



An Information Service of the Division of Health Benefits

## North Carolina Medicaid Pharmacy Newsletter

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### **In This Issue...**

[Continuous Glucose Monitoring Systems Coverage Transition](#)

[Opioid Dependence Dose Edit](#)

[Preferred Brands with Non-Preferred Generics on the Preferred Drug List \(PDL\)](#)

[72-Hour Emergency Supply Available for Pharmacy Prior Authorization Drugs](#)

[Checkwrite Schedule for June 2020](#)

## Continuous Glucose Monitoring Systems Coverage Transition

Effective July 1, 2020, coverage of therapeutic Continuous Glucose Monitoring (CGM) products will transition from the Durable Medical Equipment (DME) Program to the Outpatient Pharmacy Point of Sale Program. The products will be included on the NC Medicaid and Health Choice Preferred Drug List (PDL).

To help ensure a smooth transition, prior authorizations (PAs) obtained through the DME program for therapeutic CGM products that are active at the time of transition will be converted to pharmacy PAs in NCTracks. Coverage of non-therapeutic CGM products will not transition and will remain under the DME program and billing for these supplies should continue through the DME program.

Beginning July 1, 2020, new and existing therapeutic CGM users must obtain their CGM supplies from an enrolled NC Medicaid pharmacy provider of their choice. All claims for therapeutic CGM products will be processed through pharmacy Point of Sale (POS) billing.

- Therefore, all CGM products will require an active and valid prescription at the filling pharmacy on file.
- The PDL Preferred therapeutic CGM products will be the Dexcom G5 and G6.
- The Freestyle Libre will be Non-Preferred.

Pharmacies are encouraged to order sufficient inventory of the CGM products to satisfy beneficiary demand during this transition.

## Opioid Dependence Dose Edit

On Oct. 1, 2018, a maximum daily dose edit for opioid dependence treatment medications was implemented. This notice is a reminder that pharmacists may override the edit at the point-of-sale after consulting the prescriber to determine the clinical need for the higher dose, up to the maximum listed in the table below. Documentation is to be made in the NCPDP pharmacy system or on the original prescription. Additionally, the prescriber may proactively provide documentation regarding the clinical rationale at the time of issuance of the prescription for the higher dose. The 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 judgement of the pharmacist. The pharmacist can override the edit by placing a “10” in the **submission clarification code** field.

Medication	Maximum Dose Edit	Override Available
Suboxone and buprenorphine/naloxone	16mg/day	up to 24mg/day
Zubsolv	11.4mg/day	up to 17.1mg/day
Bunavail	8.4mg/day	up to 12.6mg/day
Buprenorphine single ingredient product	16mg/day	up to 24mg/day

**Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of May 29, 2020**

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
Apriso ER 0.375 Gram Capsule	mesalamine ER 0.375 gram capsule
Astepro 0.15% Nasal Spray	azelastine 0.15% nasal spray
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
Diclegis Tablet	doxylamine succinate/pyridoxine hcl tablet
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 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 200 mg ODT	clozapine 200 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
Humalog 100 units/ml Vial	insulin lispro 100units/ml vial
Humalog Kwikpen 100 units/ml	insulin lispro 100units/ml pen
Humalog Kwikpen Mix 75-25	insulin lispro Mix 75-25 pen
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
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
Mitigare 0.6 mg capsule	colchicine 0.6 mg capsule
Moxeza 0.5% eye drops	moxifloxacin 0.5% eye drops
Natroba 0.9% Topical Suspension	spinosad 0.9% topical suspension
Nexium DR 10mg Packet	esomeprazole DR 10mg packet
Nexium DR 20mg Packet	esomeprazole DR 20mg packet
Nexium DR 40mg Packet	esomeprazole DR 40mg packet
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
Novolog 100 U/ml FlexPen	insulin aspart 100 U/ml pen
Novolog 100 U Vial	insulin aspart 100 U vial
Novolog Mix 70-30 FlexPen	insulin aspart mix 70-30 pen
Novolog Mix 70-30 Vial	insulin aspart mix 70-30 vial
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
Pataday 0.2% Drops	olopatadine 0.2% drops
Protopic 0.03% Ointment	tacrolimus 0.03% ointment
Protopic 0.1% Ointment	tacrolimus 0.1% ointment
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 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
Symbicort 80-4.5 mcg Inhaler	budesonide-formoterol 80-4.5 mcg inhaler
Symbicort 160-4.5 mcg Inhaler	budesonide-formoterol 160-4.5 mcg inhaler
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 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
Travatan Z 0.004% Eye Drop	travoprost 0.004% eye drop
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
Xopenex HFA 45 mcg Inhaler	Levalbuterol HFA inhaler
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 June 2020

### Electronic Cutoff Schedule

May 28, 2020

June 4, 2020

June 11, 2020

June 16, 2020

### Checkwrite Date

June 2, 2020

June 9, 2020

June 16, 2020

June 23, 2020

*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 2020 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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