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N.C. Medicaid and N.C. Health Choice Preferred Drug List Changes

Effective June 5, 2015, the N.C. Division of Medical Assistance (DMA) will make changes to the N.C. Medicaid and N.C. Health Choice Preferred Drug List (PDL) showing preferred and non-preferred oral antipsychotic medications. The use of a non-preferred antipsychotic medication will require the trial and failure of only one (1) preferred antipsychotic medication or a prior authorization will be required.

ATYPICAL ANTIPSYCHOTICS	
Oral	
Trial and Failure of only one (1) preferred required	
Preferred	Non-Preferred
Abilify®	Clozaril®
clozapine (generic for Clozaril®)	Fanapt® Titration Pack
clozapine ODT (generic for FazaClo®)	FazaClo®
Fanapt®	Geodon®
Invega®	olanzapine/fluoxetine (generic for Symbyax®)
Latuda®	Risperdal®
olanzapine (generic for Zyprexa®)	Risperdal M®
olanzapine ODT (generic for Zyprexa® Zydys)	Seroquel®
quetiapine (generic for Seroquel®)	Versacloz®
risperidone (generic for Risperdal®)	Zyprexa®
risperidone ODT (generic for Risperdal M®)	Zyprexa Zydys®
Saphris®	
Seroquel® XR	
Symbyax®	
ziprasidone (generic for Geodon®)	

Pharmacists: In the event of a prior authorization requirement, please remember to use the 72 hour override (3 in the Level of Service Field) to prevent gaps in therapy.

Medicare Part D Reimbursement

Between July 1, 2013 and August 17, 2013, NCTracks allowed secondary Medicare Part D claims to be paid by North Carolina Medicaid. This is in violation of federal law and these claims were recouped from pharmacy providers in April 2014. Providers were instructed to rebill these claims to Medicare Part D.

Between January and April, 2015 the Division of Medical Assistance (DMA) Program Integrity went after these claims and successfully obtained payment from some Part D plans. Money received from the Part D plans is owed to back to pharmacies.

In June, 2015 many pharmacies will be receiving an accounts payable transaction on their remittance advice. This transaction is the total sum of money received from the Part D plans. Claims data for this payment is available by calling 919-855-4300 and leaving your name, NPI, and contact information either on voice mail or with the receptionist. The data will be provided in a return call or secure email.

Proper DAW use with Narrow Therapeutic Index Drugs

A new prescription for a drug that is on the Narrow Therapeutic Index (NTI) list that is written under its brand or trade name **must be** filled with a generic version of the drug when one is available **unless** the prescriber has indicated that the brand name drug is necessary by handwriting “**medically necessary**” on the prescription order. A refill prescription order for an NTI drug written under its brand or trade name **may not** be substituted with a generic version of the drug without written or verbal consent from the prescriber.

Pharmacists **MUST** use the Dispense as Written (DAW) code “7” in field 408-D8 when it is necessary to dispense a brand name NTI drug. The DAW 7 code means that substitution is not allowed and dispensing the brand drug is mandated by law. Please use DAW 7 for ALL NTI prescriptions, even those where “Medically Necessary” is written on the prescription.

Narrow Therapeutic Index Drugs

Carbamazepine: all oral dosage forms
Cyclosporine: all oral dosage forms
Digoxin: all oral dosage forms
Ethosuximide
Levothyroxine sodium tablets
Lithium (including all salts): all oral dosage forms
Phenytoin (including all salts): all oral dosage forms
Procainamide
Tacrolimus: all oral dosage forms
Theophylline (including all salts): all oral dosage forms
Warfarin sodium tablets

Coverage of Prescription Vitamins and Mineral Products for N.C. Medicaid Recipients

Effective April 13, 2011, N.C. Medicaid discontinued coverage of all legend vitamins and mineral products. The only exception is for prenatal vitamins and fluoride at Point of Sale and Vitamin B-12 through a prescriber's office in the Physician's Drug Program. An error occurred with Vitamin D and Folic Acid recently and this has been corrected. These products are no longer covered, **EXCEPT** for patients zero to 21 years of age with a diagnosis of sickle cell disease.

