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**North Carolina  
Medicaid Pharmacy  
Newsletter**

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

Effective with an estimated date of service of **November 1, 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). Please visit our website for the current and future PDL at <http://www2.ncdhhs.gov/dma/pharmacy/index.htm>.

Below are a few highlights of upcoming changes:

- The use of only one rectal Ulcerative Colitis will be required before moving to a non-preferred agent
- New classes are being added:
  - TOPICALS, Rosacea Agents
  - MISCELLANEOUS, Opioid Antagonist
- Update on preferred brands with non-preferred generic equivalents - preferred brands with non-preferred generic equivalents will be updated per the chart below:

Brand Name	Generic Name
Abilify	aripiprazole
Adderall XR	amphetamine salt combo ER
Aggrenox	aspirin-dipyridamole ER
Aldara	imiquimod
Alphagan P	brimonidine
Androgel	testosterone
Avelox	moxifloxacin
Bactroban Cream	mupirocin cream
Baraclude	entecavir
Benzaclin	clindamycin/benzoyl Peroxide
Catapres-TTS	clonidine patches
Cedax	ceftibuten
Celebrex	celecoxib
Cipro Suspension	ciprofloxacin suspension

Copaxone	Glatopa
Derma-Smoothie-FS	fluocinolone 0.01% Oil
Desoxyn	methamphetamine
Dexedrine Spansules	dextroamphetamine spansule
Diastat Accudial/Pedi System	diazepam rectal / system
Differin	adapalene
Diovan	valsartan
Diovan HCT	valsartan / hydrochlorothiazide
Epivir HBV	lamivudine HBV
Epi-Pen	epinephrine
Exforge	amlodipine / valsartan
Exforge HCT	amlodipine / valsartan / HCT
Focalin / Focalin XR	dexmethylphenidate / ER
Gabitril	tiagabine
Hepsera	adefovir
Kadian ER	morphine sulfate ER
Lovenox	enoxaparin
Metadate CD	methylphenidate CD
Methylin Solution	methylphenidate solution
Metrogel Topical	metronidazole gel topical
Natroba	spinosad
Nexium (Rx)	esomeprazole
Orapred ODT	prednisolone ODT
Oxycontin	oxycodone ER

Patanase	olopatadine
Prandin	repaglinide
Provigil	modafinil
Pulmicort 0.25mg/2ml, 0.5mg/2ml	budesonide 0.25mg/2ml, 0.5mg/2ml
Ritalin LA	methylphenidate LA
Rythmol SR	propafenone SR
Symbyax	olanzapine / fluoxetine
Tobradex Drops	tobramycin/dexamethasone drops
Tricor	fenofibrate
Trilipix	fenofibirc acid
Verelan PM	verapamil ER PM
Vivelle-Dot Patch	estradiol patch
Zyvox	linezolid

### The ASAP Program and Denied Claims for Typical LAIs

The Adult Safety with Antipsychotic Prescribing (ASAP) Program is for atypical antipsychotics only. The ASAP edit is hitting the first generation long acting injectable antipsychotics in the NCTracks system. This may cause POS claims for **fluphenazine decanoate, Haldol Decanoate** or **haloperidol decanoate** for Medicaid beneficiaries aged 18 and over to deny with the message safety documentation required. The use of “1” in the PA field or “2” in the submission clarification field is permissible to successfully process the denied claim. No audit will result from the use of an override for this issue.

### 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. 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.**

### Updated Federal Upper Limit Reimbursement List

The Federal Upper Limit (FUL) reimbursement rate does not cover the cost of certain drugs. Medicaid pharmacy programs are required to reference this reimbursement information when pricing drug claims. To receive adequate reimbursement, pharmacy providers may use the **DAWI** override to disregard 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 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.

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

NDC	NAME
00591252001	CHLORZOXAZONE 500 MG TAB/ACTAVIS
00591252005	CHLORZOXAZONE 500 MG TAB/ACTAVIS
49884046665	CHOLESTYRAMINE LIGHT PKT/PAR
00185093998	CHOLESTYRAMINE LIGHT PKT/SANDOZ
00245003642	CHOLESTYRAMINE LT PKT ( <b>PREVALITE</b> )/UPSHER SMITH
00245003660	CHOLESTYRAMINE LT PKT ( <b>PREVALITE</b> )/UPSHER SMITH
00245003689	CHOLESTYRAMINE LT PKT ( <b>PREVALITE</b> )/UPSHER SMITH
65862022560	CLARITHROMYCIN 250 MG TAB/AUROBINDO
57237004460	CLARITHROMYCIN 250 MG TAB/CITRON
00093715706	CLARITHROMYCIN 250 MG TAB/TEVA
68382076114	CLARITHROMYCIN 250 MG TAB/ZYDUS
60687011821	DOXYCYCLINE HYCLATE 100 MG CAP/AHP
61748011114	DOXYCYCLINE HYCLATE 100 MG CAP/AKORN

