WRITTEN SECTION REPORTS

(REPORT PERIOD MARCH 17, 2018 THROUGH JUNE 15, 2018)

1. Policies Presented to the N.C. Physician Advisory Group (PAG)

The N.C. Physician Advisory Group met on 03/22/18, 04/26/18, and 05/24/18
The Pharmacy & Therapeutic Committee met on 03/12/18, 04/10/18, 05/08/18, and 06/12/18

Recommended Pharmacy

- Prior Approval Criteria Opioid Analgesics (Schedule III & IV)– 03/22/18
- Prior Approval Criteria Systemic Immunomodulators (Xeljanz)– 03/22/18
- Prior Approval Criteria Oral Inhaled Steroids (Termination) – 03/22/18
- Prior Approval Criteria Opioid Dependence Therapy Agents (Sublocade)– 03/22/18
- Prior Approval Criteria Cystic Fibrosis (Symdeco)– 03/22/18
- Prior Approval Criteria PCSK9 Inhibitors – 03/22/18
- Prior Approval Criteria Monoclonal Antibodies – 03/22/18
- Prior Approval Criteria Movement Disorders (Ingrezza & Gocovri)– 04/26/18
- Prior Approval Criteria Spinraza (Termination) – 04/26/18
- Preferred Drug List (PDL) Annual Update – 05/24/18

Recommended Clinical Coverage Policies

- 11A-15, Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood – 03/22/18
- 8A-3, Mobile Crisis Management – 03/22/18
- 8A-4, Psychiatric Rehabilitation (Psychosocial Rehabilitation) – 04/26/18
- 1A-5, Child Medical Evaluation and Medical Team Conference for Child Maltreatment – 04/26/18
- 6B, Routine Eye Exams for Beneficiaries 21 and older – 04/26/18

2. Policies posted for Public Comment

- 2A-1, Acute Inpatient Hospital Services - 03/02/18
- 11A-15, Hematopoietic Stem-Cell Transplantation for Solid Tumors of Childhood - 03/27/18
- Preferred Drug List Corticosteroids - 04/02/18
- PA Criteria PCSK9 Inhibitors - 04/02/18
- PA Criteria Oral Inhaled Steroids (Termination)- 04/02/18
- PA Criteria Opioid Dependence Therapy Agents (Sublocade) - 04/02/18
- PA Criteria Opioid Analgesics (Schedule III & IV) - 04/02/18
- PA Criteria Monoclonal Antibodies - 04/02/18
- PA Criteria Systemic Immunomodulators (Xeljanz) - 04/02/18
- PA Criteria Cystic Fibrosis (Symdeco) - 04/02/18
- 8A-3, Mobile Crisis Management - 05/03/18
- 8A-4, Psychiatric Rehabilitation (Psychosocial Rehabilitation) - 05/03/18
- PA Criteria Spinraza (Termination) - 05/14/18
- PA Criteria Movement Disorders (Ingrezza & Gocovri)- 05/14/18
- Preferred Drug List (PDL) - 06/05/18

3. New or Amended policies posted to Medicaid website

- 1F, Chiropractic Services - 03/05/2018
- 3K-1, Community Alternatives Program for Children (CAP/C) - 03/06/18
- 3A, Home Health Services - 03/13/18
- 5A-2, Respiratory Equipment and Supplies - 03/16/18
- 1A-9, Blepharoplasty/Blepharoptosis (Eyelid Repair) - 04/02/18
- 1A-32, Tympanometry and Acoustic Reflex Testing - 04/02/18
- 1A-36, Implantable Bone Conduction Hearing Aids (BAHA) - 04/02/18
- 1A-42, Balloon Ostial Dilation - 04/02/18
- 1K-7, Prior Approval for Imaging Services - 04/02/18
- 1-O-5, Rhinoplasty and/or Septorhinoplasty - 04/02/18
- 2A-1, Acute Inpatient Hospital Services - 04/11/18
- 1A-4, Cochlear and Auditory Brainstem Implants - 05/01/18
- 1A-26, Deep Brain Stimulation - 05/01/18
- 1C-1, Podiatry Services - 05/01/18
- 1K-1, Breast Imaging Procedures - 05/01/18
- 1T-1, General Ophthalmological Services - 05/01/18
- 3K-1, Community Alternatives Program for Children (CAP/C) - 05/09/18
- 1A-6, Invasive Electrical Bone Growth Stimulation - 05/15/18
- 1B, Physician's Drug Program - 05/15/18
- 1A-33, Vagus Nerve Stimulation for the Treatment of Seizures - 06/01/2018
- 1D-4, Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics - 06/01/2018
- 1K-1, Breast Imaging Procedures - 06/01/2018
- 2B-1, Nursing Facilities - 06/01/2018

