



**An Information Service of the Division of Health Benefits**

**North Carolina  
Medicaid Pharmacy  
Newsletter**

*Number 293*

*November 2018*

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

800-688-6696

## North Carolina Controlled Substance Reporting System Announces New Web Link

The NC Controlled Substance Reporting System (NC CSRS) is now available at: <https://northcarolina.pmpaware.net>. As a reminder, NC Medicaid's clinical coverage criteria for both long and short-acting opioid analgesics require that the prescriber attest that he or she has checked the beneficiary's utilization of controlled substances on the NC CSRS. Please see the [NCTracks Pharmacy Clinical Coverage Criteria for more information](#).

## Updates to Clinical Coverage Policy 9, Outpatient Pharmacy Program

The NC Medicaid Clinical Coverage Policy 9, *Outpatient Pharmacy Program*, has been updated as of Nov. 1, 2018 with the following changes:

- Coverage for CroFab (Subsection 4.2.1(b))
- Coverage of IV and Irrigation fluids through pharmacy point of sale based on beneficiary living arrangement codes (Subsection 4.2.1 (g))
- Coverage not allowed for e-prescriptions with medically necessary request for drugs with Maximum Allowable Cost (MAC) pricing (Subsection 5.9.3)
- Emergency Preparedness Protocol added to policy (Subsection 7.5)

Pharmacy Services clinical coverage policies are available at:

<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/pharmacy-services-clinical-coverage-policies>.

## NC Medicaid and NC Health Choice Preferred Drug List (PDL) Changes

Effective **Dec. 3, 2018**, NC Medicaid will make changes to the [NC Medicaid and NC Health Choice Preferred Drug List \(PDL\)](#).

Below is a summary of the changes:

### Opioid Dependence

- Sublocade® is being added to preferred status

### Movement Disorders

- Movement Disorders will be a new Miscellaneous category on the PDL
- Xenazine® Tablet is being added to preferred status
- Austedo® Tablet is being added to non-preferred status
- Tetrabenazine tablet is being added to non-preferred status
- Ingrezza® Capsule is being added to non-preferred status

### Atypical Antipsychotics (Injectable Long-Acting)

- Aristada® Syringe will move from non-preferred to preferred status
- Perseris® Syringe will be added to non-preferred status

**Cardiovascular (Pulmonary Hypertension)**

- Adcirca® Tablet will move from preferred to non-preferred status

**Endocrinology (Hypoglycemics Injectable Rapid-Acting)**

- Humalog® Kwikpen will move from non-preferred to preferred status
- Rapid Acting Insulin class will now be trial and failure of 1 preferred product (currently trial and failure of 2) for a non-preferred product to adjudicate automatically

**Endocrinology (GLP-1 Receptor Agonists and Combinations)**

- Victoza® will move from non-preferred to preferred status
- Tanzeum® Pen Injector has been discontinued and will move from preferred and non-preferred status

**Diabetic Supplies**

- Diabetic Supplies is being added to the PDL list as a new category
- Preferred Products are remaining single source Roche products

**Osteoporosis (Bone Resorption Suppression and Related Agents)**

- Evista® Tablet will move from preferred to non-preferred status
- Raloxifene tablet (generic for Evista®) will move from non-preferred to preferred status

**Analgesics (Long-Acting Opioid Analgesics)**

- Kadian® Capsule will move from non-preferred to preferred status
- Morphine sulfate ER capsule (generic for Avinza®, Kadian®) move from preferred to non-preferred status

**Analgesics (Neuropathic Pain)**

- Gabapentin tablet (generic for Neurontin®) will move from non-preferred to preferred status

**Anticonvulsants (First Generation)**

- Depakene® Capsule/Solution will move from preferred to non-preferred status
- Depakote® Tablet will move from preferred to non-preferred status
- Mysoline® Tablet will move from preferred to non-preferred status
- Peganone® Tablet will move from preferred to non-preferred status
- Zarontin® Capsule/Solution will move from preferred to non-preferred status

**Anticonvulsants (Second Generation)**

- Gabapentin tablet (generic for Neurontin®) will move from non-preferred to preferred status
- Sabril® Powder Packet will move from non-preferred to preferred status
- Vigabatrin powder packet (generic for Sabril®) will move from preferred to non-preferred status

