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Insulin Products Added to Unbreakable Package List

Billing inaccurate package sizes creates extra costs and delays for the NC Medicaid and NC Health Choice (NCHC) programs when collecting drug rebates from manufacturers. Providers should bill the quantity that matches the package size for the NDC billed. If a different package size is used for the refill, the prescription must be updated to match the drug dispensed with the drug on the label, as is also required by law.

The NC Medicaid Outpatient Pharmacy Program accepts metric decimal quantities. To assist providers in billing correct quantities, an edit is in place in NCTracks to deny claims billed with inaccurate units for certain medications.

Effective immediately, covered insulin cartridges and pens will be added to the unbreakable package edit list in addition to insulin vials.

The chart below lists the medications that are currently subject to this edit. The list applies to both brand and generic formulations.

Medications subject to the unbreakable package edit

Current as of April 24, 2019

aclidinium inhalation
adalimumab injection/pen/syringe
adapalene/benzoyl peroxide gel
adapalene topical gel
albuterol sulfate inhaler
aluminum chloride solution topical
anakinra syringe
arformoterol inhalation solution
azelastine/fluticasone nasal spray
azelastine nasal spray
azelastine ophthalmic solution
bacitracin/polymyxin B sulfate ophthalmic ointment
beclomethasone dipropionate inhaler

beclomethasone nasal spray
benzoyl peroxide cleanser
betamethasone valerate foam
blood glucose diagnostic drum strips
budesonide/formoterol inhalation aerosol
budesonide inhalation solution
budesonide nasal spray
butoconazole nitrate cream vaginal
butorphanol tartrate nasal spray
calcitonin nasal spray
ciclesonide inhalation aerosol
ciclesonide nasal spray
ciclopirox solution
ciprofloxacin HCL ophthalmic ointment
ciprofloxacin HCL/dexamethasone otic suspension
clindamycin phosphate foam
clobetasol propionate emulsion foam
conjugated estrogen vaginal cream
dalteparin sodium, porcine injection syringe
darbepoetin alfa vial/syringe
desonide foam
dornase alfa ampule
enoxaparin sodium syringe/vial/ampule
erythromycin ophthalmic ointment

etanercept syringe
filgrastim syringe
flunisolide nasal spray
fluocinolone oil
fluticasone inhalation powder
fluticasone propionate nasal spray
fluticasone/salmeterol inhaler
fluticasone/vilanterol inhalation powder
fondaparinux sodium syringe
gentamicin ophthalmic ointment
glucometer test strips
glycopyrrolate/formoterol inhalation aerosol
hydrocortisone acetate/urea cream
indacaterol inhalation powder
insulin and insulin-like products vial, pen, cartridge
interferon alfacon-1 vial
interferon beta-1a/albumin syringe
Ipratropium bromide inhaler/solution
Ipratropium bromide/albuterol sulfate inhaler
lancets
latanoprost ophthalmic drops
levalbuterol solution
lidocaine ointment
medroxyprogesterone acetate syringe

methotrexate/PF injection
metronidazole vaginal gel
mometasone/formoterol inhalation aerosol
mometasone furoate nasal spray
natalizumab vial
neomycin sulfate/bacitracin/polymyxin ophthalmic ointment
nicotine inhalation system
ombitasvir, paritaprevir, ritonavir
paliperidone palmitate injection/syringe
pegademase injection
pegfilgrastim syringe
penciclovir cream
pirbuterol inhaler
posaconazole vial
ranibizumab vial/syringe intraocular
Rho(D) immune globulin syringe
Rho(D) immune globulin/maltose vial
somatropin cartridge
sumatriptan succinate cartridge
testosterone gel packet topical
tobramycin/dexamethasone ophthalmic ointment
tocilizumab syringe
travoprost ophthalmic drops
triamcinolone acetonide injection

triamcinolone acetonide nasal spray
triamcinolone acetonide paste
triamcinolone diacetate injection
trifluridine ophthalmic drops
umeclidinium/vilanterol inhalation powder
urea cream/lotion

Generic Dispensing Fee Rate Adjustments

The first quarter (Jan. 1, 2019 to March 31, 2019) NC Medicaid Generic Dispensing Rate Report for pharmacy providers is available at [NC Medicaid GDR Reports](#). The effective date of the generic dispensing fee adjustments is May 1, 2019.

