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**North Carolina
Special Medicaid Pharmacy
Newsletter**

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**[NC Medicaid and NC Health Choice
Preferred Drug List \(PDL\) Changes](#)**

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NC Medicaid and NC Health Choice Preferred Drug List (PDL) Changes

Effective July 1, 2019, NC Medicaid will make changes to the [NC Medicaid and NC Health Choice Preferred Drug List](#).

Below is a quick summary (not a complete exhaustive list) of the changes.

ANALGESICS (OPIOID ANALGESIC, LONG ACTING)

- Move tramadol ER tablet to Long Acting Opioid analgesic category (from short acting)
- Move tramadol ER tablet to Preferred status from Non-Preferred

ANALGESICS (SHORT ACTING SCHEDULE II OPIOIDS)

- Add Apadaz™ tablet to Non-Preferred status
- Add Oxaydo® tablet to Non-Preferred status

ANALGESICS (SHORT ACTING SCHEDULE III-IV OPIOIDS / ANALGESIC COMBINATIONS)

- Move tramadol ER tablet to Long Acting opioid analgesic category and move to Preferred status
- Move Conzip® capsule to Long Acting opioid analgesic category and leave it as a Non-Preferred product

ANALGESICS (NEUROPATHIC PAIN)

- Add ZTLido™ to Non-Preferred status with clinical criteria

ANTICONSULSANTS (SECOND GENERATION)

- Add clobazam suspension / tablet to Non-Preferred status
- Add Epidiolex® solution to Non-Preferred status with an exception made for children ≥ 2 years old with Lennox-Gastaut Syndrome or Dravet Syndrome

ANTI-INFECTIVES (NITROMIDAZOLES)

- Add Firvanq™ to Non-Preferred status

ANTI-INFECTIVES (TETRACYCLINE DERIVATIVES)

- Add Minocin® to Non-Preferred status
- Add Nuzyra™ to Non-Preferred status

ANTI-INFECTIVES (ANTIFUNGALS)

- Add Tolsura™ capsule to Non-Preferred status

ANTI-INFECTIVES - ANTIVIRALS (HEPATITIS B AGENTS)

- Move Epivir® HBV Tablet / Solution to Non-Preferred status from Preferred status
- Move lamivudine HBV tablet (generic for Epivir® HBV) to Preferred status from Non-Preferred status

ANTI-INFECTIVES - ANTIVIRALS (HEPATITIS C AGENTS)

- Add sofosbuvir-velpatasvir tablet (generic of Epclusa® tablet) to Preferred status for recipients with Hepatitis C, all genotypes with decompensated cirrhosis. Note that the same clinical criteria as branded Epclusa® tablet will apply to this product.
- Move Epclusa® tablet to Non-Preferred status from Preferred status
- Add ledipasvir-sofosbuvir (generic for Harvoni Epclusa® tablet) to Non-Preferred status. The same clinical criteria as branded Harvoni apply to this generic version.

ANTI-INFECTIVES - ANTIVIRALS (INFLUENZA)

- Remove amantadine capsule / solution (generic for Symmetrel®) from this PDL category

- Add Xofluza™ to Non-Preferred status

ANTI-INFECTIVES (INHALED ANTIBIOTICS)

- Add Arikayce® to Non-Preferred status

BEHAVIORAL HEALTH (ANTIHYPERKINESIS/ADHD)

- Move clonidine ER tablet to Preferred status from Non-Preferred status. This move was made on 1/28/2019 due to recipient access issues from Kapvay® becoming a CMS non-rebateable product.
- Move Dyanavel® XR suspension to Preferred status from Non-Preferred status

BEHAVIORAL HEALTH (ATYPICAL ANTIPSYCHOTICS- INJECTABLE LONG ACTING)

- Add Aristada® Initio™ syringe to Preferred status
- Move Perseris® syringe to Preferred status from Non-Preferred status

BEHAVIORAL HEALTH (ATYPICAL ANTIPSYCHOTICS – ORAL)

- Add Abilify® MyCite® to Non-Preferred status

CARDIOVASCULAR (ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS)

- Move Exforge® HCT to Non-Preferred status from Preferred status
- Move amlodipine/valsartan/HCTZ tablet (generic for Exforge® HCT) to Preferred status from Non-Preferred status
- Move Exforge® to Non-Preferred status from Preferred status

