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In This Issue...

Preferred Brands with Non-Preferred Generics - NC Medicaid Preferred Drug List

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

72-hour Emergency Supply Available for Pharmacy Prior Authorization Drugs

Checkwrite Schedule for November 2016

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Preferred Brands with Non-Preferred Generics - NC Medicaid Preferred Drug List (PDL)

The NC Medicaid Outpatient Pharmacy Program will implement **changes to the Preferred Drug List (PDL) on November 1, 2016.**

The changes could affect pharmacy stocking needs, generic substitution, product substitution, and POS overrides. If a brand is Preferred with a Non-Preferred generic equivalent, prior authorization for DAW-1 is not needed. Likewise, “brand medically necessary” is NOT needed on the face of the prescription. Below is a chart of preferred brands with non-preferred generics.

As a reminder, a 72-hour emergency supply may be provided if a prescription is awaiting prior authorization. A “3” in the Level of Service field (418-DI) should be used to indicate that the transaction is an emergency fill.

2016-2017 NC Medicaid and Health Choice Preferred Drug List Effective 11.1.2016 (bold items are newly preferred)	
Preferred Brand	Non-Preferred Generic
Abilify Discmelt and Solution	aripiprazole ODT and Solution
Adderall XR	amphetamine salt combo ER
Aggrenox	aspirin-dipyridamole ER
Aldara	imiquimod
Alphagan P	brimonidine
Androgel	testosterone
Astepro	azelastine
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-Smoothe-FS	fluocinolone 0.01% Oil
Desoxyn	methamphetamine
Diastat Accudial/Pedi System	diazepam rectal / system
Differin	adapalene
Diovan	valsartan
Epivir HBV	lamivudine HBV
Exforge	amlodipine / valsartan
Exforge HCT	amlodipine / valsartan / HCT
Focalin / Focalin XR	dexmethylphenidate / ER

Gabitril	tiagabine
Grifulvin V	Griseofulvin
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
Niaspan ER	niacin ER
Orapred ODT	prednisolone ODT
Oxycontin	oxycodone ER
Patanase	olopatadine
Prandimet	repaglinide / metformin
Provigil	modafinil
Pulmicort respules	budesonide respules
Retin-A Cream/Gel	tretinoin cream/gel
Ritalin LA	methylphenidate LA
Rythmol SR	propafenone SR
Soritane	acitretin
Symbyax	olanzapine / fluoxetine
Tobradex Drops	tobramycin / dexamethasone drops
Tegretol XR Tablet	carbamazepine XR
Tricor	fenofibrate
Trilipix	fenofibric acid
Vancocin Capsule	vancomycin capsule
Verelan PM	verapamil ER PM
Vivelle-Dot Patch	estradiol patch
Zovirax Suspension	acyclovir suspension

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

Effective November 1, 2016, the N.C. Division of Medical Assistance (DMA) will make changes to the [N.C. Medicaid and N.C. Health Choice Preferred Drug List \(PDL\)](#).

Below are a few highlights of the changes:

- Long Acting Insulin class: non-preferred drugs require trial and failure of 1 preferred instead of 2 preferred drugs
- Invokamet has been moved to preferred status. (still requiring trial and failure of a metformin containing product)
- All strengths of Accuneb are preferred.

- Astelin nasal spray has been moved to non-preferred status.
- Vivitrol has been moved to preferred status.
- Exemption added to Viberzi for beneficiaries with Irritable Bowel Syndrome with Diarrhea.
- Exemption added to Epaned Solution for children under 12 years old.

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.***

Electronic Cutoff Schedule

October 28, 2016
 November 4, 2016
 November 11, 2016
 November 18, 2016
 November 25, 2016

Checkwrite Schedule

November 1, 2016
 November 8, 2016
 November 15, 2016
 November 22, 2016
 November 29, 2016

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 2016 and 2017 DMA checkwrite schedules are posted under **Quick Links** on the [NCTracks Provider Portal home page](#).

John C. Stancil, Jr., R.Ph.
 Director, Pharmacy and DMEPOS Programs
 Division of Medical Assistance
 NC Department of Health and Human Services

Rick Paderick, R.Ph.
 Pharmacy Director
 NCTracks
 CSRA

Sandra Terrell, MS, RN
 Director of Clinical
 Division of Medical Assistance
 NC Department of Health and Human Services

Lori Landman
 Deputy Executive Account Director
 NCTracks
 CSRA

Dave Richard

Deputy Secretary for Medical Assistance
Division of Medical Assistance
NC Department of Health and Human Services

Paul Guthery

Executive Account Director
NCTracks
CSRA

Nancy Henley, MD

Chief Medical Officer
Division of Medical Assistance
NC Department of Health and Human Services

Desiree Elekwa-Izuakor, Pharm D, MBA, CPC-A

Outpatient Pharmacy Program Manager
Division of Medical Assistance
NC Department of Health and Human Services