Additionally, pharmacy claim level detail reports supporting the quarterly GDR calculation are available and will be automatically delivered to the pharmacy provider’s secure NCTracks Message Center Inbox on May 1, 2019.

Upcoming Preferred Drug List (PDL) Panel Public Meeting

The 2019 PDL Panel Public Meeting is scheduled for Wednesday, May 22, 2019, from 10 a.m. – 5 p.m. at The State Library Building located at 109 E. Jones St., Raleigh, N.C. 27601.

Recommended updates to the NC Medicaid and Health Choice Preferred Drug List (PDL) as approved by the NC Pharmacy and Therapeutics (P&T) Committee and the NC Physician Advisory Group (PAG) were posted for the required 45-day public comment period on April 2, 2019. Public comments should be submitted to dma.webmedpolicy@dhhs.nc.gov prior to the end date on Friday, May 17, 2019. The recommended updates to the PDL and the public comments received during the 45-day public comment period will be presented at the PDL Review Panel meeting.

The NC Medicaid and Health Choice PDL Review Panel was established by the NC Department of Health and Human Services (DHHS) to conduct open meetings to review and discuss recommended policies and procedures and updates related to the PDL and to address the public comments that were received during the 45-day public comment period. The administration and review of the North Carolina Medicaid and Health Choice PDL follows the Preferred Drug List Review Panel Guidelines and Procedures.

To register to speak at the meeting, send an email to Medicaid.PDLReviewMeeting@lists.ncmail.net by 12 noon on Tuesday, May 21, 2019. Please include the name of the speaker, the represented organization and the drug name/class you will be speaking on. You may attach any clinical information regarding the drug or the PDL drug class you wish the PDL Review Panel to review beforehand. Presentations are allowed only in the PDL drug classes with recommended updates and should not exceed three minutes.

Preferred Brands with Non-Preferred Generics List

Current as of April 23, 2019

Brand Name	Generic Name
Actiq 1200 mcg Lozenges	fentanyl citrate 1200 mcg lozenges
Actiq 1600 mcg Lozenges	fentanyl citrate 1600 mcg lozenges
Actiq 200 mcg Lozenges	fentanyl citrate 200 mcg lozenges
Actiq 400 mcg Lozenges	fentanyl citrate 400 mcg lozenges
Actiq 600 mcg Lozenges	fentanyl citrate 600 mcg lozenges
Actiq 800 mcg Lozenges	fentanyl citrate 800 mcg lozenges
Adderall XR 10 mg	amphetamine salt combo ER 10 mg
Adderall XR 15 mg	amphetamine salt combo ER 15 mg
Adderall XR 20 mg	amphetamine salt combo ER 20 mg
Adderall XR 25 mg	amphetamine salt combo ER 25 mg
Adderall XR 30 mg	amphetamine salt combo ER 30 mg
Adderall XR 5 mg	amphetamine salt combo ER 5 mg
Advair Diskus 100-50	fluticasone-salmeterol 100-50
Advair Diskus 250-50	fluticasone-salmeterol 250-50
Advair Diskus 500-50	fluticasone-salmeterol 500-50
Aggrenox	aspirin-dipyridamole ER
Alphagan P 0.15% Drops	brimonidine P 0.15% Drops
Androgel 1.62% Gel Pump	testosterone 1.62% gel pump
Astepro 0.15% Nasal Spray	azelastine 0.15% nasal spray
Butrans 10 mcg/hr patch	buprenorphine 10 mcg/hr patch
Butrans 15 mcg/hr patch	buprenorphine 15 mcg/hr patch
Butrans 20 mcg/hr patch	buprenorphine 20 mcg/hr patch
Butrans 5 mcg/hr Patch	buprenorphine 5 mcg/hr patch
Butrans 7.5 mcg/hr Patch	buprenorphine 7.5 mcg/hr patch
Canasa 1,000 mg Suppository	mesalamine 1,000 mg suppository
Catapres-TTS 1	clonidine 0.1 mg/day patch
Catapres-TTS 2	clonidine 0.2 mg/day patch
Catapres-TTS 3	clonidine 0.3 mg/day patch
Cipro 10% Suspension	ciprofloxacin 500 mg/5 ml suspension

