



Medical Assistance
HEALTH AND HUMAN SERVICES

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**North Carolina
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800-688-6696

Eteplirsen injection, for intravenous use (Exondys 51) Coverage

Effective May 16, 2017, the N.C. Medicaid Program covers Exondys 51 (Eteplirsen) **only** through the Outpatient Pharmacy Program. Exondys 51 is **not** covered when billed through the Physician's Drug Program (PDP) with HCPCS code J3490. Claims submitted for Exondys 51 with HCPCS code J3490 **will be denied**.

Prior authorization (PA) through the Outpatient Pharmacy Program is required for coverage of Exondys 51. If PA is granted, the maximum length of authorization is six months.

Prescribers must request PA by contacting CSRA at 1-866-246-8505 (phone) or 1-855-710-1969 (fax). The criteria and PA request form are also available on the [NCTracks Prior Approval Drugs and Criteria web page](#).

More information can be found at the N.C. Division of Medical Assistance (DMA) [Outpatient Pharmacy Program web page](#). DMA's approved PDP list is found on the [DMA PDL web page](#).

Over-the-Counter Coverage Policy

Per Clinical Coverage Policy 9-A, *Over-The-Counter Products*, N.C. Medicaid and N.C. Health Choice cover a limited amount of over-the-counter medications (OTC's). This coverage is limited to select rebateable products in the following categories:

- Smoking deterrent agents (nicotine)
- Proton pump inhibitors
- Second-generation antihistamines
- Second-generation antihistamines-decongestant and,
- Insulins

In addition, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) offers some coverage for OTC's for beneficiaries less than 21 years of age.

DMA is aware that certain OTC's in various drug classes have been inadvertently paying at the point of sale. Corrections to the processing system have been made by our fiscal vendor to ensure that only the select OTC medications included in Policy 9-A are being covered.

Clinical Coverage Policy 9-A can be viewed on the [DMA Pharmacy Services Clinical Coverage Policies web page](#).

Preferred Brand with Non-Preferred Generic

The N.C. General Assembly **mandates** pharmacists participating in N.C. Medicaid to substitute generic drugs for brand- or trade-name drugs unless prescribers **specifically** orders the brand-name drug, and personally indicates in their own handwriting on the prescription order “**medically necessary.**” However, the General Assembly also authorizes the Secretary of the Department of Health and Human Services to prevent substitution of a generic equivalent drug, including a generic equivalent that is on the state maximum allowable cost list, when the net cost to the state of the brand-name drug, after consideration of all rebates, is less than the cost of the generic equivalent.

The pharmacist shall fill the prescription with the least expensive generic in the pharmacy expect under two circumstances:

- A specific brand- or trade-name drug is specified by the prescriber in the required manner, or,
- The net cost to the state of the brand-name drug has been determined to be less than the cost of the generic equivalent. In other words, on the N.C. Medicaid Preferred Drug list, the brand-name drug is preferred and its generic alternative is non-preferred.

Therefore, it is **not** necessary for the prescriber to handwrite on the prescription order “medically necessary” when a prescription order is for a preferred brand with a non-preferred generic equivalent. However, the prescriber **does** need to write “Medically Necessary” on the face of the prescription for the brand to be reimbursed at the brand price for

1. preferred brands with preferred generic alternatives, and
2. non-preferred brands with non-preferred generic alternatives.

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

June 2, 2017
June 9, 2017
June 16, 2017
No checkwrite week of June 19*
June 30, 2017

Checkwrite Schedule

June 6, 2017
June 13, 2017
June 20, 2017

July 5, 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.

*** There is no checkwrite the week of June 19, to prepare for the State Fiscal Year End.**

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

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