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Recent PA Form and Criteria Updates

Recently, multiple pharmacy prior approval (PA) forms and criteria have been updated or added. Please see the summary of updates below.

Form updates/additions have been made to the following drug [PA request forms](#) available on the NCTracks Pharmacy Services website:

- Mavyret Continuation PA form added (new)
- Topical Antihistamines temporary PA form added (new)
- Dupixent Asthma temporary PA form added (new); preexisting Dupixent temporary PA form renamed Dupixent for Atopic Dermatitis
- Entresto PA form updated
- Migraine Calcitonin Gene Related Therapy temporary PA form (new)
- Gocovri temporary PA form (new)
- Ankylosing Spondylitis (Enbrel, Humira, Cosentyx, Inflectra, Cimzia, Simponi, Simponi Aria, Remicade, Renflexis)
- Cryopyrin-Associated Periodic Syndromes including Familial Cold Autoinflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS) (Arcalyst and Ilaris)
- Crohn's Disease (Adult) (Humira, Cimzia, Entyvio, Inflectra, Stelara, Remicade, Renflexis)
- Crohn's Disease (Pediatric) (Humira, Inflectra, Remicade, Renflexis) (new)
- Cytokine Release Syndrome (Actemra and Actemra SQ) (new)
- Familial Mediterranean Fever (FMF) (Ilaris) (new)
- Giant Cell Arteritis (Actemra and Actemra SQ)
- Hyperimmunoglobulin D Syndrome (HIDS)/ Mevalonate Kinase Deficiency (MKD) (Ilaris) (new)
- Hidradenitis Suppurativa (Humira)
- Neonatal Onset: Multi-System Inflammatory Disease (Kineret)
- Non-Infectious Intermediate Posterior Panuveitis (Humira) (new)
- Polyarticular Juvenile Idiopathic Arthritis (Enbrel, Humira, Actemra SQ, Actemra Infusion, Orencia Infusion and Orencia SQ)
- Plaque Psoriasis (Adult) (Enbrel, Humira, Cosentyx, Cimzia, Ilumya, Inflectra, Otezla, Remicade, Renflexis, Stelara, Taltz, and Tremfya)
- Plaque Psoriasis (Pediatric) (Enbrel and Stelara)
- Psoriatic Arthritis (Enbrel, Humira, Inflectra, Cosentyx, Cimzia, Orencia, Orencia Infusion, Otezla, Renflexis, Remicade, Simponi, Simponia Aria, Stelara, Taltz, Xeljanz and Xeljanz XR)
- Rheumatoid Arthritis (Enbrel, Humira, Actemra Infusion, Actemra SQ, Cimzia, Inflectra, Kevzara, Kineret, Olumiant, Orencia Infusion, Orencia SQ, Remicade, Renflexis, Simponi, Simponi Aria, Xeljanz XR)
- Systemic Onset Juvenile Idiopathic Arthritis (For Actemra SQ, Actemra Infusion and Ilaris)
- Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS) (Ilaris) (new)

- Ulcerative Colitis (Adult) (Humira, Entyvio, Inflectra, Remicade, Renflexis, Simponi, Xeljanz, Xeljanz XR)
- Ulcerative Colitis (Pediatric) (Remicade) (new)

Criteria updates/additions have been made to the following pharmacy [clinical coverage criteria](#) available on the NCTracks Pharmacy Services website:

- Hematinics criteria updated
- Immunomodulator criteria updated
- Topical antihistamines criteria added (new)
- Entresto criteria updated (adding continuation criteria)
- Topical local anesthetics criteria updated (this version added generic)
- Cystic Fibrosis (Kalydeco, Orkambi, Symdeko) criteria updated (this version changes the minimum age for Kalydeco from age 2 to age 1)
- Gocovri criteria (new)
- Migraine Therapy: Calcitonin Gene-Related Inhibitors criteria (new)

Generic Dispensing Rate (GDR) Claim Level Detail Reports

NCTracks now has the capability to run claim level detail Generic Dispensing Rate (GDR) reports for each pharmacy provider. GDR reports will be run quarterly and will be automatically posted in each pharmacy provider’s NCTracks message center inbox.

The fourth quarter (Oct. 1, 2018 to Dec. 31, 2018) NC Medicaid GDR claim level detail reports for pharmacy providers were posted in each pharmacy provider’s NCTracks message center inbox on March 26, 2019.

Synagis Post Season Coverage Request

The Synagis coverage season ends March 31, 2019. Providers should use the Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 years old to request coverage after March 31, 2019. This form is located on the [Drug Request Forms](#) page. Pharmacists are asked to remind requesting Providers to fax the form to 919-715-1255 to help ensure timely processing.

Preferred Brands with Non-Preferred Generics List

Current as of March 25, 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
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	miglitol 100 mg
Glyset 25 mg	miglitol 25 mg
Glyset 50 mg	miglitol 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
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 Solution	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
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 8 mg-2 mg Film	buprenorphine/naloxone 8mg-2mg 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
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% 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.

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 April 2019

Electronic Cutoff Schedule	Checkwrite Date
April 29, 2019	April 2, 2019
April 5, 2019	April 9, 2019
April 12, 2019	April 16, 2019
April 19, 2019	April 23, 2019
April 26, 2019	April 30, 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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