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Updated Prior Approval Criteria for Opioid Analgesics and Educational Resources for Providers

Effective August 27, 2017, prior approval is required for opioid analgesic doses for N.C. Medicaid and N.C. Health Choice (NCHC) beneficiaries which:

- Exceed 120 mg of morphine equivalents per day
- Are greater than a 14-day supply of any opioid, or,
- Are non-preferred opioid products on the NC Medicaid Preferred Drug List (PDL)

The prescribing provider may submit prior authorization requests to NCTracks through the NCTracks portal or by fax. New opioid analgesic prior authorization forms and revised clinical coverage criteria are available on the [NCTracks website](#).

Beneficiaries with diagnosis of pain secondary to cancer will continue to be exempt from prior authorization requirements.

This change also includes a new feature for prescribers to view only lock-in drugs or opioid analgesics when performing medication history searches for beneficiaries.

New information related to managing Opioid usage by NC Medicaid and NC Health Choice (NCHC) beneficiaries has been published by the NC Division of Medical Assistance (DMA). DMA realizes that the changes in Opioid criteria may impact prescribing behavior and have partnered with Community Care of North Carolina (CCNC) to communicate these changes and provide educational resources to NC providers. The new educational resources include:

- [Prior Approval Criteria for Opioid Analgesics](#)
- [Non-Opioid Alternatives](#)
- [DMA Opioid Safety – STOP Act Crosswalk](#)
- [FAQ on Naloxone Standing Order](#)
- [Provider Considerations for Tapering of Opioids](#)
- [NC DMA Preferred Drug List Opioid Daily MME](#)

Links to these Opioid educational resources are on the NC DMA [Outpatient Pharmacy Services web page](#) and the [Pharmacy Services web page](#) of the NCTracks provider portal.

For more information about the changes to Opioid criteria, refer to the [August 2017 Medicaid Bulletin](#) and the [July 2017 Pharmacy Newsletter](#).

Progestational Class New to PDL

Effective September 1, 2017, North Carolina Medicaid will be adding a new class of drugs to the Preferred Drug List (PDL). The new class will be Progestational Agents. Makena® and compounded 17P will be listed as preferred products.

Antipsychotic Claim Edits

The pediatric and adult edit for antipsychotic drug claims for quantities exceeding the dosages recommended by the FDA began deny claims on July 30, 2017. The message “*Qty exceeds the pediatric/adult dosage recommended by the FDA for atypical antipsychotics.*” returns to the pharmacist for all claims that deny for this edit. When the prescriber provides clinical rationale for the therapy issue, the pharmacist can enter “10” in a submission clarification field to override the edit.

The A+KIDS and ASAP edits remain effective for antipsychotic claims. The message “SAFTY DOC REQ PRESCRIBER CALL CSC 866-246-8505 CONSIDER OVERRIDE CODE 11” returns to the pharmacist for claims that deny for those edits. To ensure no gaps in therapy, the pharmacist has limited opportunities to use an “11” in a submission clarification field to override the A+KIDS and ASAP edits when the prescriber has not provided safety documentation.

PDL Panel Meeting

The annual meeting of the Preferred Drug List (PDL) Review Panel will be held on Thursday, September 21, 2017, 10 a.m. to 5 p.m. at The State Library Building located at 109 East Jones Street, Raleigh, NC.

Speakers may register to speak for PDL drug classes which are open for review. To register to speak at the PDL Review Panel meeting, send an email to DMA.PDLReviewMeeting@lists.ncmail.net by 10 a.m. on September 20, 2017. Please include the name of the speaker, the represented organization and the drug name. You may attach any clinical information regarding the drug you wish the PDL Panel to review beforehand. Presentations are allowed only in the PDL drug classes with proposed changes and should not exceed three minutes.

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 beneficiaries 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

September 1, 2017
September 8, 2017
September 15, 2017
September 22, 2017

Checkwrite Schedule

September 6, 2017
September 12, 2017
September 19, 2017
September 26, 2017

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 2017 DMA checkwrite schedule is posted under **Quick Links** on the [NCTracks Provider Portal home page](#).

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