



An Information Service of the Division of Health Benefits

**North Carolina
Medicaid Pharmacy
Newsletter**

Number 309

October 2019

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FDA SAFETY ALERT: HCV AGENTS & LIVER INJURY

The Food and Drug Administration (FDA) issued a safety announcement warning the public of rare serious liver injury with the use of Mavyret™ (glecaprevir/pibrentasvir; Abbvie), Vosevi® (sofosbuvir/velpatasvir/voxilaprevir; Gilead) or Zepatier® (elbasvir/grazoprevir; Merck) in patients with advanced liver impairment. None of the agents, which are indicated to treat chronic hepatitis C virus (HCV) infection, are approved for use in patients with moderate to severe hepatic impairment. A total of 63 cases of liver decompensation, including liver failure and death, associated with the use of Mavyret (n=46), Zepatier (n=14) and Vosevi (n=3) were identified in the FDA Adverse Event Reporting System (FAERS) database or in medical literature. Of the 63 cases, at baseline, 13 patients were without cirrhosis, 18 had compensated cirrhosis, 21 had decompensated cirrhosis and 11 had unknown liver function status.

To read the complete article, go to Magellan Rx Management's [MRx Clinical Alert newsletter](#).

Generic Dispensing Fee Rate Adjustments

The State fiscal year fourth quarter (July 1, 2019 to Sept. 30, 2019) NC Medicaid Generic Dispensing Rate (GDR) Report for pharmacy providers is available online at NC Medicaid GDR Reports. The effective date of the generic dispensing fee adjustments is Nov. 1, 2019. Additionally, pharmacy claim level detail reports supporting the quarterly GDR calculation are available and have been automatically delivered to the pharmacy provider's secure NCTracks Message Center Inbox.

UPDATED Roche BIN Free Blood Glucose Meter Program

All providers need to ensure they are using the most current BIN/Group/ID number combination when billing free Roche-branded blood glucose meters to NC Medicaid and NC Health Choice beneficiaries.

Providers should also be aware that while the billing information above can be used for any Roche-branded meter through Dec. 31, 2019, **beginning Jan. 1, 2020, the only blood glucose meters reimbursable through the program are:**

- **Accu-Chek Guide Retail Care Kit (NDC 65702-0729-10)**
- **Accu-Chek Guide Me Retail Care Kit (NDC 65702-0731-10)**

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| BIN: 610524 |
| PCN: 1016 |
| Group: 40026479 |
| ID: 066499643 |
| Issuer: (80840) |

This change was made because, as most pharmacists are aware, Accu-Chek Compact Plus and Accu-Chek Nano meters have been discontinued. Roche has also announced that Accu-Chek Aviva Plus meters will be discontinued in 2020. The blood glucose testing strips for the discontinued meters will continue to be available and covered by NC Medicaid.

There will continue to be a limit of one free meter every two years per beneficiary.

Preferred Drug List (PDL) Changes

Effective Dec. 1, 2019, there will be changes to the Long Acting Opioids class on the NC Medicaid and NC Health Choice PDLs.

- **Butrans Patch** will move to **non-preferred** status and its generic equivalent **buprenorphine patch** will move to **preferred status**.
- **Oxycontin Tablets** will move to **non-preferred** status and **Xtampza ER Capsule** will move to **preferred status**.

Providers with beneficiaries impacted by these changes may request prior approval for any non-preferred medication through NCTracks.

| Opioid Analgesics Long Acting Opioids clinical criteria apply to all drugs in this class | |
|---|---|
| Preferred | Non-Preferred |
| buprenorphine patch (generic for Butrans patch) | Arymo ER |
| Butrans Patch | Belbuca (Buccal) Film |
| Embeda ER Capsule | buprenorphine patch (generic for Butrans patch) |
| fentanyl patch 12mcg/ 25mcg/ 50mcg/ 75mcg/ 100mcg (generic for Duragesic) | Butrans Patch |
| morphine sulfate ER tablet (generic for MS Contin) | Conzip Capsule |
| Oxycontin Tablet | Duragesic Patch |
| tramadol ER tablet (generic for Ultram ER, Ryzolt) | Exalgo Tablet |
| Xtampza ER Capsule | fentanyl patch (37.5/62.5/87.5 mcg dosages) (generic for Duragesic) |
| | hydromorphone ER tablet (generic for Exalgo) |
| | Hysingla ER Tablet |
| | Kadian Capsule |
| | morphine sulfate ER capsule (generic for Avinza, Kadian) |
| | MorphaBond ER |
| | MS Contin Tablet |
| | Nucynta ER Tablet |

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| | oxycodone ER tablet (generic for OxyContin) |
| | Oxycontin Tablet |
| | oxymorphone ER tablet |
| | tramadol ER capsule (generic for Conzip Capsule) |
| | Xtampza ER Capsule |
| | Zohydro Capsule |

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of Oct. 18, 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 |

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| 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 | pimecrolimus 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 |

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| 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 100units/ml | insulin lispro 100units/ml 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 |
| 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 |

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| ProAir HFA/Proventil HFA | albuterol HFA inhaler |
| 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 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 12-50 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 |

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| 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 drug 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 November 2019

Electronic Cutoff Schedule

Nov. 1, 2019
 Nov. 8, 2019
 Nov. 15, 2019
 Nov. 22, 2019

Checkwrite Date

Nov. 5, 2019
 Nov. 13, 2019
 Nov. 19, 2019
 Nov. 26, 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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