**Anti-Infectives Systemic (Cephalosporins and Related)**

- Cefpodoxime suspension/tablet (generic for Vantin®) will move from preferred to non-preferred status
- Amoxicillin-clavulanate chewable (generic for Augmentin®) will move from preferred to non-preferred status

**Anti-Infectives Systemic (Macrolides and Ketolides)**

- Erythromycin e.s. 200mg suspension (generic for E.E.S.® Suspension) will move from preferred to non-preferred status

**Anti-Infectives Systemic (Quinolones)**

- Moxifloxacin tablet (generic for Avelox®) will move from non-preferred to preferred status
- Avelox® Tablet/Avelox® ABC Pack will move from preferred to non-preferred status

**Antivirals (Hepatitis B Agents)**

- Baraclude® Solution will move from preferred to non-preferred status
- Epivir® HBV Tablet/Solution will move from non-preferred to preferred status
- Hepsera® Tablet from will move from preferred to non-preferred status
- Lamivudine HBV tablet (generic for Epivir® HBV) will move from preferred to non-preferred status

**Antivirals (Hepatitis B Agents)**

- Rebetrol® will be added as a new non-preferred product
- Pegintron® Subcutaneous Injection will be added as a new non-preferred product

**Behavioral Health (Antidepressants - Other)**

- Desvenlafaxine ER tablet (generic for Pristiq®) will move from non-preferred to preferred status
- Pristiq® ER Tablet will move from preferred to non-preferred status

**Behavioral Health (Antihyperkinesia/ADHD)**

- Atomoxetine capsule (generic for Strattera®) will move from non-preferred to preferred status
- Strattera® Capsule will move from preferred to non-preferred status
- Ritalin® Tablet will move from preferred to non-preferred status

**Behavioral Health (Atypical Antipsychotics - Oral)**

- FazaClo® ODT will move from non-preferred to preferred status
- Clozapine ODT (generic for FazaClo®) will move from preferred to non-preferred status
- Paliperidone tablet (generic for Invega®) will move from non-preferred to preferred status
- Invega® Tablet will move from preferred to non-preferred status
- Quetiapine ER tablet (generic for Seroquel® XR) will move from non-preferred to preferred status
- Seroquel® XR Tablet/XR Sample Kit will move from preferred to non-preferred status

**Cardiovascular (Angiotensin II Receptor Blockers)**

- Diovan® Tablet will move from preferred to non-preferred status
- Valsartan tablet (generic for Diovan®) will move from non-preferred to preferred status

**Cardiovascular (Angiotensin II Receptor Blocker Combinations)**

- Amlodipine-valsartan tablet (generic for Exforge®) will move from non-preferred to preferred status

**Cardiovascular (Antiarrhythmics)**

- Propafenone SR capsule (generic for Rythmol SR®) will move from non-preferred to preferred status
- Rythmol SR® Capsule will move from preferred to non-preferred status

**Cardiovascular (Cholesterol Lowering Agents)**

- Ezetimibe tablet (generic for Zetia®) will move from non-preferred to preferred status
- Zetia® Tablet (used as an adjunctive to statin therapy) will move from preferred to non-preferred status
- Zypitamag® will be added as a new non-preferred product

**Cardiovascular (Dihydropyridine Calcium Channel Blockers)**

- Nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) will move from preferred to non-preferred status

**Cardiovascular (Niacin Derivatives)**

- Niacin ER tablet (generic for Niaspan®) will move from preferred to non-preferred status
- Niaspan® ER Tablet will move from non-preferred to preferred status

**Cardiovascular (Platelet Inhibitors)**

- Prasugrel tablet (generic for Effient® Tablet) will move from non-preferred to preferred status
- Effient® Tablet will move from preferred to non-preferred status

**Cardiovascular (Triglyceride Lowering Agents)**

- Fenofibric acid capsule/tablet (generic for Trilipix®) will move from preferred to non-preferred status

**Central Nervous System (Antimigraine Agents)**

- Sumatriptan syringe (generic for Imitrex®) will move from preferred to non-preferred

**Central Nervous System (Anti-Parkinson and Restless Leg Syndrome Agents)**

- Gocovri® Capsule will be as a non-preferred product with clinical criteria that must be met for coverage