New or Amended Pharmacy posted to Medicaid website

- PA Criteria: Lupus Medications - 04/05/2018
- PA Criteria: Antinarcolepsy Agents - 05/22/2018
- PA Criteria: Monoclonal Antibodies - 06/01/2018
- PA Criteria: Opioid Analgesics - 06/01/2018
- Referred Drug List (PDL) Update- 04/01/2018
- Referred Drug List (PDL) Update- 05/01/2018
- Referred Drug List (PDL) Update- 06/01/2018

4. Outpatient Pharmacy

Pharmacy Reimbursement Methodology Changes

On July 21, 2017, the Centers for Medicare & Medicaid Services (CMS) notified North Carolina Medicaid that its State Plan Amendment (SPA TN17-0003) had been reviewed and was approved effective April 1, 2017. The purpose of the proposed changes is to align the State Plan with changes to CFR 447.512 and 447.518 enacted in the covered outpatient drugs final rule (CMS-2345-FC).

This SPA implements changes to the pharmacy reimbursement methodology for ingredient costs and professional dispensing fees for clotting factor based on a survey of costs for Hemophilia Treatment Centers (HTCs) and non-HTCs. A 340b and a non-340b state maximum allowable cost (SMAC) rate will be established based on actual acquisition costs

for all clotting factor drugs to determine reimbursement of the ingredient cost and the professional dispensing fees for all clotting factor drugs will be $0.04 per unit for HTCs and $0.025 per unit for non-HTCs.

Moreover, the SPA specifies that drugs purchased through 340-B covered entities, Federal Supply Schedule, nominal price, and specialty drugs will be reimbursed at their actual acquisition costs.

The updated reimbursement methodology will be implemented in NCTracks April 29, 2018. Claims for clotting factor submitted after that date will be processed and reimbursed using the updated reimbursement methodology.

Pharmacy providers are reminded that clotting factor claims paid between April 1, 2017 and April 29, 2018, will be reprocessed using the updated reimbursement methodology. A future announcement will be posted in the Medicaid Bulletin and Pharmacy Newsletter when the date for the claim reprocessing has been finalized.

Pharmacy providers are advised that any overpayment determined during the reprocessing of these claims will be recouped against future payments.

Roche Free Meter Help Line

Roche maintains a help line for the Roche Free Meter Program that is operational from 8 a.m. to 8 p.m., Monday through Friday. The number is 1-800-357-7613. As a reminder, one free meter per beneficiary is covered every two years.

Zoster Vaccine Recombinant, Adjuvanted, Suspension for Intramuscular Injection (Shingrix) CPT code 90750: Billing Guidelines

Effective with date of service Nov. 8, 2017, the North Carolina Medicaid Program reimburses pharmacies for Zoster Vaccine Recombinant, Adjuvanted, Suspension for Intramuscular Injection (Shingrix) - Zoster (shingles) vaccine, (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection as permitted by G.S. 90-85.15B when administered to North Carolina Medicaid beneficiaries 19 years of age and older by an immunizing pharmacist.

The Shingrix suspension for injection is supplied as a single-dose vial of lyophilized varicella zoster virus glycoprotein E (gE) antigen component to be reconstituted with the accompanying vial of AS01B adjuvant suspension component. After reconstitution, a single dose of Shingrix is 0.5 mL. Shingrix is indicated for prevention of herpes zoster (shingles) in adults aged 50 years and older. Shingrix is **not** indicated for prevention of primary varicella infection (chickenpox).

