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**North Carolina
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Newsletter**

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NC Medicaid and N.C. Health Choice Preferred Drug List (PDL) Changes

Effective **Nov. 1, 2017**, the N.C. Division of Medical Assistance (DMA) will implement approved changes to the [N.C. Medicaid and N.C. Health Choice Preferred Drug List \(PDL\)](#).

Below are a few highlights of the changes:

Opioid Analgesics

- This class name was updated from “Narcotic Analgesics” to “Opioid Analgesics”
- Opana ER will be removed from the PDL as it has been discontinued from the market

Anti-Infective-Systemic (Antibiotics - Inhaled)

- A new PDL drug class has been added. It is “Anti-Infective-Systemic (Antibiotics-Inhaled).” This class requires a trial and failure of only one preferred drug

Antiviral (Hepatitis C Agents)

- Mayvret (for 8 weeks of therapy) will be preferred for all genotypes without cirrhosis
- Mayvret (for 12 weeks of therapy) will be preferred for all genotypes with compensated cirrhosis (Child Pugh A)
- Eplclusa Tablet (in combination with ribavirin) will be preferred for all genotypes with decompensated cirrhosis (Child Pugh B and C)
- Vosevi will be preferred for all genotypes previously treated with an HCV regimen containing an NS5A inhibitor or genotype 1a or 3 infection and have previously been treated with an HCV regimen containing sofosbuvir without an NS5A inhibitor
- Harvoni Tablet will remain preferred until April 30, 2018, only for beneficiaries who start Harvoni therapy prior to Nov. 1, 2017, to allow for completion of the therapy

Behavioral Health (Antihyperkinesia/ADHD)

- Metadate CD capsules have been removed from the PDL as they are discontinued
- Clonidine ER tablet (generic for Kapvay), Desoxyn Tablet (methamphetamine HCl), dextroamphetamine ER capsule (generic for Dexedrine Spansules), all methylphenidate ER tablets, Ritalin LA Capsule (methylphenidate 20 mg, 30 mg, 40 mg, 60 mg) will move from preferred to non-preferred
- Quillichew ER Oral (methylphenidate), Vyvanse Chewable Tablets and Aptenzio XR will move from non-preferred to preferred

Cardiovascular (ACE Inhibitors)

- Qbrelis Solution (Lisinopril) will be non-preferred, with an age exemption allowed for children less than 12 years of age

Endocrinology (Growth Hormone)

- Nutropin AQ Pen / Nuspin (somatropin) will move from preferred to non-preferred status
- Genotropin Cartridge / Miniquick (somatropin) will move from non-preferred to preferred status

Endocrinology (Hypoglycemics – Injectable)

- Humalog Kwikpen will move from preferred to non-preferred status (Rapid Acting Insulin)
- Humulin R-U500 Kwikpen will be added as a new non-preferred drug (Short Acting Insulin)
- Humulin N Pen will move from preferred to non-preferred status (Intermediate Acting Insulin)
- Basaglar Kwikpen (insulin glargine) will be added as a new non-preferred drug (Long Acting Insulin)
- Humulin 70/30 Pen will move from preferred to non-preferred status (Combination Insulin)

Endocrinology (Hypoglycemics – Oral- Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor and Combinations)

- Farxiga Tablet (dapagliflozin) and Jardiance Tablet (empagliflozin) will move from non-preferred to preferred status.
- Invokana and Invokamet will move from preferred to non-preferred status
- Added Synjardy XR and Invokamet XR tablet as a new non-preferred product

Respiratory (COPD Agents)

- Combivent Respimat Inhalation Spray will move from preferred to non-preferred status.
- Stiolto Respimat Inhalation Spray will move from non-preferred to preferred status

Topicals (Immunomodulators- Atopic Dermatitis)

- Eucrisa 2% Ointment will move from non-preferred to preferred status. Clinical criteria continues to apply.

Topicals (Steroids, Low Potency)

- Desonide cream/ointment (generic for DesOwen) will move from preferred to non-preferred status with an age exemption allowed for children less than 12 years of age.

These changes could affect pharmacy stocking needs, generic substitution, product substitution, and Point of Sale (POS) overrides. If a brand is Preferred with a Non-Preferred generic equivalent, “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.

2017-2018 NC Medicaid and Health Choice Preferred Drug List
Preferred Brands with Non-Preferred Generic Alternatives
 Effective 11-1-2017 (*bold items are newly preferred*)

Preferred Brand	Non-Preferred Generic
Abilify Discmelt	aripiprazole ODT
Actiq Lozenge	fentanyl citrate lozenge
Adderall XR	amphetamine Salt Combo ER
Aggrenox	aspirin-dipyridamole ER
Alphagan P	brimonidine P
Androgel	testosterone
Avelox	moxifloxacin
Bactroban Cream	mupirocin Cream
Benzaclin	clindamycin/benzoyl Peroxide
Butrans	buprenorphine
Catapres-TTS	clonidine patches
Cipro Suspension	ciprofloxacin suspension
Derma-Smoothe FS	fluocinolone 0.01% oil
Differin	adapalene
Diovan	valsartan
Diastat Accudial/Pedi System	diazepam rectal/system
Emend	aprepitant
Evista	raloxifene
Exelon Patch	rivastigmine patch
Exforge	amlodipine / valsartan
Exforge-HCT	amlodipine / valsartan / HCT
Focalin / Focalin XR	dexmethylphenidate
Gabitril	tiagabine
Glyset	miglitol
Hepsera 10 mg	adefovir
Invega ER	paliperidone ER
Kapvay	clonidine ER
Lovenox	enoxaparin
MetroCream	metronidazole cream
MetroLotion	metronidazole lotion
Metrogel Topical	metronidazole gel topical
Methylin Solution	methylphenidate solution
Namenda Solution	memantine solution
Natroba	spinosad

Preferred Brand	Non-Preferred Generic
Nexium RX	esomeprazole
Nuvigil	armodafinil
Orapred ODT	prednisolone ODT
Oxycontin	oxycodone ER
Patanase	olopatadine
Provigil	modafinil
Pulmicort respules	budesonide respules
Renvela powder pkt	sevelamer powder pkt
Retin-A Cream/Gel	tretinoin cream/gel
Rythmol SR	propafenone SR
Seroquel XR	quetiapine
Strattera	atomoxetine
Suprax Susp	cefixime Susp
Symbyax	olanzapine / fluoxetine
Tamiflu	oseltamivir
Tegretol Tab/ Susp /XR	carbamazepine Tab/ Susp / XR
TobraDex Drops	tobramycin / dexamethasone drops
Vigamox	moxifloxacin
Vivelle-Dot Patch	estradiol patch
Voltaren Gel	diclofenac gel
Zetia	ezetimibe

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 approval. **Federal law requires that this emergency supply be available to Medicaid beneficiaries for drugs requiring prior approval** (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 approval 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

November 3, 2017
November 10, 2017
November 17, 2017

Checkwrite Schedule

November 7, 2017
November 14, 2017
November 21, 2017

November 24, 2017

November 28, 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 and 2018 DMA checkwrite schedules are posted under **Quick Links** on the [NCTracks Provider Portal home page](#).

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