**Endocrinology (DPP-IV Inhibitors and Combinations)**

- Glyxambi® Tablet will move from non-preferred to preferred status

**Gastrointestinal (Antiemetic/Antivertigo Agents)**

- Diclegis® will move from non-preferred to preferred status
- Promethazine 25mg rectal will be added as a new preferred product
- Bonjesta® Tablet will be added as a new non-preferred product
- Palonosetron will be added as a new non-preferred product
- Prochlorperazine rectal will be added as a new non-preferred product
- Promethazine 50mg rectal will be added as a new non-preferred product
- Reglan® will be added as a new non-preferred product

**Gastrointestinal (Proton Pump Inhibitors)**

- Nexium® Rx Capsule/Nexium® OTC capsule will move from preferred to non-preferred status
- Esomeprazole magnesium Rx capsule (generic for Nexium® Rx) will move from non-preferred to preferred status
- Esomeprazole magnesium OTC (generic for Nexium® OTC) will move from non-preferred to preferred status
- Esomeprazole strontium will be added as a non-preferred product
- Esomep EZS® Kit will be added as a non-preferred product

**Gastrointestinal (Electrolyte Depleters)**

- Eliphos® Tablet will move from preferred to non-preferred status

**Genitourinary/Renal (Urinary Antispasmodics)**

- Oxybutynin ER tablet (generic for Ditropan XL®) will move from non-preferred to preferred status

**Gout**

- Colchicine capsule (generic for Mitigare®) will move from preferred to non-preferred status
- Mitigare® Capsule will move from non-preferred to preferred status
- Krystexxa® IV will be added as a non-preferred product

**Hematologic (Anticoagulants - Injectable)**

- Enoxaparin syringe (generic for Lovenox®) will move from non-preferred to preferred status
- Lovenox® Syringe will move from preferred to non-preferred status

**Hematologic (Anticoagulants - Oral)**

- Coumadin® Tablet will move from preferred to non-preferred status
- Eliquis® Starter Dose Pack will move from non-preferred to preferred status
- Savaysa® Tablet will move from preferred to non-preferred status

**Hematologic (Colony Stimulating Factors)**

- Colony Stimulating Factors will be added as a new PDL List category
- Granix® Injection will be added as a preferred product
- Leukine® Injection will be added as a preferred product
- Neulasta® Syringe/Kit will be added as a preferred product
- Neupogen® Vial/Syringe will be added as a preferred product
- Zarxio® Injection will be added as a preferred product

**Ophthalmic (Allergic Conjunctivitis Agents)**

- Pataday® Drops will move from non-preferred to preferred status
- Olopatadine drops (generic for Pataday®) will move from preferred to non-preferred status
- Pazeo® Drops will move from non-preferred to preferred status
- Patanol® will remain non-preferred
- Olopatadine drops (generic for Patanol®) will move from preferred to non-preferred status

**Ophthalmic (Antibiotics)**

- Neomycin-bacitracin-polymyxin ophthalmic ointment (generic for Neosporin® Ophthalmic Ointment) will move from preferred to non-preferred status
- Neomycin-bacitracin-gramicidin ophthalmic drops (generic for Neosporin® Ophthalmic Drops) will move from preferred to non-preferred status

**Ophthalmic (Anti-Inflammatory)**

- FML® Forte Drops/S.O.P. Ointment will move from preferred to non-preferred status
- Ilevro® Drops will move from non-preferred to preferred status
- Maxidex® Drops will move from preferred to non-preferred status
- Prednisolone sodium phosphate drops (generic for Inflammase Forte®) will move from preferred to non-preferred status

**Ophthalmic (Beta Blocker Agents)**

- Carteolol drops (generic for Ocupress®) will move from preferred to non-preferred status
- Istalol® Drops will move from preferred to non-preferred status
- Levobunolol drops (generic for Betagan®) will move from preferred to non-preferred status

**Ophthalmic (Carbonic Anhydrase Inhibitors)**

- Azopt® Drops will move from preferred to non-preferred status

**Otic (Anti-Inflammatory)**

- Otic Anti-Inflammatory will be added as a new category on the PDL
- Dermotic® will be added as a preferred product
- Fluocinolone 0.01% oil will be added as a non-preferred product

**Respiratory (Beta Adrenergic - Oral)**

- Albuterol ER tablet (generic for Proventil® Repetabs) will move from preferred to non-preferred status