The recommended dose of Shingrix is two doses (0.5 mL each) administered intramuscularly according to the following schedule: A first dose at month 0 followed by a second dose administered anytime between two and six months later. See prescribing information for details.

For Medicaid Billing

- The ICD-10-CM diagnosis code required for billing is Z23 - Encounter for immunization.
- Providers must bill with CPT code 90750 - Zoster (shingles) vaccine, (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection.
- Pharmacies that have pharmacists approved to administer vaccines must submit claims with a CG modifier appended to both vaccine CPT code and administration code. Please see NC Medicaid bulletin from October 2016, *Pharmacist Administrated Vaccine and Reimbursement Guidelines for 2016-2017 for N.C. Medicaid* for detailed information.
- One Medicaid unit of coverage is 0.5 mL.
- The maximum reimbursement rate per unit is $144.20.

- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs are: 58160-0823-11 and 58160-0819-12.
- The NDC units should be reported as "UN1."
- For additional information, refer to the January 2012 Special Bulletin, *National Drug Code Implementation Update*.
- For additional information regarding NDC claim requirements related to the Physicians Drug Program (PDP), refer to the PDP Clinical Coverage Policy No. 1B, Attachment A, H.7 on the Medicaid website.
- Providers shall bill their usual and customary charge for non-340-B drugs.
- PDP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340-B participating providers who have registered with the Office of Pharmacy Affairs (OPA). Providers billing for 340-B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340-B purchasing agreement by appending the "UD" modifier on the drug detail.
- The fee schedule for the PDP is available on the Medicaid PDP web page.

2017-2018 NC Medicaid and Health Choice Preferred Drug List
Preferred Brands with Non-Preferred Generic Alternatives
Current as of April 1, 2018

Preferred Brand	Non-Preferred Generic
Actiq Lozenge	fentanyl citrate lozenge
Adderall XR	amphetamine Salt Combo ER
Aggrenox	aspirin-dipyridamole ER
Alphagan P	brimonidine P
Androgel	testosterone
Astepro nasal spray	azelastine nasal spray
Butrans	buprenorphine
Catapres-TTS	clonidine patches
Cipro Suspension	ciprofloxacin suspension
Clobex Shampoo	clobetasol shampoo
Concerta	methylphenidate ER
Copaxone	glatiramer
Differin	adapalene
Diovan	valsartan
Diastat Accudial/Pedi System	diazepam rectal/system
Dovonex cream	calcipotriene cream
Emend	aprepitant
Epiduo gel	Epiduo gel
Epivir HBV	lamivudine
Evista	raloxifene
Exelon Patch	rivastigmine patch
Exforge	amlodipine / valsartan
Exforge-HCT	amlodipine / valsartan / HCT
Fazaclo ODT	clozapine ODT
Focalin / Focalin XR	dexmethylphenidate
Gabitril 2mg and 4mg	tiagabine
Glyset	miglitol

Preferred Brand	Non-Preferred Generic
Hepsera 10 mg	adefovir
Istadol drops	adefovir drops
Kadian ER	morphine sulfate er
Kapvay	clonidine ER
Kitabis Pak	tobramycin
Lialda	mesalamine
Lovenox vial only	enoxaparin vial only
Methylin Solution	methylphenidate solution
MetroCream	metronidazole cream
MetroLotion	metronidazole lotion
Metrogel Topical gel/pump	metronidazole gel topical
Namenda Solution	memantine solution
Natroba	spinosad
Nexium RX	esomeprazole
Nuvigil	armodafinil
Orapred ODT	prednisolone ODT
Oxycontin	oxycodone ER
Pataday	olopatadine
Patanase	olopatadine
Provigil	modafinil
Pulmicort respules	budesonide respules
Renvela powder pkt	sevelamer powder pkt
Retin-A Cream/Gel	tretinoin cream/gel
Rythmol SR	propafenone SR
Sabril Powder Pack	vigabatin powder pack
Suprax Susp	cefixime Susp
Symbyax	olanzepine / fluoxetine
Tamiflu	oseltamivir
Tegretol Tab/ Susp /XR	carbamazepine Tab/ Susp / XR
TobraDex Drops	tobramycin / dexamethasone drops
Transderm-Scop	scopolamine
Vagifem	estrodiol
Vigamox	moxifloxacin
Voltaren Gel	diclofenac gel
Zetia	ezetimibe
Zovirax ointment	acyclovir ointment

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.

