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Clinical Coverage Policy Update for 340B Pharmacy Providers

Pharmacy providers should be aware that the Division of Health Benefits recently updated Outpatient Pharmacy – Clinical Coverage Policy No. 9 regarding billing guidelines for 340B drug claims submitted as a pharmacy point-of-sale (POS) claim.

- 340B providers must be listed on the HRSA website found at <http://www.hrsa.gov/opa/>.
- 340B providers must submit POS claims with an ‘8’ in the basis of cost determination field (NCPDP D.0 field 423-DN) **AND** a ‘20’ in the submission clarification field (NCPDP D.0 field 420-DK) to indicate they are dispensing a 340B product. This will eliminate duplicate discounts as the claims will be pulled from rebate collections.
- 340B providers must submit the actual purchased drug price in the usual and customary charge field.
- Providers who maintain two separate inventories – one for eligible 340B prescriptions and a purchased inventory for non-340B prescriptions – may not dispense a 340B program purchased drug and bill Medicaid or NC Health Choice the calculated Medicaid price for non-qualified 340B prescriptions.
- Hemophilia drugs
 - 340B providers may submit the state upper limit established for a 340B purchased hemophilia drug.

Please note that Clinical Coverage Policy No. 9 was updated on July 22, 2019. Prior to this update the policy allowed for submission of POS claims with an ‘8’ in the basis of cost determination field (NCPDP D.0 field 423-DN) **OR** a ‘20’ in the submission clarification field (NCPDP D.0 field 420-DK). The updated policy requires use of both indicators. Previously, providers were instructed to submit both the actual purchased drug price **AND** the dispensing fee in the usual and customary charge field. Per the updated policy, only the actual purchased drug price should be submitted in the usual and customary charge field.

The referenced clinical coverage policy can be found at:

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

Generic Dispensing Fee Rate Adjustments

The second quarter (April 1, 2019 to June 30, 2019) 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 August 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 on August 1, 2019.

Requests for Reauthorization of Short-acting Opioids

Prior approval criteria for short-acting opioids were updated on August 27, 2017. This update included the following instructions for providers requesting reauthorization for short-acting opioids:

“Reauthorization prior approval requests for beneficiaries with chronic pain must include documentation as to why the beneficiary needs continued opioid treatment and current plan of care.”

The prescribing provider may submit prior approval requests to NCTracks using the NCTracks provider portal or by fax. Opioid analgesic prior approval forms and clinical coverage criteria are available on the NCTracks website. All documents *must* be attached/included with the request at the time of submission to ensure appropriate clinical consideration.

Preferred Brands with Non-Preferred Generics List

Current as of July 8, 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 Capsule	amphetamine salt combo ER 10 mg capsule
Adderall XR 15 mg Capsule	amphetamine salt combo ER 15 mg capsule
Adderall XR 20 mg Capsule	amphetamine salt combo ER 20 mg capsule
Adderall XR 25 mg Capsule	amphetamine salt combo ER 25 mg capsule
Adderall XR 30 mg Capsule	amphetamine salt combo ER 30 mg capsule
Adderall XR 5 mg Capsule	amphetamine salt combo ER 5 mg capsule
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 Capsule	aspirin-dipyridamole ER capsule
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 Patch	clonidine 0.1 mg/day patch
Catapres-TTS 2 Patch	clonidine 0.2 mg/day patch
Catapres-TTS 3 Patch	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 Tablet	methylphenidate ER 18 mg tablet
Concerta 27 mg Tablet	methylphenidate ER 27 mg tablet
Concerta 36 mg Tablet	methylphenidate ER 36 mg tablet
Concerta 54 mg Tablet	methylphenidate ER 54 mg tablet
Copaxone 20 mg/ml Syringe	glatiramer 20 mg/ml syringe
Copaxone 40 mg/ml Syringe	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 0.3% 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
Eryped 400mg/5ml suspension	erythromycin 400mg/5ml suspension
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
Fazaclo 100 mg ODT	clozapine 100 mg ODT
Fazaclo 12.5 mg ODT	clozapine 12.5 mg ODT
Fazaclo 150 mg ODT	clozapine 150 mg ODT
Fazaclo 200 mg ODT	clozapine 200 mg ODT
Fazaclo 25 mg ODT	clozapine 25 mg ODT
Focalin 10 mg Tablet	dexmethylphenidate 10 mg tablet
Focalin 2.5 mg Tablet	dexmethylphenidate 2.5 mg tablet
Focalin 5 mg Tablet	dexmethylphenidate 5 mg tablet
Focalin XR 5 mg Capsule	dexmethylphenidate ER 5 mg capsule
Focalin XR 10 mg Capsule	dexmethylphenidate ER 10 mg capsule
Focalin XR 15 mg Capsule	dexmethylphenidate ER 15 mg capsule
Focalin XR 20 mg Capsule	dexmethylphenidate ER 20 mg capsule
Focalin XR 25 mg Capsule	dexmethylphenidate ER 25 mg capsule
Focalin XR 30 mg Capsule	dexmethylphenidate ER 30 mg capsule
Focalin XR 35 mg Capsule	dexmethylphenidate ER 35 mg capsule
Focalin XR 40 mg Capsule	dexmethylphenidate ER 40 mg capsule