Off Label Antipsychotic Safety Monitoring in Beneficiaries Through Age 17 (A+KIDS) and Off Label Antipsychotic Safety (ASAP-adults) to be Re-instated June 5, 2015.

Effective **June 5, 2015**, the N.C. Division of Medical Assistance (DMA) will re-instate the A+KIDS and ASAP programs. Providers will be required to fill out an A+KIDS (for children 17 and younger) or ASAP (for adults 18 and older) prior authorization (PA) for any preferred or non-preferred antipsychotic medication. Providers will be required to fill this prior authorization through the NCTracks Provider Portal or by calling CSC at 1-866-246-8505. **THERE WILL BE NO FAX FORMS.** Please refer to the [policy](#) for any questions.

Pharmacists: You can use an "11" in the Submission Clarification Field to override both types of PA requirements to ensure a patient obtains their medications. Since this override can only be used **two** times per 365 days, please inform the prescriber the need for PA. In addition, "Meets PA Criteria" may be written on **adult** antipsychotic prescriptions, and you may use a "1" in the PA Type Code field or a "2" in the Submission Clarification field to override the PA edits. All non-preferred medication requests will require the non-preferred ASAP or AKIDS PA to be processed. There is no override. Please use the 72 hour override, (a "3" in the Level of Service field), to ensure no gaps in therapy.

New Job Aids for A+KIDS and ASAP

The Antipsychotic Safety Monitoring in Children through Age 17 (A+KIDS) and Adult Safety with Antipsychotic Prescribing (ASAP) programs are being re-instated June 5, 2015. (For more information, see the [May 13 announcement](#).)

New A+KIDS and ASAP job aids for pharmacists and prescribers are in Skillport, the NCTracks Learning Management System. The job aids provide instruction on accessing the online A+KIDS and ASAP drug type forms via the NCTracks secure provider portal, as well as changes in the NC Medicaid and NC Health Choice Prior Approval (PA) Criteria. A+KIDS and ASAP paper fax forms have been discontinued. The job aids can be viewed online, printed, or downloaded.

To access the new job aids, logon to the secure NCTracks Provider Portal and click Provider Training to access SkillPort. Open the folder labeled User Guides (reference library). The job aids can be found in the sub-folder labeled Reference Documents. Refer to the [Provider Training page](#) of the public Provider Portal for specific instructions on how to use SkillPort. The Provider Training page also includes a quick reference regarding Java, which is required for the use of SkillPort.

Questions should be directed to the NCTracks Pharmacy PA Unit at 1-866-246-8505.

Clinical coverage criteria for Xolair and Narcotic Analgesics Updated

The clinical coverage criteria for Xolair and Narcotic Analgesics have been updated on the [Pharmacy Services - Prior Approval Drugs and Criteria webpage](#) of the NCTracks website. Pharmacists and prescribers are encouraged to review the updated criteria.

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 authorization. ***Federal law requires that this emergency supply be available to Medicaid recipients for drugs requiring prior authorization.*** [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 authorization requirement if an emergency supply is indicated. A "3" in the Level of Service field (418-DI) should be used to indicate that the transaction is an emergency fill. ***Please Note: Co-payments 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.***

Updated Federal Upper Limit Reimbursement List

Certain drugs have been identified for which the Federal Upper Limit (FUL) reimbursement rate does not cover the cost of the drug. Medicaid pharmacy programs are required to reference this reimbursement information when pricing drug claims. In order to receive adequate reimbursement, pharmacy providers may use the DAW1 override to override the FUL reimbursement rate for the drugs listed on the FUL list until the FUL rate has been adjusted to adequately cover the cost of the drug.

As indicated in previous communications, use of the ***DAWI*** override code is being monitored. A claim submitted for more than the State Maximum Allowable Cost (SMAC) rate on file may lead to an identifiable overpayment. Any difference between the SMAC rate on file for the date of service and the actual rate applied to the claim (***if higher***) may be considered an overpayment and subject to recoupment.

The list below are **ONLY NEW ADDITIONS** since the previous month. The full list is available [here](#).

