

The NC Medicaid Outpatient Pharmacy Program has implemented flexibilities **to the Outpatient Pharmacy Policy** as of **March 13, 2020** in order to support recommendations for social distancing to prevent COVID-19 spread and to facilitate access to needed medications. For more information and updates: <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid>

Policy Flexibility	Pharmacy Codes to use	Notes
90-day prescriptions <ul style="list-style-type: none"> <li>- generic and brand</li> <li>- initial 30-day fill not required</li> </ul>	PA Type Code = "09" (Emergency Preparedness)	<b>Does not apply to controlled substances.</b>  <b>New prescription may not be required:</b> 90-day supply may be filled if existing prescription has enough refills remaining to fill for up to 90 days***
Allow for early refills of non-controlled substances	PA Type Code = "09" <b>AND</b> valid value for an E.R. (early refill) override in the Reason for Service, Professional Service and Result of Service fields. See Attachment E at <a href="https://files.nc.gov/ncdma/documents/files/9_9.pdf">https://files.nc.gov/ncdma/documents/files/9_9.pdf</a>	Consider synchronizing or grouping fills to minimize visits to the pharmacy and/or delivery trips.
Extend emergency supply for <b>medications that require prior authorization</b> from 72 hours to 14 days	PA Type Code = "09" <b>AND</b> Level of Service = "03"	Pharmacy may resubmit claim after initial denial for "Prior Authorization Required"
Extend emergency supply for <b>lock-in</b> related medications for locked-in beneficiaries from 4 days to 14 days	PA Type Code = "09" <b>AND</b> Level of Service = "03"	Override is only valid once per beneficiary per year. Beneficiaries and providers may also contact the NTracks call center to change either the preferred Lock-In pharmacy or preferred Lock-In prescriber on an emergency basis.
Update PDL to move Non-Preferred to Preferred in event of drug shortages	n/a	Providers may submit any information related to market shortages of medications directly to NC Medicaid staff at <a href="mailto:Medicaid.PDL@dhhs.nc.gov">Medicaid.PDL@dhhs.nc.gov</a> .

\*\*\* Per NC Board of Pharmacy: "[Board Rule 21NCAC 46.1802](#) allows for such dispensing under some circumstances. The notable exception is if the prescription is for a controlled substance or psychotherapeutic drug, which does require authorization from the prescriber. This provision is intended to apply to patients who may be suicidal."

[http://www.ncbop.org/faqs/Pharmacist/faq\\_Refills.htm](http://www.ncbop.org/faqs/Pharmacist/faq_Refills.htm)

Note: Copay requirements are still applicable to pharmacy claims.

**NCTRACKS PHARMACY CALL CENTER**

**Phone:** 1-866-246-8505    **Fax:** 1-855-710-1969

**Hours of operation:** Monday through Friday 7:00 AM to 11:00 PM

Saturday and Sunday 7:00 AM to 6:00 PM

To access the full content of the PDL or prior authorization criteria, please refer to

<https://medicaid.ncdhhs.gov/documents/preferred-drug-list>

**Thank you for your support in serving our Medicaid and Health Choice communities!**