Pharmacy Behavioral Health Clinical Edits- Phase 3 Implementation set for May 14, 2018

Effective May 1, 2017, new pharmacy point of sale (POS) clinical edits for behavioral health medications were implemented for pediatric and adult beneficiaries. These changes were communicated in the April and June 2017 Pharmacy Newsletters and July 2017 Medicaid Bulletin.

These edits are specifically related to dosage and quantity prescribed which exceed the Food and Drug Administration (FDA) approved maximum dosage, dosage schedule and in-class therapeutic duplication.

A phased implementation was planned for these POS behavioral health clinical edits:

- July 2017: The first two edits were implemented. These edits applied to the dosage and quantity of atypical antipsychotics prescribed for pediatric and adult beneficiaries.
- March 12, 2018: Edits will be implemented which apply to the therapeutic duplication of atypical antipsychotics in pediatric and adult beneficiaries.
- May 14, 2018: Remaining edits will be implemented. These edits will apply to dosage and quantity prescribed and therapeutic duplication of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) drugs, anxiolytics and antidepressants prescribed to pediatric and adult beneficiaries.

Bypassing any of the POS behavioral health clinical edits requires an override that should be used by the pharmacist when the prescriber provides clinical rationale for the therapy issue identified by the edit. **The edit override is "10" entered in a submission clarification code field.**

The bulleted description for the pediatric and adult behavioral health edits follow.

Phase One Implemented July 30, 2017

Edit 4110 Adult; Edit 7110 Pediatric

- Quantities more than the daily dosages recommended by the FDA for the atypical antipsychotics
  Pharmacy POS message "Quantity exceeds the adult (pediatric) dosage recommended by the FDA for atypical antipsychotics."

Phase Two Implemented March 12, 2018

Edit 58610 Adult; Edit 58650 Pediatric

- Concomitant use of three or more atypical antipsychotics (concomitant use is 60 or more days of overlapping therapy.)
  Pharmacy POS message "Concomitant use of three or more atypical antipsychotics will be denied."

Phase Three Implementation May 14, 2018

Edit 4125 Adult; Edit 7125 Pediatric

- Quantities more than the daily dosages recommended by the FDA for the antidepressants
  Pharmacy POS message "Quantity exceeds the adult (pediatric) dosage recommended by the FDA for antidepressants."

Edit 4140 Adult; Edit 7140 Pediatric

- Quantities more than the daily dosages recommended by the FDA for ADD/ADHD medications
  Pharmacy POS message "Quantity exceeds the adult (pediatric) dosage recommended by the FDA for ADD/ADHD medications."

Edit 4610 Adult; Edit 7610 Pediatric

- Quantities more than the daily dosages recommended by the FDA for the behavioral health medications (does not include antidepressants, atypical antipsychotics, stimulants and ADD/ADHD medications)
  Pharmacy POS message "Quantity exceeds the adult (pediatric) dosage recommended by the FDA for behavioral health meds."

Note: For the following edits, concomitant use is 60 or more days of overlapping therapy.

Edit 58620 Adult; Edit 58660 Pediatric

- Concomitant use of two or more antidepressants (Selective serotonin reuptake inhibitor -SSRIs includes combination products)
  Pharmacy POS message "Concomitant use of two or more antidepressants will be denied."

Edit 58630 Adult; Edit 58670 Pediatric

- Concomitant use of two or more antidepressants (Serotonin–norepinephrine reuptake inhibitor - SNRIs)
  Pharmacy POS message "Concomitant use of two or more antidepressants will be denied."

Edit 58640 Adult; Edit 58680 Pediatric

- Concomitant use of two or more anxiolytics
  Pharmacy POS message "Concomitant use of two or more anxiolytics will be denied."

