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North Carolina

Medicaid Pharmacy

Newsletter

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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.

BIN: 610524
PCN: 1016
Group: 0026479
ID: 066499643
Issuer: (80840)

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)**

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

	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

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 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
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	hydroxyprogest 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
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

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 vaginaI 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	Checkwrite Date
Nov. 1, 2019	Nov. 5, 2019
Nov. 8, 2019	Nov. 13, 2019
Nov. 15, 2019	Nov. 19, 2019
Nov. 22, 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.

John C. Stancil, Jr., R.Ph.
Director, Pharmacy and DMEPOS Programs
Division of Health Benefits
N.C. Department of Health and Human Services

Blake Cook, R.Ph.
Outpatient Pharmacy Program Manager
Division of Health Benefits
N.C. Department of Health and Human Services

Sandra Terrell, MS, RN
Director of Clinical
Division of Health Benefits
N.C. Department of Health and Human Services

Dave Richard
Deputy Secretary for NC Medicaid
Division of Health Benefits
N.C. Department of Health and Human Services

Shannon Dowler, MD
Chief Medical Officer
Division of Health Benefits
N.C. Department of Health and Human Services

Rick Paderick, R.Ph.
Pharmacy Director
NCTracks
GDIT

Lori Landman
Deputy Executive Account Director
NCTracks
GDIT

Paul Guthery
Executive Account Director
NCTracks
GDIT