Gabitril 12 mg Tablet	tiagabine 12 mg tablet
Gabitril 16 mg Tablet	tiagabine 16 mg tablet
Gabitril 2 mg Tablet	tiagabine 2 mg tablet
Gabitril 4 mg Tablet	tiagabine 4 mg tablet
Glyset 100 mg Tablet	miglitol 100 mg tablet
Glyset 25 mg Tablet	miglitol 25 mg tablet
Glyset 50 mg Tablet	miglitol 50 mg tablet
Kitabis Pak 300 mg/5 ml	tobramycin pak 300 mg/5 ml
Letairis 5mg Tablet	ambrisentan 5mg tablet
Letairis 10mg Tablet	ambrisentan 10mg tablet
Lialda 1.2 gm Tablet	mesalamine 1.2 gm tablet
Lotemax 0.5% eye drops	loteprednol etabonate eye drops
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 capsule	colchicine 0.6 mg capsule
Natroba 0.9% Topical Suspension	spinosad 0.9% topical suspension
Niaspan ER 1000 mg Tablet	niacin ER 1000 mg tablet
Niaspan ER 500 mg Tablet	niacin ER 500 mg tablet
Niaspan ER 750 mg Tablet	niacin ER 750 mg tablet
Nuvigil 150 MG Tablet	armodafinil 150 mg tablet
Nuvigil 200 MG Tablet	armodafinil 200 mg tablet
Nuvigil 250 MG Tablet	armodafinil 250 mg tablet
Nuvigil 50 MG Tablet	armodafinil 50 mg tablet
Oxycontin 10 mg Tablet	oxycodone ER 10 mg tablet
Oxycontin 15 mg Tablet	oxycodone ER 15 mg tablet
Oxycontin 20 mg Tablet	oxycodone ER 20 mg tablet
Oxycontin 30 mg Tablet	oxycodone ER 30 mg tablet
Oxycontin 40 mg Tablet	oxycodone ER 40 mg tablet
Oxycontin 60 mg Tablet	oxycodone ER 60 mg tablet
Oxycontin 80 mg Tablet	oxycodone ER 80 mg tablet
Pataday 0.2% Drops	olopatadine 0.2% drops
ProAir HFA/Proventil HFA	albuterol HFA inhaler
Provigil 100 mg tablet	modafinil 100 mg tablet
Provigil 200 mg tablet	modafinil 200 mg tablet
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

Ranexa ER 500mg Tablet	ranolazine ER 500mg tablet
Ranexa ER 1000mg Tablet	ranolazine ER 1000mg tablet
Renagel 400mg Tablet	sevelamer 400mg tablet
Renagel 800mg Tablet	sevelamer 800mg tablet
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	vigabatin powder pack
Suboxone 2 mg-0.5 mg Film	buprenorphine/naloxone 2mg-0.5mg film
Suboxone 4 mg-1 mg Film	buprenorphine/naloxone 4mg-1mg film
Suboxone 8 mg-2 mg Film	buprenorphine/naloxone 8mg-2mg film
Suboxone 12 mg-3 mg Film	buprenorphine/naloxone 12mg-3mg film
Suprax 100 mg/5 ml Suspension	cefixime 100 mg/5 ml suspension
Suprax 200 mg/5 ml Suspension	cefixime 200 mg/5 ml suspension
Supraz 400 mg Capsule	cefixime 400 mg capsule
Symbyax 12-25 Capsule	olanzepine-fluoxetine 12-25 capsule
Symbyax 12-50 Capsule	olanzepine-fluoxetine 12-50 capsule
Symbyax 3-25 Capsule	olanzepine-fluoxetine 3-25 capsule
Symbyax 6-25 Capsule	olanzepine-fluoxetine 6-25 capsule
Symbyax 6-50 Capsule	olanzepine-fluoxetine 6-50 capsule
Tamiflu 30 mg Capsule	oseltamivir 30 mg capsule
Tamiflu 45 mg Capsule	oseltamivir 45 mg capsule
Tamiflu 6 mg/ml Suspension	oseltamivir 6 mg/ml suspension
Tamiflu 75 mg Capsule	oseltamivir 75 mg capsule
Tegretol 100 mg/5 ml Suspension	carbamazepine 100 mg/5 ml suspension
Tegretol 200 mg Tablet	carbamazepine 200 mg tablet
Tegretol XR 100 mg Tablet	carbamazepine ER 100 mg tablet
Tegretol XR 200 mg Tablet	carbamazepine ER 200 mg tablet
Tegretol XR 400 mg Tablet	carbamazepine ER 400 mg tablet
Tekturna 150mg Tablet	aliskiren 150mg tablet
Tekturna 300mg Tablet	aliskiren 300mg tablet
TobraDex Eye Drops	tobramycin-dexamethasone drops
Tracleer 125mg Tablet	bosentan 125 mg tablet
Tracleer 62.5mg Tablet	bosentan 62.5 mg tablet
Transderm-Scop 1.5 mg/3 day	scopolamine 1 mg/3 day patch
Vagifem 10 mcg Vaginal Tablet	estradiol 10 mcg vaginal insert
Vesicare 5 mg Tablet	solifenacin succinate 5 mg tablet
Vesicare 10mg Tablet	solifenacin succinate 10 mg tablet
Vigamox 0.5% Eye Drops	moxifloxacin 0.5% eye drops

Voltaren 1% Gel	diclofenac 1% gel
Xenazine 12.5 mg Tablet	tetrabenazine 12.5 mg tablet
Xenazine 25 mg Tablet	tetrabenazine 25 mg tablet
Zovirax 5% Cream	acyclovir 5% cream
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. Claims for preferred brands with non-preferred generics will be reimbursed with a generic product dispensing fee. Claims for preferred brands with no generic or preferred brands with preferred generics will be reimbursed with a brand dispensing fee.

When a PDL class has a preferred brand with a non-preferred generic, providers requesting prior approval for the non-preferred generic should give a clinical reason why the beneficiary cannot use the brand.

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 August 2019

Electronic Cutoff Schedule

August 2, 2019
August 9, 2019
August 16, 2019
August 23, 2019

Checkwrite Date

August 6, 2019
August 13, 2019
August 20, 2019
August 27, 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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