CARDIOVASCULAR (ANTI-ARRHYTHMICS)

- Move dofetilide capsule (generic for Tikosyn® capsule) to Preferred status from Non-Preferred status

CARDIOVASCULAR (BETA BLOCKERS)

- Add Tenormin® to Non-Preferred status
- Add Kaspargo™ Sprinkle to Non-Preferred status, with an exemption for children < 12 years of age

CARDIOVASCULAR (BILE ACID SEQUESTRANTS)

- Add colesevelam packet / tablet (generic for Welchol®) to Non-Preferred status

CARDIOVASCULAR (DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS)

- Move nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) to Preferred status from Non-Preferred status. This move was made 12/14/2018 due to product discontinuation of Afeditab CR® and Nifedical XL®.

CENTRAL NERVOUS SYSTEM (ANTIMIGRAINE AGENTS - CGRP BLOCKERS/MODULATORS)

- Add CGRP Blockers/Modulators as a new PDL subcategory under Antimigraine Agents. All drugs in this category have clinical criteria for coverage.
- Add Aimovig™ and Emgality® to Preferred status
- Add Ajovy™ to Non-Preferred status

CENTRAL NERVOUS SYSTEM (ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS)

- Add Osmolex™ ER tablet to Non-Preferred status with clinical criteria for coverage

CENTRAL NERVOUS SYSTEM (MULTIPLE SCLEROSIS)

- Add dalfampridine ER tablet (generic of Ampyra® tablet) to Preferred status

ENDOCRINOLOGY (HYPOGLYCEMICS- INJECTABLE, RAPID ACTING INSULIN)

- Add Humalog® U-100 KwikPen® / vial to Preferred status. This is a clarification / FYI only; as this has been processing this way.

- Add Humalog® U-100 cartridge / U-100 Junior KwikPen® to Non-Preferred status. This is a clarification / FYI only; as this has been processing this way.
- Add Humalog® U-200 KwikPen® to Non-Preferred status. This is a clarification / FYI only; as this has been processing this way.

ENDOCRINOLOGY - HYPOGLYCEMICS (INJECTABLE, SHORT ACTING INSULIN)

- Add Humulin® R U500 vial to Preferred status. This is a clarification / FYI only; as this has been processing this way.

ENDOCRINOLOGY – HYPOGLYCEMICS (INJECTABLE, LONG ACTING INSULIN)

- Add Toujeo® Max SoloStar® to Non-Preferred status.

ENDOCRINOLOGY – HYPOGLYCEMICS (INJECTABLE, PREMIXED 70/30 COMBINATION INSULIN)

- Add Novolin® 70/30 FlexPen® to Non-Preferred status.
- Move Humulin® 70/30 KwikPen® to Preferred status from Non-Preferred status

GASTROINTESTINAL (ANTIEMETIC-ANTIVERTIGO AGENTS)

- Add Compro® rectal to Non-Preferred status
- Move promethazine ampule / vial (generic for Phenergan®) to Preferred status from Non-Preferred status

GASTROINTESTINAL (PROTON PUMP INHIBITORS)

- Move lansoprazole Rx capsule (generic for Prevacid® Rx capsule) to Preferred status from Non-Preferred status

GASTROINTESTINAL (ULCERATIVE COLITIS – ORAL)

- Add budesonide ER tablet (generic for Uceris®) to Non-Preferred status

GASTROINTESTINAL (ULCERATIVE COLITIS – RECTAL)

- Add mesalamine suppository (generic for Canasa®) to Non-Preferred status

GENITOURINARY / RENAL (BENIGN PROSTATIC HYPERPLASIA TREATMENTS)

- Add silodosin capsule (generic for Rapaflo®) to Non-Preferred status
- Add tadalafil tablet (generic for Cialis®) to Non-Preferred status. Clinical criteria apply for coverage.

