



An Information Service of the Division of Health Benefits

**North Carolina
Medicaid Pharmacy
Newsletter**

Number 308

September 2019

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Statewide Transition to Managed Care on Feb. 1, 2020

The NC Department of Health and Human Services (DHHS) announced on September 3, 2019 that it will extend open enrollment for Medicaid beneficiaries and move to a statewide transition to managed care on **February 1, 2020**. Below is the Pharmacy Benefit Manager and pharmacy claims submission information for each of the five NC Medicaid managed care prepaid health plans.

PHP	AMHC	BCBS	CCHE	UNHC	WCHP
PBM	PerformRx	IngenioRx	Envolve	Optum Rx	CVS Caremark
BIN	019595	020107	020545	610494	004336
RxPCN	PRX00801	NC	RXA380	4949	MCAIDADV
RxGroup	N/A	8473	RXGMCNC01	ACUNC	RX8904

Attention: All Providers

Procedures for Prior Authorization (PA) of Synagis® (palivizumab) for Respiratory Syncytial Virus Season 2019/2020

The clinical criteria used by NC Medicaid for the 2019/2020 Respiratory Syncytial Virus (RSV) season are consistent with guidance published by the *American Academy of Pediatrics (AAP): 2018 – 2021 Report of the Committee on Infectious Diseases, 31th Edition*. This guidance for Synagis use among infants and children at increased risk of hospitalization for RSV infection is available online by subscription. The coverage season is November 1, 2019, through March 31, 2020. Providers are encouraged to review the AAP guidance prior to the start of the RSV season.

On February 1, 2020, NC Medicaid will transition from fee-for-service to Medicaid Managed Care statewide. Coverage of Synagis will transition to the managed care Prepaid Health Plan (PHP) selected by or assigned to the beneficiary. Beginning February 1, 2020, providers will only use the documentforsafety.org web-based process to submit a PA request for coverage of Synagis or complete a dose request to obtain the medication for beneficiaries with traditional Medicaid fee-for-service (now known as Medicaid Direct) coverage.

Guidelines for Evidenced-Based Synagis Prophylaxis

- Infants younger than 12 months at start of season with a diagnosis of:
 - Prematurity - born before 29 weeks 0 days gestation
- Infants in their first year of life with a diagnosis of:
 - Chronic Lung Disease (CLD) of prematurity (defined as birth at less than 32 weeks 0 days gestation and requiring greater than 21 percent oxygen for at least 28 days after birth)
 - Hemodynamically significant acyanotic heart disease, receiving medication to control congestive heart failure, and will require cardiac surgical procedures
 - Moderate to severe pulmonary hypertension
 - Neuromuscular disease or pulmonary abnormality that impairs the ability to clear secretions from the upper airway because of ineffective cough

Note: Infants in the first year of life with cyanotic heart disease may receive prophylaxis with cardiologist recommendation.

- Infants less than 24 months of age with a diagnosis of:
 - Profound immunocompromise during RSV season
 - CLD of prematurity (see above definition) and continue to require medical support (supplemental oxygen, chronic corticosteroid or diuretic therapy) during the six-month period before start of second RSV season
 - Cardiac transplantation during RSV season

PA Requests

During the Synagis coverage period, submit all PA requests electronically to www.documentforsafety.org. The web-based program will process PA information in accordance with the guidelines for use. A PA request can be automatically approved based on the information submitted. The program allows a provider to self-monitor the status of a request. Up to five doses can be approved for coverage.

Coverage of Synagis for CHD, neuromuscular disease, or congenital anomaly that impairs ability to clear respiratory secretions from the upper airway will terminate when the beneficiary exceeds 12 months of age. Coverage of Synagis for CLD, profound immunocompromise, or cardiac transplantation will terminate when the beneficiary exceeds 24 months of age.

Dose Authorization

Each Synagis dose will be individually authorized to promote efficient product distribution. Providers must submit a “**next dose request**” to obtain an authorization for each dose. Providers should ensure the previously obtained supply of Synagis is administered before submitting a next dose request. Providers will fax each single-dose authorization to the pharmacy distributor of choice.

If an infant received one or more Synagis doses prior to hospital discharge, the provider should indicate, as part of the request, the most recent date a dose was administered. The number of doses administered by the provider should be adjusted accordingly. If any infant or young child receiving monthly palivizumab prophylaxis experiences a breakthrough RSV hospitalization, coverage of Synagis will be discontinued.

Pharmacy Distributor Information

Single-dose vial specific authorizations, not to exceed the maximum number of doses approved for the beneficiary, will be issued by NC Medicaid. It is important for the Synagis distributor to have the appropriate single-dose authorization on hand and a paid point of sale (POS) claim prior to shipping Synagis. An individual dose authorization is required for each paid Synagis claim. The drug quantity submitted on the claim must not exceed the quantity indicated on the authorization. Payment for a Synagis claim will be denied if a dose request was not done by the provider. **Use of a point of sale PA override code is not allowed.**

Synagis claims processing will begin on Oct. 29, 2019, to allow sufficient time for pharmacies to provide Synagis by November 1, 2019. Payment of a Synagis claim with a date of service before Oct. 29, 2019, and after March 31, 2020, is not allowed. POS claims should not be submitted by the pharmacy distributor prior to the first billable date of service for the season.

Pharmacy providers should always indicate an accurate days’ supply when submitting claims to NC Medicaid. Claims for Synagis doses that include multiple vial strengths must be submitted as a single compound-drug claim. Synagis doses that require multiple vial strengths that are submitted as separate individual claims will be subject to recoupment. Physicians and pharmacy providers are subject to audits of beneficiary records by NC Medicaid. Maintain Synagis dose authorizations in accordance with required recordkeeping time frames.

Provider Information

Providers without internet access should contact the NC Medicaid Outpatient Pharmacy Synagis Lead at (919) 527-7658 to facilitate submission of a PA request for Synagis. More information about the Synagis program is available at www.documentforsafety.org.

Submitting a Request to Exceed Policy

The provider should use the **Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age** to request Synagis doses exceeding policy or for coverage outside the defined coverage period. **Fax the form to 919-715-1255**. The form is available on the [NCTracks Prior Approval web page](#). Information about EPSDT coverage is found on [Medicaid's Health Check and EPSDT web page](#).

Technical Support

Technical support is available Monday to Friday from 8 a.m. to 5 p.m. by calling toll free 1-833-682-2333 or local: 919-600-7590. Technical support can assist with provider registration, user name and password issues, beneficiary searches and other registry functions.

Outpatient Pharmacy Services DHB, 919-527-7658

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) *Current as of September 16, 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
Fazacllo 100 mg ODT	clozapine 100 mg ODT
Fazacllo 12.5 mg ODT	clozapine 12.5 mg ODT
Fazacllo 150 mg ODT	clozapine 150 mg ODT
Fazacllo 200 mg ODT	clozapine 200 mg ODT
Fazacllo 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	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	vigabatrin 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
Protopic 0.03% Ointment	tacrolimus 0.03% ointment
Protopic 0.1% Ointment	tacrolimus 0.1% ointment
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 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 October 2019

Electronic Cutoff Schedule

September 27, 2019
October 4, 2019
October 11, 2019
October 18, 2019
October 25, 2019

Checkwrite Date

October 2, 2019
October 8, 2019
October 16, 2019
October 22, 2019
October 29, 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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