Cipro 5% Suspension	ciprofloxacin 250 mg/5 ml suspension
Clobex 0.005% Shampoo	clobetasol 0.005% shampoo
Concerta 18 mg tab	methylphenidate ER 18 mg
Concerta 27 mg tab	methylphenidate ER 27 mg
Concerta 36 mg tab	methylphenidate ER 36 mg
Concerta 54 mg tab	methylphenidate ER 54 mg
Copaxone 20 mg/ml Syr	glatiramer 20 mg/ml syringe
Copaxone 40 mg/ml Syr	glatiramer 40 mg/ml syringe
Derma-Smoothe-FS Body Oil	fluocinolone 0.01% body oil
Derma-Smoothe-FS Scalp Oil	fluocinolone 0.01% scalp oil
Dermotic Otic Drops	fluocinolone 0.01% otic drops
Diastat 2.5 mg Pedi System	diazepam 2.5 mg rectal gel system
Diastat Acudial 12.5-15-20	diazepam 20 mg rectal gel system
Diastat Acudial 5-7.5-10	diazepam 10 mg rectal gel system
Differin 0.1% Cream	adapalene 0.1% cream
Differin 0.1% Gel	adapalene 0.1% gel
Differin 0.3% Gel Pump	adapalene 0.3% gel pump
Dovonex 0.005% Cream	calcipotriene 0.005% cream
E.E.S 200	erythromycin ethyl succinate 200 mg/5 ml
Elidel 1% Cream	picmecrolimus 1% cream
Emend 125 mg Capsule	aprepitant 125 mg capsule
Emend 40 mg Capsule	aprepitant 40 mg capsule
Emend 80 mg Capsule	aprepitant 80 mg capsule
Epiduo Gel	adapalene/benzoyl peroxide gel
Epclusa 400 mg-100 mg Tablet	velpatasvir and sofosbuvir 400-100 tablet
Epivir HBV Tablet 100 mg	lamivudine tablet 100 mg
Eryped 400mg/5ml suspension	erythromycin 400mg/5ml suspension
Exelon 13.3 mg/24 hr Patch	rivastigmine 13.3 mg/24 hr patch
Exelon 4.6 mg/24 hr Patch	rivastigmine 4.6 mg/24 hr patch
Exelon 9.5 mg/24 hr Patch	rivastigmine 9.5 mg/24 hr patch
Exforge-HCT 10-160-12.5	amlodipine-valsartan-hctz 10-160-12.5
Exforge-HCT 10-160-25	amlodipine-valsartan-hctz 10-160-25
Exforge-HCT 10-320-25	amlodipine-valsartan-hctz 10-320-25
Exforge-HCT 5-160-12.5	amlodipine-valsartan-hctz 5-160-12.5
Exforge-HCT 5-160-25	amlodipine-valsartan-hctz 5-160-25
Fazacllo 100 mg ODT	clozapine 100 mg ODT
Fazacllo 12.5 mg ODT	clozapine 12.5 mg ODT
Fazacllo 150 mg ODT	clozapine 150 mg ODT
Fazacllo 200 mg ODT	clozapine 200 mg ODT
Fazacllo 25 mg ODT	clozapine 25 mg ODT
Focalin 10 mg	dexmethylphenidate 10 mg
Focalin 2.5 mg	dexmethylphenidate 2.5 mg
Focalin 5 mg	dexmethylphenidate 5 mg

