



An Information Service of the Division of Health Benefits

**North Carolina
Medicaid Pharmacy
Newsletter**

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Behavioral Health Clinical Edits

The final implementation phase of behavioral health clinical edits was completed on May 14, 2018. The edits target dose optimization, dosages exceeding Food and Drug Administration (FDA) recommendations and concomitant use within same chemical class beyond 60 days. Atypical antipsychotics, antidepressants, Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), and stimulants, anxiolytics and other behavioral health medicine, including suboxone, are in the edit logic.

Examples of Point of Sale (POS) edit messages returned to the pharmacy are:

- Quantity exceeds the adult (pediatric) dosage recommended by the FDA for atypical antipsychotics.
- Concomitant use of two or more antidepressants will be denied.
- Quantity exceeds the adult (pediatric) dosage recommended by the FDA for behavioral health medicine.

Bypassing the edit will require an override (submission clarification code 10) that should be used by the pharmacist when the prescriber provides clinical rationale for the therapy issue alerted by the edit.

Questions can be directed to the GDIT call center at 866-246-8505. ***GDIT cannot override the claim on behalf of the pharmacy or the prescriber. Additionally, clinical rationale should be provided to the beneficiary's dispensing pharmacy, and not GDIT.***

A prescriber may proactively document the clinical rationale with issuance of the prescription. The concise documentation may provide information about the patient's situation, history, therapy goals and outcome. Documentation solely of a diagnosis code is not legitimate justification. The adequacy of proactive documentation is the professional judgment of the pharmacist.

The edits, with appendices of the drugs included in the edit, are posted on the [NCTracks Prior Approval Drugs and Criteria web page](#).

Generic Dispensing Fee Adjustments

The third quarter 2018 NC Medicaid Generic Dispensing Rate Report for pharmacy providers is available under the Reimbursement section on the [NC Medicaid Outpatient Pharmacy Services page](#). The effective date of the generic dispensing fee adjustments is Nov. 1, 2018.

Makena Auto-Injector and Hydroxyprogesterone Caproate Injection Added as Preferred Options on the Preferred Drug List

NC Medicaid has confirmed the market shortage of Makena Injection Single Dose Vial which is a preferred option in addition to the 5 ml multi-dose vial on the on the NC Medicaid and Health Choice [Preferred Drug List](#) (PDL).

Due to market access issues that caused this shortage, effective Oct. 22, 2018, Makena Auto-Injector was moved to preferred status on the NC Medicaid and Health Choice PDL. Also, effective Oct. 29, 2018, hydroxyprogesterone caproate injection single dose vial was moved to preferred status.

PROGESTATIONAL AGENTS	
<u>Preferred</u>	<u>Non-Preferred</u>
Makena® (hydroxyprogesterone caproate injection)	Makena® Auto-Injector
Makena® Auto-Injector	hydroxyprogesterone caproate injection single dose vial
Compounded 17 P	hydroxyprogesterone caproate injection multi dose vial
hydroxyprogesterone caproate injection single dose vial	

New Outpatient Pharmacy Program Manager

The NC Medicaid pharmacy program is excited to introduce our newest staff member and Outpatient Pharmacy Program Manager, Paul Blake Cook. Blake is a registered pharmacist with more than 25 years experience working with retail pharmacy chains. Blake most recently worked with the Kroger Company where he has served many roles, including: Pharmacy Manager, Long Term Care Consultant Pharmacist, Pharmacy Benefit Management (PBM) Regional Sales and Account Manager, and Clinical Programs Coordinator.

Blake is excited about his new role and looks forward to working with the pharmacy program staff to implement a managed care pharmacy benefit which ensures beneficiary access to cost-efficient medicine as well as medically-appropriate drug therapies that maximize patient health outcomes for all NC Medicaid beneficiaries.

2017-2018 NC Medicaid and Health Choice Preferred Drug List

Preferred Brands with Non-Preferred Generic Alternatives Current as of Nov. 1, 2018

Preferred Brand	Non-Preferred Generic
Actiq Lozenge	fentanyl citrate lozenge
Adcirca	tadalafil
Adderall XR	amphetamine Salt Combo ER
Aggrenox	aspirin-dipyridamole ER
Alphagan P	brimonidine P
Androgel Packet and Gel Pump	testosterone

Preferred Brand	Non-Preferred Generic
Astepro nasal spray	azelastine nasal spray
Benzaclin Pump	clindamycin/benzoyl peroxide with pump
Butrans	buprenorphine
Catapres-TTS	clonidine patches
Cipro Suspension	ciprofloxacin suspension
Clobex Shampoo	clobetasol shampoo
Concerta	methylphenidate ER
Copaxone	glatiramer
Diastat Accudial/Pedi System	diazepam rectal/system
Differin	adapalene
Diovan	valsartan
Dovonex cream	calcipotriene cream
Emend	aprepitant
Epiduo gel	adapalene/benzoyl peroxide gel
Epivir HBV	lamivudine
Evista	raloxifene
Exelon Patch	rivastigmine patch
Exforge	amlodipine / valsartan
Exforge-HCT	amlodipine / valsartan / HCT
Fazaclo ODT	clozapine ODT
Focalin / Focalin XR	dexmethylphenidate
Gabitril 2mg, 4mg, 12mg, and 16mg	tiagabine
Glyset	miglitol
Hepsera 10 mg	adefovir
Istalol drops	timolol drops
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
Natroba	spinosad
Nuvigil	armodafinil
Orapred ODT	prednisolone ODT
Oxycontin	oxycodone ER
Pataday	olopatadine
Patanase	olopatadine
Provigil	modafinil

Preferred Brand	Non-Preferred Generic
Pulmicort Respules	budesonide respules
Renvela powder pkt	sevelamer powder pkt
Retin-A Cream/Gel	tretinoin cream/gel
Rythmol SR	propafenone SR
Sabril Powder Pack	vigabatin powder pack
Suboxone Film	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
Zetia	ezetimibe
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.

Checkwrite Schedule for November 2018

Electronic Cutoff Schedule

November 2, 2018
November 9, 2018
November 16, 2018
November 23, 2018

Checkwrite Schedule

November 6, 2018
November 14, 2018
November 20, 2018
November 27, 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.

The 2018 and 2019 checkwrite schedules for both NC Medicaid 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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