisdexamfetamine 20 mg Cap
Vyvanse 20 mg Chew Tab	Lisdexamfetamine 20 mg Chew
Vyvanse 30 mg Cap	Lisdexamfetamine 30 mg Cap
Vyvanse 30 mg Chew Tab	Lisdexamfetamine 30 mg Chew
Vyvanse 40 mg Cap	Lisdexamfetamine 40 mg Cap
Vyvanse 40 mg Chew Tab	Lisdexamfetamine 40 mg Chew
Vyvanse 50 mg Cap	Lisdexamfetamine 50 mg Cap
Vyvanse 50 mg Chew Tab	Lisdexamfetamine 50 mg Chew
Vyvanse 60 mg Cap	Lisdexamfetamine 60 mg Cap
Vyvanse 60 mg Chew Tab	Lisdexamfetamine 60 mg Chew
Vyvanse 70 mg Cap	Lisdexamfetamine 70 mg Cap
Xopenex HFA 45 mcg Inhaler	Levalbuterol HFA 45 mcg Inhaler
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 October 2024

Electronic Cutoff Schedule	Checkwrite Date
Sept. 26, 2024	Oct. 2, 2024
Oct. 3, 2024	Oct. 8, 2024
Oct. 10, 2024	Oct. 16, 2024
Oct. 17, 24	Oct. 22, 2024
Oct. 24, 2024	Oct. 29, 2024

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 2024 checkwrite schedules for both NC Medicaid and DMH/DPH/ORH can be found under the Quick Links on the right side of the home page.

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