NDC	NAME
66993089815	CLOTRIMAZOLE-BETAMETHASONE CRM/PRASCO
66993089845	CLOTRIMAZOLE-BETAMETHASONE CRM/PRASCO
00378181701	LEVOTHYROXINE 175 MCG TAB/MYLAN
00378181710	LEVOTHYROXINE 175 MCG TAB/MYLAN
00527135001	LEVOTHYROXINE 175 MCG TAB/LANNETT
00527135010	LEVOTHYROXINE 175 MCG TAB/LANNETT
00781518892	LEVOTHYROXINE 175 MCG TAB/LANNETT
10544028430	PROPRANOLOL 20 MG TAB/BLENHEIM
10544028490	PROPRANOLOL 20 MG TAB/BLENHEIM
00591555501	PROPRANOLOL 20 MG TAB/ACTAVIS
00591555510	PROPRANOLOL 20 MG TAB/ACTAVIS
50111046801	PROPRANOLOL 20 MG TAB/PLIVA
50111046803	PROPRANOLOL 20 MG TAB/PLIVA
29300022701	METRONIDAZOLE 500 MG TAB/UNICHEM
29300022705	METRONIDAZOLE 500 MG TAB/UNICHEM
29300022746	METRONIDAZOLE 500 MG TAB/UNICHEM
42292000120	METRONIDAZOLE 500 MG TAB/MYLAN
42292000101	METRONIDAZOLE 500 MG TAB/MYLAN
68001026303	METRONIDAZOLE 500 MG TAB/BLUEPOINT
00093718810	FLUOXETINE 10 MG TAB/TEVA
00093718856	FLUOXETINE 10 MG TAB/TEVA
00904589361	PRAVASTATIN 40 MG TAB/MAJOR
51079078201	PRAVASTATIN 40 MG TAB/MYLAN
51079078220	PRAVASTATIN 40 MG TAB/MYLAN
60505017007	PRAVASTATIN 40 MG TAB/APOTEX
60505017009	PRAVASTATIN 40 MG TAB/APOTEX
68084050201	PRAVASTATIN 40 MG TAB/AHP
68180048702	PRAVASTATIN 40 MG TAB/LUPIN
68180048709	PRAVASTATIN 40 MG TAB/LUPIN
68382007205	PRAVASTATIN 40 MG TAB/ZYDUS
68382007216	PRAVASTATIN 40 MG TAB/ZYDUS
68462019705	PRAVASTATIN 40 MG TAB/GLENMARK
68462019790	PRAVASTATIN 40 MG TAB/GLENMARK
00378073101	PROPRANOLOL-HCTZ 40-25 MG TAB/MYLAN

64720023710	METHYLPHENIDATE 5 MG TAB/COREPHARMA
45802075930	PROMETHAZINE 25 MG SUPPOSITORY/PERRIGO
00093002701	ENALAPRIL 5 MG TAB/TEVA
00093002750	ENALAPRIL 5 MG TAB/TEVA
00378105201	ENALAPRIL 5 MG TAB/MYLAN
00378105210	ENALAPRIL 5 MG TAB/MYLAN
00904550261	ENALAPRIL 5 MG TAB/MAJOR
51079095101	ENALAPRIL 5 MG TAB/MYLAN
51079095120	ENALAPRIL 5 MG TAB/MYLAN
51672403801	ENALAPRIL 5 MG TAB/TARO
64679092402	ENALAPRIL 5 MG TAB/WOCKHARDT
64679092403	ENALAPRIL 5 MG TAB/WOCKHARDT
64679092410	ENALAPRIL 5 MG TAB/WOCKHARDT
68645045590	ENALAPRIL 5 MG TAB/LEGACY
00904588861	THEOPHYLLINE ER 200 MG TAB/MAJOR
50111048201	THEOPHYLLINE ER 200 MG TAB/PLIVA
50111048202	THEOPHYLLINE ER 200 MG TAB/PLIVA
50111048203	THEOPHYLLINE ER 200 MG TAB/PLIVA

Electronic Cut-Off Schedule

May 29, 2015
 June 5, 2015
 June 12, 2015
 June 19, 2015

Checkwrite Schedule

June 2, 2015
 June 9, 2015
 June 16, 2015
 June 23, 2015

POS Claims must be transmitted and completed by 11:59 p.m. on the day of the electronic cut-off date to be included in the next checkwrite.

The 2015 checkwrite schedules can be found under **Quick Links** on the NCTracks [Provider Portal home page](#).

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