69097022612	DOXYCYCLINE HYCLATE 100 MG CAP/CIPLA
69097022670	DOXYCYCLINE HYCLATE 100 MG CAP/CIPLA
59762369001	DOXYCYCLINE HYCLATE 100 MG CAP/GREENSTONE
59762369002	DOXYCYCLINE HYCLATE 100 MG CAP/GREENSTONE
67405065105	DOXYCYCLINE HYCLATE 100 MG CAP/HARRIS
67405065155	DOXYCYCLINE HYCLATE 100 MG CAP/HARRIS
69235031005	DOXYCYCLINE HYCLATE 100 MG CAP/MHC
69235031050	DOXYCYCLINE HYCLATE 100 MG CAP/MHC
00168013515	FLUOCINONIDE 0.05% GEL/FOUGERA
00168013560	FLUOCINONIDE 0.05% GEL/FOUGERA
51672127901	FLUOCINONIDE 0.05% GEL/TARO
51672127902	FLUOCINONIDE 0.05% GEL/TARO
51672127903	FLUOCINONIDE 0.05% GEL/TARO
00574407205	GARAMYCIN 0.3% EYE DROPS/PERRIGO
17478028310	GENTAMICIN 0.3% EYE DROPS/AKORN
17478082605	GENTAMICIN 0.3% EYE DROPS/AKORN
60758018805	GENTAMICIN 0.3% EYE DROPS/PACIFIC
24208058060	GENTAMICIN 0.3% EYE DROPS/VALEANT
24208058064	GENTAMICIN 0.3% EYE DROPS/VALEANT
00713063915	HALOBETASOL 0.05% OINT/G&W
45802013132	HALOBETASOL 0.05% OINT/PERRIGO
45802013135	HALOBETASOL 0.05% OINT/PERRIGO
51672132201	HALOBETASOL 0.05% OINT/TARO
51672132203	HALOBETASOL 0.05% OINT/TARO
00591060601	LABETALOL HCL 200 MG TAB/ACTAVIS
00591060605	LABETALOL HCL 200 MG TAB/ACTAVIS
68084045601	LABETALOL HCL 200 MG TAB/AHP
68084045611	LABETALOL HCL 200 MG TAB/AHP
68001020400	LABETALOL HCL 200 MG TAB/BLUEPOINT LABOR
68001020403	LABETALOL HCL 200 MG TAB/BLUEPOINT LABOR
43199003801	LABETALOL HCL 200 MG TAB/COUNTY LINE
00904592961	LABETALOL HCL 200 MG TAB/MAJOR
51079092901	LABETALOL HCL 200 MG TAB/MYLAN
51079092920	LABETALOL HCL 200 MG TAB/MYLAN
49884012301	LABETALOL HCL 200 MG TAB/PAR
49884012305	LABETALOL HCL 200 MG TAB/PAR
00185011701	LABETALOL HCL 200 MG TAB/SANDOZ
00185011705	LABETALOL HCL 200 MG TAB/SANDOZ

00172436560	LABETALOL HCL 200 MG TAB/TEVA
00172436570	LABETALOL HCL 200 MG TAB/TEVA
00603457821	METHYLPHENIDATE 20 MG TA/QUALITEST
00603457832	METHYLPHENIDATE 20 MG TA/QUALITEST
00591588401	METHYLPHENIDATE 20 MG TAB/ACTAVIS
65580053201	METHYLPHENIDATE 20 MG TAB/UPSTATE
00245006711	NIACOR 500 MG TAB/UPSHER SMITH
68084040001	OXYBUTYNIN 5 MG TAB/AHP
68084040011	OXYBUTYNIN 5 MG TAB/AHP
10544055990	OXYBUTYNIN 5 MG TAB/BLENHEIM
00904282161	OXYBUTYNIN 5 MG TAB/MAJOR
00603497502	OXYBUTYNIN 5 MG TAB/QUALITEST
00603497504	OXYBUTYNIN 5 MG TAB/QUALITEST
00603497520	OXYBUTYNIN 5 MG TAB/QUALITEST
50111045601	OXYBUTYNIN 5 MG TAB/TEVA
00832003800	OXYBUTYNIN 5 MG TAB/UPSHIRE SMITH
00832003850	OXYBUTYNIN 5 MG TAB/UPSHIRE SMITH
00378320501	PRAZOSIN 5 MG CAP/MYLAN
00378320525	PRAZOSIN 5 MG CAP/MYLAN
51079063201	PRAZOSIN 5 MG CAP/MYLAN
51079063220	PRAZOSIN 5 MG CAP/MYLAN
00093406901	PRAZOSIN 5 MG CAP/TEVA
00093406905	PRAZOSIN 5 MG CAP/TEVA
00093406952	PRAZOSIN 5 MG CAP/TEVA
23155011101	PROPRANOLOL 20 MG TAB/HERITAGE
23155011110	PROPRANOLOL 20 MG TAB/HERITAGE
00378018301	PROPRANOLOL 20 MG TAB/MYLAN
00378018310	PROPRANOLOL 20 MG TAB/MYLAN
00603548321	PROPRANOLOL 20 MG TAB/QUALITEST
00603548332	PROPRANOLOL 20 MG TAB/QUALITEST
00591555601	PROPRANOLOL 40 MG TAB/ACTAVIS
00591555610	PROPRANOLOL 40 MG TAB/ACTAVIS
10544028590	PROPRANOLOL 40 MG TAB/BLENHEIM
23155011201	PROPRANOLOL 40 MG TAB/HERITAGE
23155011210	PROPRANOLOL 40 MG TAB/HERITAGE
00378018401	PROPRANOLOL 40 MG TAB/MYLAN
00378018410	PROPRANOLOL 40 MG TAB/MYLAN
50111046901	PROPRANOLOL 40 MG TAB/PLIVA

50111046903	PROPRANOLOL 40 MG TAB/PLIVA
00603548421	PROPRANOLOL 40 MG TAB/QUALITEST
00603548432	PROPRANOLOL 40 MG TAB/QUALITEST

**Electronic Cut-off Schedule**

October 2, 2015  
 October 9, 2015  
 October 16, 2015  
 October 23, 2015

**Checkwrite Schedule**

October 6, 2015  
 October 14, 2015  
 October 20, 2015  
 October 27, 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 schedule is under **Quick Links** on the NCTracks [Provider Portal home page](#).

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