The edits, with appendices of the drugs included in the edit, are posted on the NCTracks Prior Approval Drugs and Criteria web page.

2017-2018 NC Medicaid and Health Choice Preferred Drug List

Preferred Brands with Non-Preferred Generic Alternatives

Current as of May 1, 2018

Preferred Brand	Non-Preferred Generic
Actiq Lozenge	fentanyl citrate lozenge
Adderall XR	amphetamine Salt Combo ER
Aggrenox	aspirin-dipyridamole ER
Alphagan P	brimonidine P
Androgel	testosterone
Astepro nasal spray	azelastine nasal spray
Benzaclin Pump	clindamycin/benzoyl peroxide with pump
Butrans	buprenorphine
Catapres-TTS	clonidine patches
Cipro Suspension	ciprofloxacin suspension
Clobex Shampoo	clobetasol shampoo
Concerta	methylphenidate ER
Copaxone	glatiramer
Differin	adapalene

Preferred Brand	Non-Preferred Generic
Diovan	valsartan
Diastat Accudial/Pedi System	diazepam rectal/system
Dovonex cream	calcipotriene cream
Emend	aprepitant
Epiduo gel	Epiduo gel
Epivir HBV	lamivudine
Evista	raloxifene
Exelon Patch	rivastigmine patch
Exforge	amlodipine/valsartan
Exforge-HCT	amlodipine/valsartan/HCT
Fazaclo ODT	clozapine ODT
Focalin / Focalin XR	dexmethylphenidate
Gabitril 2mg,4mg, 12mg and 16mg	tiagabine
Glyset	miglitol
Hepsera 10 mg	adefovir
Istadol drops	adefovir drops
Kadian ER 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	morphine sulfate ER
Kapvay	clonidine ER
Kitabis Pak	tobramycin
Lialda	mesalamine
Methylin Solution	methylphenidate solution
MetroCream	metronidazole cream
MetroLotion	metronidazole lotion
Metrogel Topical gel/pump	metronidazole gel topical
Natroba	spinosad
Nexium RX	esomeprazole
Nuvigil	armodafinil
Orapred ODT	prednisolone ODT
Oxycontin	oxycodone ER
Pataday	olopatadine
Patanase	olopatadine
Provigil	modafinil
Pulmicort respules	budesonide respules
Renvela powder pkt	sevelamer powder pkt
Retin-A Cream/Gel	tretinoin cream/gel
Rythmol SR	propafenone SR
Sabril Powder Pack	vigabatin powder pack
Suprax Susp	cefixime susp
Symbyax	olanzapine/fluoxetine

Preferred Brand	Non-Preferred Generic
Tamiflu	oseltamivir
Tegretol Tab/ Susp /XR	carbamazepine tab/susp/XR
TobraDex Drops	tobramycin/dexamethasone drops
Transderm-Scop	scopolamine
Vagifem	estradiol
Vigamox	moxifloxacin
Voltaren Gel	diclofenac gel
Zetia	ezetimibe
Zovirax ointment	acyclovir ointment

Updated Prior Approval Criteria for Opioid Analgesics

Effective June 1, 2018, the clinical coverage criteria for opioid analgesics will be updated. The new changes include:

- Prior approval required for total daily doses greater than 90 morphine milliequivalents per day
- Schedule III and IV opioid analgesics added to the criteria

Prior approval will continue to be required for short-acting opioids for greater than a five-day supply for acute pain and seven-day supply for post-operative acute pain. Prior approval will also continue to be required for long-acting opioids for greater than a seven-day supply.

The prescribing provider may submit prior approval requests to NCTracks through the NCTracks portal or by fax. New opioid analgesic prior approval forms and revised clinical coverage criteria will be available on the NCTracks website.

Beneficiaries with diagnosis of pain secondary to cancer will continue to be exempt from prior approval requirements.

