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**North Carolina
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Newsletter**

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Brand Name Kapvay No Longer Covered

Concordia Pharmaceuticals (Labeler 59212) has terminated their rebate agreement with the Centers for Medicare and Medicaid Services (CMS) effective Jan. 1, 2019. For that reason, their brand product Kapvay (clonidine ER), a preferred option on the NC Medicaid and NC Health Choice Preferred Drug List (PDL), will no longer be a covered product. The generic version, clonidine ER, will be moved from non-preferred to preferred status on the PDL beginning Jan. 28, 2019. You may access the current PDL by visiting the [Medicaid PDL website](#).

ANTIHYPERKINESIS / ADHD	
Preferred	Non-Preferred
Aptensio [®] XR Capsule	Adderall [®] Tablet (GENERIC PRODUCT PER FDA)
Adderall [®] XR Capsule	Adzenys [®] XR-ODT / ER suspension
amphetamine salt combo tablet (generic for Adderall [®])	amphetamine salt combo XR capsule (generic for Adderall [®] XR)
atomoxetine capsule (generic for Strattera [®])	clonidine ER tablet (generic for Kapvay [®])
clonidine ER tablet (generic for Kapvay [®])	Cotempla [™] XR-ODT
Concerta [®] Tablet	Dexedrine [®] Tablet / Spansule [®]
Daytrana [®] Patch	dexamethylphenidate tablet / ER capsules (generic for Focalin [®] / XR)
dextroamphetamine tablet (generic for Dexedrine [®])	Desoxyn [®] Tablet
Focalin [®] Tablet / XR Capsule	dextroamphetamine solution (generic for ProCentra [®])
guanfacine ER tablet (generic for Intuniv [®])	dextroamphetamine ER capsule (generic for Dexedrine [®] Spansule [®])
Kapvay [®] Tablet	Dyanavel [®] XR Suspension
Methylin [®] Solution	Evekeo [®] Tablet
methylphenidate tablet (generic for Methylin [®] , Ritalin [®])	Intuniv [®] Tablet
Quillichew [®] ER Tablet	methamphetamine tablet (generic for Desoxyn [®])
Quillivant [®] XR Suspension	Methylin [®] Chewable Tablet
Vyvanse [®] Capsule / Chewable Tablet	methylphenidate CD capsule (generic for Metadate [®] CD)
	methylphenidate chewable / solution (generic for Methylin [®])
	methylphenidate ER tablet
	methylphenidate LA capsule (generic for Ritalin [®] LA)
	Mydayis [®] ER Capsule
	ProCentra [®] Solution
	Ritalin [®] LA Capsule
	Ritalin [®] Tablet
	Strattera [®] Capsule
	Zenzedi [®] Tablet

Reminder for PA Requests for Movement Disorders

Prior approval clinical coverage criteria for medications used for Movement Disorders can be found on the [NCTracks Prior Approval Drugs and Criteria webpage](#). Providers should include the beneficiary's diagnosis when requesting prior approval.

Generic Dispensing Fee Rate Adjustments

The fourth quarter (Oct. 1, 2018 to Dec. 31, 2018) 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 Feb. 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. The exact posting date is still to be determined and will be announced on the [Pharmacy Services webpage](#) of the NCTracks provider portal.

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 February 2019

Electronic Cutoff Schedule

Feb. 1, 2019
Feb. 8, 2019
Feb. 15, 2019
Feb. 22, 2019

Checkwrite Schedule

Feb. 5, 2019
Feb. 12, 2019
Feb. 20, 2019
Feb. 26, 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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