**Respiratory (Orally Inhaled Anticholinergics)**

- Bevespi® Aerosphere will move from non-preferred to preferred status
- Combivent® Respimat Inhalation Spray will move from non-preferred to preferred status

**Respiratory (Corticosteroids)**

- Flovent® HFA Inhaler will move from non-preferred to preferred status
- QVAR® Inhaler has been discontinued and will move from preferred to non-preferred status

**Respiratory (Intranasal Rhinitis Agents)**

- Astepro® Nasal Spray will move from non-preferred to preferred status
- Olopatadine nasal spray (generic for Patanase®) will move from non-preferred to preferred status
- Patanase® Nasal Spray will move from preferred to non-preferred status
- Azelastine spray (generic for Astepro®) will move from preferred to non-preferred status

**Respiratory (Leukotriene Modifiers)**

- Zafirlukast tablet (generic for Accolate®) will move from preferred to non-preferred status
- Montelukast granules (generic for Singulair® Granules) will move from preferred to non-preferred status

**Respiratory (Low Sedating Antihistamines)**

- Cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup) will move from non-preferred to preferred status
- Levocetirizine tablet (generic for Xyzal®) will move from non-preferred to preferred status
- Cetirizine chewable tablets OTC (generic for Zyrtec® OTC Tablets) will move from preferred to non-preferred status

**Topicals (Acne Agents)**

- Clindamycin-benzoyl peroxide gel (generic for Duac®) will move from non-preferred to preferred status
- Clindamycin/benzoyl peroxide with pump (generic for Benzacilin®) will move from non-preferred to preferred status
- Epiduo® Gel will move from non-preferred to preferred status
- Adapalene/benzoyl peroxide (generic for Epiduo® Gel) will move from preferred to non-preferred status
- Benzacilin® Gel/Pump will move from preferred to non-preferred status
- Erythromycin topical solution (generic for Emcin®, EryDerm®, EryMax®, A/T/S®, T-Stat®) will move from non-preferred to preferred status

**Topicals (Androgenic Agents)**

- Androgel® Packet will move from preferred to non-preferred status

**Topicals (Antibiotic- Vaginal)**

- Clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) will move from preferred to non-preferred status

**Topicals (Antiparasitics)**

- Eurax® Cream will move from preferred to non-preferred status

**Topicals (Antivirals)**

- Zovirax® Ointment will move from non-preferred to preferred status
- Acyclovir ointment/ AG (generic for Zovirax® Ointment) will move from preferred to non-preferred status

**Topicals (Psoriasis)**

- Dovonex® Cream will move from non-preferred to preferred status
- Calcipotriene cream/ointment/solution (generic for Dovonex®) will move from preferred to non-preferred status

**Topicals (Steroids - Low Potency)**

- Alclometasone dipropionate cream/ointment (generic for Aclovate®) will move from preferred to non-preferred status
- DermaSmoothe® FS Scalp and Body Oil will move from non-preferred to preferred status
- Fluocinolone scalp/body oil (generic for Derma-Smoothe® FS Scalp / Body Oil) will move from preferred to non-preferred status

**Topicals (Steroids - High Potency)**

- Fluocinonide solution (generic for Lidex® / Lidex®) will move from preferred to non-preferred status
- Betamethasone valerate lotion (generic for Valisone®) will move from preferred to non-preferred status

**Topicals (Steroids - Very High Potency)**

- Clobex® Shampoo will move from non-preferred to preferred status
- Clobetasol lotion shampoo (generic for Clobex® Shampoo) will move from preferred to non-preferred status

**Miscellaneous (Epinephrine - Self Injected)**

- Auvi-Q® Auto Injector is being moved from preferred to non-covered status due to not being CMS rebateable any longer

**Miscellaneous (Estrogen Agents - Combinations)**

- FemHRT® Tablet will move from preferred to non-preferred status
- Prefest® Tablet will move from preferred to non-preferred status

**Miscellaneous (Progestational Agents)**

- Makena® Auto-Injector (hydroxyprogesterone caproate injection) will move from non-preferred to preferred status

**Miscellaneous (Estrogen Agents - Oral/Transdermal)**

- Climara® Patch will move from preferred to non-preferred status
- Estrace® Tablet will move from preferred to non-preferred status
- Estradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®) will move from non-preferred to preferred status
- Vivelle-Dot® Patch will move from preferred to non-preferred status

**Miscellaneous (Immunomodulators - Systemic)**

- Enbrel® Mini Cartridge will move from non-preferred to preferred status
- Cosentyx® Pen/Syringe will move from non-preferred to preferred status

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 to ensure access to medically necessary medications 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. Refer to the [article below](#) for more details.