HEMATOLOGIC (COLONY STIMULATING FACTORS)

- Add Udenyca™ Syringe to Non-Preferred status

HEMATOLOGIC (HEMATOPOIETIC AGENTS)

- Add Retacrit® vial to Non-Preferred status

HEMATOLOGIC (THROMBOPOIESIS STIMULATING AGENTS)

- Add Promacta® suspension to Preferred status
- Add Tavalisse™ tablet to Non-Preferred status

OPHTHALMIC (ANTIBIOTICS)

- Move Neo-Polycin® ophthalmic ointment (branded generic for Neosporin® Ophthalmic Ointment) to Non-Preferred status from Non-Preferred status

OPHTHALMIC (ANTI-INFLAMMATORY)

- Add Bromsite™ solution to Non-Preferred status
- Add Dexycu™ vial to Non-Preferred status
- Add Inveltys™ drops to Non-Preferred status
- Add Yutiq™ implant to Non-Preferred status

OPHTHALMIC (ANTI-INFLAMMATORY / IMMUNOMODULATOR)

- Add Cequa™ drops to Non-Preferred status

OPHTHALMIC (CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS)

- Add dorzolamide/timolol PF drops (generic for Cosopt PF®) to Non-Preferred status

OPHTHALMIC (PROSTAGLANDIN AGONISTS)

- Add Xelpros® drops to Non-Preferred status

RESPIRATORY (BETA ADRENERGIC HANDHELD, SHORT ACTING)

- Add albuterol HFA inhaler (generic for Proair® HFA inhaler) to Non-Preferred status
- Add albuterol HFA inhaler (generic for Ventolin® HFA inhaler) to Non-Preferred status
- Add levalbuterol HFA inhaler (generic for Xopenex® HFA inhaler) to Non-Preferred status

RESPIRATORY (ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS)

- Add Yulpeli™ solution to Non-Preferred status

RESPIRATORY (CORTICOSTEROID COMBINATIONS)

- Add fluticasone/salmeterol inhaler (generic for Advair® Diskus®) to Non-Preferred status
- Add Wixela™ Inhub™ to Non-Preferred status

RESPIRATORY (INTRANASAL RHINITIS AGENTS)

The panel approves the PDL proposal for INTRANASAL RHINITIS AGENTS with the following changes:

- Add Sinuva™ implant to Non-Preferred status

TOPICALS (ACNE AGENTS)

- Add adapalene solution to Non-Preferred status
- Add clindamycin/benzoyl peroxide with pump (generic for Acanya®) to non-Preferred status
- Add Plixda® swabs to Non-Preferred status

TOPICALS (NSAIDS)

The panel approves the PDL proposal for NSAIDS with the following changes:

- Add DermacinRx® Lexitral PharmaPak® to Non-Preferred status

TOPICALS (ANTIFUNGALS)

- Add miconazole/zinc oxide/petrolatum ointment (generic for Vusion®) to Non-Preferred status with clinical criteria to match the branded Vusion® product

TOPICALS (ANTIPARASITICS)

- Add Crotan™ lotion to Non-Preferred status

TOPICALS (IMMUNOMODULATORS - ATOPIC DERMATITIS)

- Add pimecrolimus cream (generic for Elidel®) to Non-Preferred status

TOPICALS (IMMUNOMODULATORS – IMIDAZOQUINOLINAMINES)

The panel approves the PDL proposal for TOPICAL IMMUNOMODULATORS, IMIDAZOQUINOLINAMINES with the following changes:

- Add Veregen® ointment to Non-Preferred status

TOPICALS (ROSACEA AGENTS)

- Add azelaic acid gel (generic for Finacea® gel) to Non-Preferred status

TOPICALS (STEROIDS - HIGH POTENCY)

- Add desoximetasone spray (generic for Topicort®) to Non-Preferred status

TOPICALS (STEROIDS - VERY HIGH POTENCY)

- Add Bryhali™ lotion to Non-Preferred status
- Add halobetasol propionate foam (generic for Lexette®) to Non-Preferred status
- Add Lexette® foam to Non-Preferred status

MISCELLANEOUS (EPINEPHRINE - SELF INJECTED)

- Clarifying that all self-injected epinephrine products have quantity limits that apply. This has been the case, but it has not been listed on the PDL document.
- Add Symjepi™ to Non-Preferred status

MISCELLANEOUS (PROGESTATIONAL AGENTS)

- Move hydroxyprogesterone caproate injection single dose vial to Preferred status from Non-Preferred status
- Move Makena auto injector to Preferred status from Non-Preferred status
- Both of these PDL updates were made for access reasons on 12/27/2018 due to Makena vials being on manufacturer backorder.

MISCELLANEOUS (IMMUNOMODULATORS – SYSTEMIC)

- Add Ilumya® injection to Non-Preferred status
- Add Olumiant® tablet to Non-Preferred status

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