Focalin XR 10 mg	dexmethylphenidate ER 10 mg
Focalin XR 15 mg	dexmethylphenidate ER 15 mg
Focalin XR 20 mg	dexmethylphenidate ER 20 mg
Focalin XR 25 mg	dexmethylphenidate ER 25 mg
Focalin XR 30 mg	dexmethylphenidate ER 30 mg
Focalin XR 35 mg	dexmethylphenidate ER 35 mg
Focalin XR 40 mg	dexmethylphenidate ER 40 mg
Focalin XR 5 mg	dexmethylphenidate ER 5 mg
Gabitril 12 mg	tiagabine 12 mg
Gabitril 16 mg	tiagabine 16 mg
Gabitril 2 mg	tiagabine 2 mg
Gabitril 4 mg	tiagabine 4 mg
Glyset 100 mg	migliitol 100 mg
Glyset 25 mg	migliitol 25 mg
Glyset 50 mg	migliitol 50 mg
Kadian ER 10 mg	morphine sulfate ER capsules 10 mg
Kadian ER 100 mg	morphine sulfate ER capsules 100 mg
Kadian ER 20 mg	morphine sulfate ER capsules 20 mg
Kadian ER 30 mg	morphine sulfate ER capsules 30 mg
Kadian ER 40 mg	morphine sulfate ER capsules 40 mg
Kadian ER 50 mg	morphine sulfate ER capsules 50 mg
Kadian ER 60 mg	morphine sulfate ER capsules 60 mg
Kadian ER 80 mg	morphine sulfate ER capsules 80 mg
Kitabis Pak 300 mg/5 ml	tobramycin pak 300 mg/5 ml
Letairis 5mg	ambrisentan 5mg
Letairis 10mg	ambrisentan 10mg
Lialda 1.2 gm Tablet	mesalamine 1.2 gm tablet
Lovenox 300 mg/3 ml Vial	enoxaparin 300 mg/3 ml vial
Makena 1,250 mg/5 ml Vial	hydroxyprogesterone 1,250 mg/5 ml vial
Methylin 10 mg/5 ml Soltuion	methylphenidate 10 mg/5 ml solution
Methylin 5 mg/5 ml Solution	methylphenidate 5 mg/5 ml solution
MetroCream 0.75% Cream	metronidazole 0.75% cream
Metrogel Topical 1% Gel	metronidazole topical 1% gel
Metrogel Topical 1% Pump	metronidazole topical 1% gel
MetroLotion 0.75% Lotion	metronidazole 0.75% lotion
Mitigare 0.6 mg capsules	colchicine 0.6 mg capsules
Natroba 0.9% Topical Susp	spinosad 0.9% topical susp
Niaspan ER 1000 mg Tablets	niacin ER 1000 mg tablets
Niaspan ER 500 mg Tablets	niacin ER 500 mg tablets
Niaspan ER 750 mg Tablets	niacin ER 750 mg tablets
Nuvigil 150 MG Tabs	armodafinil 150 mg tabs
Nuvigil 200 MG Tabs	armodafinil 200 mg tabs
Nuvigil 250 MG Tabs	armodafinil 250 mg tabs