**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.

## 2018-2019 NC Medicaid and Health Choice Preferred Drug List

### Preferred Brands with Non-Preferred Generic Alternatives Effective December 3, 2018 (Additions in bold)

Preferred Brand	Non-Preferred Generic
Actiq Lozenge	fentanyl citrate lozenge
Adderall XR	amphetamine Salt Combo ER
Aggrenox	aspirin-dipyridamole ER
Alphagan P	brimonidine P
Androgel Gel Pump	testosterone
Astepro nasal spray	azelastine nasal spray
Butrans patch	buprenorphine patch
Catapres-TTS patch	clonidine patches
Cipro Suspension	ciprofloxacin suspension
Clobex Shampoo	clobetasol shampoo
Concerta	methylphenidate ER
Copaxone	glatiramer
<b>DermaSmoothe FS Scalp and Body Oil</b>	fluocinolone body / scalp oil
<b>Dermotic Oil</b>	fluocinolone 0.01% oil
Diastat Accudial/Pedi System	diazepam rectal/system
Differin	adapalene
Dovonex cream	calcipotriene cream
Emend	aprepitant
Epiduo gel	adapalene/benzoyl peroxide gel
Epivir HBV	lamivudine
Exelon Patch	rivastigmine patch
Exforge-HCT	amlodipine / valsartan / HCT
Fazaclo ODT	clozapine ODT
Focalin / Focalin XR	dexmethylphenidate
Gabitril 2mg, 4mg, 12mg, and 16mg	tiagabine
Glyset	migliitol
Kadian ER	morphine sulfate er
Kapvay	clonidine ER
Kitabis Pak	tobramycin
Lialda	mesalamine
Lovenox vial	enoxaparin vial
Makena Vial Multidose	hydroxyprogesterone vial
Methylin Solution	methylphenidate solution
MetroCream	metronidazole cream
MetroLotion	metronidazole lotion
Metrogel Topical gel/pump	metronidazole gel topical

Preferred Brand	Non-Preferred Generic
<b>Mitigare</b>	colchicine capsule
Natroba	spinosad
<b>Niaspan ER</b>	niacin ER tablet
Nuvigil	armodafinil
Orapred ODT	prednisolone ODT
Oxycontin	oxycodone ER
Pataday	olopatadine
Provigil	modafinil
Pulmicort Respules	budesonide respules
Renvela powder pkt	sevelamer powder pkt
Retin-A Cream/Gel	tretinoin cream/gel
Sabril Powder Pack	vigabatrin powder pack
Suboxone Film 8mg and 2mg	buprenorphine/naloxone film
Suprax Susp	cefixime Susp
Symbyax	olanzepine / fluoxetine
Tamiflu	oseltamivir
Tegretol Tab/ Susp /XR	carbamazepine Tab/ Susp / XR
TobraDex Drops	tobramycin / dexamethasone drops
Transderm-Scop	scopolamine
Vagifem	estradiol
Vigamox	moxifloxacin
Voltaren Gel	diclofenac gel
<b>Xenazine</b>	tetrabenazine
Zovirax ointment	acyclovir ointment

## 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.

## No NCTracks Checkwrite on Dec. 25

As stated in the published approved 2018 checkwrite schedules, “NCTracks will issue 50 checkwrites per fiscal year. The payment cycle will be weekly, exceptions being the last week of June (end of state fiscal year) and the last week of the calendar year.” The last checkwrite date for the calendar year will be on Dec. 18. **There will be no checkwrite on Dec. 25, 2018.** The first checkwrite for the new calendar year will be on Jan. 3, 2019.

The 2018 and 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.

## Checkwrite Schedule for December 2018

### Electronic Cutoff Schedule

Nov. 30, 2018  
Dec. 7, 2018  
Dec. 14, 2018

### Checkwrite Schedule

Dec. 4, 2018  
Dec. 11, 2018  
Dec. 18, 2018

*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.*

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