Medical Assistance
HEALTH AND HUMAN SERVICES

An Information Service of the Division of Medical Assistance

North Carolina
Medicaid Pharmacy
Newsletter

Number 269 ***June 2017***

In This Issue...

Published by CSRA, fiscal agent for the North Carolina Medicaid Program

800-688-6696

New Opioid Analgesic Clinical Coverage Criteria

Beginning August 27, 2017, prior approval will be required for opioid analgesic doses exceeding 120 mg of morphine equivalents per day, for greater than a 14 day supply of any opioid, and for any non-preferred opioid product for Medicaid and Health Choice beneficiaries. The prescribing provider may submit prior authorization requests through NCTracks via fax or the NCTracks secure provider portal. Beneficiaries with diagnosis of terminal cancer will continue to be exempt. New opioid analgesic prior authorization forms and revised clinical coverage criteria will be available on the NCTracks website. 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 Pharmacy Point-of-Sale Behavioral Health Clinical Edits

On May 1, 2017, new pharmacy point of sale (POS) clinical edits for behavioral health medications became effective for pediatric and adult beneficiaries prescribed such medications. These edits are specifically related to dosage and quantity prescribed which exceeds the Food and Drug Administration (FDA) approved maximum dosage, dosage schedule and in class therapeutic duplication.

The edit descriptions for pediatrics and adults follow:

Note: Concomitant use is 60 or more days of overlapping therapy.

- Quantities more than the dosages recommended by the FDA for the atypical antipsychotics
- Quantities more than the dosages recommended by the FDA for the antidepressants
- Quantities more than the dosages recommended by the FDA for attention deficit/attention deficit hyperactivity disorder (ADD/ADHD) medications
- Concomitant use of three or more atypical antipsychotics
- Concomitant use of two or more antidepressants (Selective serotonin reuptake inhibitor -SSRIs)
- Concomitant use of two or more antidepressants (Serotonin–norepinephrine reuptake inhibitor - SNRIs)
- Concomitant use of two or more anxiolytics
- Quantities more than the dosages recommended by the FDA for the behavioral health medications (does not include antidepressants, atypical antipsychotics, stimulants and ADD/ADHD medications)

A 90-day grace period is currently in place to allow providers and pharmacists an opportunity to identify and address any therapeutic issues that may be impacted by these new POS behavioral health clinical edits. Pharmacists are encouraged to contact prescribers if they identify any beneficiary that may be affected.

DMA plans to implement these new edits gradually over the next several months. **Beginning July 30, 2017, pharmacy claims for atypical antipsychotics for quantities exceeding the dosages recommended by the FDA will deny.**

Bypassing the edit will require an override that should be used by the pharmacist when the prescriber provides clinical rationale for the therapy issue identified by the edit. The edit override is 10 entered in a submission clarification code field.

Coverage for Spinraza™ (nusinersen injection, for intrathecal use)

Effective with date of service June 1, 2017 or later, the North Carolina Medicaid Pharmacy Program covers nusinersen injection, for intrathecal use (Spinraza™) through the Outpatient Pharmacy program after approval for use by Prior Authorization. Spinraza™ is not covered through the Physicians' Drug Program.

Spinraza™ coverage criteria and a temporary request form can be found on the NCTracks webpage.

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	Checkwrite Schedule
June 30, 2017	July 5, 2017
July 7, 2017	July 11, 2017
July 14, 2017	July 18, 2017
July 21, 2017	July 25, 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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