Nuvigil 50 MG Tabs	armodafinil 50 mg tabs
Oxycontin 10 mg	oxycodone ER 10 mg
Oxycontin 15 mg	oxycodone ER 15 mg
Oxycontin 20 mg	oxycodone ER 20 mg
Oxycontin 30 mg	oxycodone ER 30 mg
Oxycontin 40 mg	oxycodone ER 40 mg
Oxycontin 60 mg	oxycodone ER 60 mg
Oxycontin 80 mg	oxycodone ER 80 mg
Pataday 0.2% Drops	olopatadine 0.2% drops
ProAir HFA/Proventil HFA	albuterol HFA inhaler
Provigil 100 mg	modafinil 100 mg
Provigil 200 mg	modafinil 200 mg
Pulmicort 0.25 mg/2 ml	budesonide 0.25 mg/2 ml
Pulmicort 0.5 mg/2 ml	budesonide 0.5 mg/2 ml
Pulmicort 1 mg/2 ml	budesonide 1.0 mg/2 ml
Ranexa ER 500mg	ranolazine ER 500mg
Ranexa ER 1000mg	ranolazine ER 1000mg
Renagel 400mg	sevelamer 400mg
Renagel 800mg	sevelamer 800mg
Renvela 0.8 gm powder pkt	sevelamer 0.8 gm powder pkt
Renvela 2.4 gm powder pkt	sevelamer 2.4 gm powder pkt
Retin-A 0.025% Cream	tretinoin 0.025% cream
Retin-A 0.05% Cream	tretinoin 0.05% cream
Retin-A 0.1% Cream	tretinoin 0.1% cream
Retin-A Gel 0.01%	tretinoin gel 0.01%
Retin-A Gel 0.025%	tretinoin gel 0.025%
Sabril Powder Pack	vigabatrin powder pack
Suboxone 2 mg-0.5 mg Film	buprenorphine/naloxone 2mg-0.5mg film
Suboxone 4 mg-1 mg Film	buprenorphine/naloxone 4mg-1mg film
Suboxone 8 mg-2 mg Film	buprenorphine/naloxone 8mg-2mg film
Suboxone 12 mg-3 mg Film	buprenorphine/naloxone 12mg-3mg film
Suprax 100 mg/5 ml Susp	cefixime 100 mg/5 ml susp
Suprax 200 mg/5 ml Susp	cefixime 200 mg/5 ml susp
Symbyax 12-25	olanzepine-fluoxetine 12-25
Symbyax 12-50	olanzepine-fluoxetine 12-50
Symbyax 3-25	olanzepine-fluoxetine 3-25
Symbyax 6-25	olanzepine-fluoxetine 6-25
Symbyax 6-50	olanzepine-fluoxetine 6-50
Tamiflu 30 mg Caps	oseltamivir 30 mg caps
Tamiflu 45 mg Caps	oseltamivir 45 mg caps
Tamiflu 6 mg/ml Suspension	oseltamivir 6 mg/ml suspension
Tamiflu 75 mg Caps	oseltamivir 75 mg caps
Tegretol 100 mg/5 ml Susp	carbamazepine 100 mg/5 ml susp

Tegretol 200 mg Tab	carbamazepine 200 mg tab
Tegretol XR 100 mg Tab	carbamazepine ER 100 mg tab
Tegretol XR 200 mg Tab	carbamazepine ER 200 mg tab
Tegretol XR 400 mg Tab	carbamazepine ER 400 mg tab
Tekturna 150mg Tablet	aliskiren 150mg tablet
Tekturna 300mg Tablet	aliskiren 300mg tablet
TobraDex Eye Drops	tobramycin-dexamethasone drops
Transderm-Scop 1.5 mg/3 day	scopolamine 1 mg/3 day patch
Vagifem 10 mcg Vaginal Tab	estradiol 10 mcg vaginal insert
Vigamox 0.5% Eye Drops	moxifloxacin 0.5% eye drops
Voltaren 1% Gel	diclofenac 1% gel
Xenazine 12.5 mg Tablets	tetrabenazine 12.5 mg tablets
Xenazine 25 mg Tablets	tetrabenazine 25 mg tablets
Zovirax 5% Cream	acyclovir 5% cream
Zovirax 5% Ointment	acyclovir 5% ointment

As a reminder, if a brand is Preferred with a Non-Preferred generic equivalent, “medically necessary” is NOT needed on the face of the prescription in order for the brand product to be covered.

Claims for preferred brands with non-preferred generics will be reimbursed with a generic product dispensing fee. Claims for preferred brands with no generic or preferred brands with preferred generics will be reimbursed with a brand dispensing fee.

When a PDL class has a preferred brand with a non-preferred generic, providers requesting prior approval for the non-preferred generic should give a clinical reason why the beneficiary cannot use the brand.

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.

Checkwrite Schedule for May 2019

Electronic Cutoff Schedule	Checkwrite Date
May 03, 2019	May 7, 2019
May 10, 2019	May 14, 2019
May 17, 2019	May 24, 2019
May 24, 2019	May 29, 2019

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 2019 checkwrite schedules for both DHB and DMH/DPH/ORH can be found under the Quick Links on the right side of the [NCTracks Provider Portal](#) home page.

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