Generic Dispensing Fee Adjustments

The first quarter 2018 NC Medicaid Generic Dispensing Rate Report for pharmacy providers is available under the Reimbursement Quick Links on the Pharmacy Services page of the NCTracks Provider Portal and under the Reimbursement section on the NC Medicaid Outpatient Pharmacy Services page. The effective date of the generic dispensing fee adjustments is May 1, 2018.

Taxonomy for Clinical Pharmacist Practitioner Added to NCTracks

Effective July 30, 2018, a Clinical Pharmacist Practitioner (CPP) taxonomy code 1835P0018X will be added to allow in-state, border, and out-of-state individual Medicaid/Health Choice providers to enroll in NCTracks. CPPs will be authorized to act as an ordering, prescribing, referring (OPR) and/or rendering provider working under the direction or supervision of a licensed physician. **Therefore, CPPs must complete the individual application (full enrollment) to bill for services rendered instead of the OPR Lite abbreviated application**.

Required licensure and certification for the CPP taxonomy are:

- Full and unrestricted license to practice as a pharmacist in North Carolina or the state in which the provider resides
- Full and unrestricted certificate to practice as a CPP in North Carolina

Out-of-state providers must be certified to practice as a CPP according to the rules of the state in which they practice.

The following enrollment requirements will apply:

- $100 application fee
- Credentialing and criminal background checks

- Manage Change Request (MCR) submission to update or end date the provider record
- Re-credential every five years

Note: The NPI Exemption List deadline is Aug. 31, 2018. CPPs are encouraged to begin the enrollment process on July 30, 2018.

Per 21 N.C.A.C. 46.3101, a CPP is approved to provide drug therapy management, including controlled substances, under the direction or supervision of a licensed physician only.

If a claim is submitted with a CPP's NPI and taxonomy as the billing provider, the claim will be denied with Explanation of Benefits (EOB) 01877 – PROVIDER IS NOT AUTHORIZED TO ACT AS A BILLING PROVIDER.

2017-2018 NC Medicaid and Health Choice Preferred Drug List

Preferred Brands with Non-Preferred Generic Alternatives

Current as of June 1, 2018

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Actiq Lozenge	fentanyl citrate lozenge
Adderall XR	amphetamine Salt Combo ER
Aggrenox	aspirin-dipyridamole ER
Alphagan P	brimonidine P
Androgel	testosterone
Astepro nasal spray	azelastine nasal spray
Benzaclin Pump	clindamycin/benzoyl peroxide with pump
Butrans	buprenorphine
Catapres-TTS	clonidine patches
Cipro Suspension	ciprofloxacin suspension
Clobex Shampoo	clobetasol shampoo
Concerta	methylphenidate ER
Copaxone	glatiramer
Differin	adapalene
Diovan	valsartan
Diastat Accudial/Pedi System	diazepam rectal/system
Dovonex cream	calcipotriene cream
Emend	aprepitant
Epiduo gel	Epiduo gel
Epivir HBV	lamivudine
Evista	raloxifene
Exelon Patch	rivastigmine patch
Exforge	amlodipine / valsartan
Exforge-HCT	amlodipine / valsartan / HCT
Fazaclo ODT	clozapine ODT
Focalin / Focalin XR	dexmethylphenidate
Gabitril 2mg and 4mg	tiagabine
Glyset	miglitol
Hepsera 10 mg	adefovir

Preferred Brand	Non-Preferred Generic
Istadol drops	adefovir drops
Kadian ER	morphine sulfate er
Kapvay	clonidine ER
Kitabis Pak	tobramycin
Lialda	mesalamine
Lovenox vial	enoxaparin vial
Methylin Solution	methylphenidate solution
MetroCream	metronidazole cream
MetroLotion	metronidazole lotion
Metrogel Topical gel/pump	metronidazole gel topical
Namenda Solution	memantine solution
Natroba	spinosad
Nuvigil	armodafinil
Orapred ODT	prednisolone ODT
Oxycontin	oxycodone ER
Pataday	olopatadine
Patanase	olopatadine
Provigil	modafinil
Pulmicort respules	budesonide respules
Renvela powder pkt	sevelamer powder pkt
Retin-A Cream/Gel	tretinoin cream/gel
Rythmol SR	propafenone SR
Sabril Powder Pack	vigabatin powder pack
Suprax Susp	cefixime Susp
Symbyax	olanzepine / fluoxetine
Tamiflu	oseltamivir
Tegretol Tab/ Susp /XR	carbamazepine Tab/ Susp / XR
TobraDex Drops	tobramycin / dexamethasone drops
Transderm-Scop	scopolamine
Vagifem	estrodiol
Vigamox	moxifloxacin
Voltaren Gel	diclofenac gel
Zetia	ezetimibe
Zovirax ointment	acyclovir ointment

NC Medicaid and N.C. Health Choice Preferred Drug List Changes

Effective June 1, 2018, the N.C. Division of Medical Assistance (DMA) will make a change to the N.C. Medicaid and N.C. Health Choice Preferred Drug List (PDL) in the Proton Pump Inhibitor class. Nexium capsules will move to non-preferred status and esomeprazole capsules (generic for Nexium) will move to preferred status.

5. Home Care and Outpatient Specialized Therapies

Hospice

DMA held working group sessions with Hospice providers in efforts to continually refine and align hospice policy with service implementation. Session were conducted on March 20, 2018 and June 6, 2018.

Outpatient Specialized Therapies

On March 6, 2018, DMA hosted an Acupuncture stakeholder meeting to engage members of the acupuncture community in the examination of potential coverage opportunities, as well as enlist acupuncture as a service modality in the Division's strategy to impact the current opioid crisis.

10 -C, Local Education Agencies (LEA)

On May 10, 2018, DMA held a stakeholder meeting with LEA stakeholders to explore coverage and reimbursement opportunities. DMA remains committed to partnering and supporting the LEAs in school health coverage.

6. Long Term Services and Supports

Community Alternatives Program for Disabled Adults (CAP/DA)

The Division of Medical Assistance continues to engage with stakeholders to renew the expiring §1915 (c) Home and Community-Based Services (HCBS) Waiver for the Community Alternatives Program for Disabled Adults (CAP/DA). The waiver is scheduled to expire on September 30, 2018. An extension request will be submitted to the Centers for Medicare & Medicaid Services (CMS) by June 6, 2018 to allow DMA the opportunity to continue operating the CAP/DA waiver from October 1, 2018 through December 31, 2018 at cost and utilization levels currently approved for the fifth year of the waiver program with federal financial participation. The extension will allow DMA to continue its collaboration with the federally recognized tribes and other stakeholders pertaining to the substantive changes proposed in the waiver renewal application.

The CAP/DA waiver is currently supporting 10,504 individuals to live safely in their home communities, of which 2,153 are directing their own care using the consumer-direction model of care, and 320 are assigned an Alzheimer's priority slot, a targeted group appropriated through Session Law 2016-94, Section 12H.5. There are 1,974 individuals statewide waiting for services on a county-based waitlist.

Community Alternatives Program for Children (CAP/C)

Technical changes were made to the CAP/C Clinical Coverage policy in March 2018. A comprehensive analysis of the CAP/C business rules and workflow processes will begin on June 26, 2018 through September 30, 2018 to determine the need to revise the waiver application and the clinical coverage policy based on recommendations from the analysis. All interested stakeholders may participate in the analysis by joining the CAP/C workgroup.

CAP/C is currently supporting 2,271 individuals to live in their home communities, of which 379 individuals are directing their own care using the consumer-directed model of care.

ENROLLMENT EXEMPTION FOR RESIDENTS AND INTERNS

DMA will continue to utilize the NPI Exemption List in NCTracks which allows residents and interns enrolled in Graduate Dental and Medical programs and Area Health Education Centers to be exempt from the provider enrollment requirement only through **August 31, 2018**. The exemption from the provider enrollment requirement does not include an exemption from the DEA registration requirement for controlled substances.

This exemption list is only applicable to the prescribing provider on a pharmacy claim. All providers that meet the enrollment criteria are required to enroll.

ONGOING SOURCE VERIFICATION

Providers must update their expiring licenses, certifications and accreditations. The system currently suspends and terminates providers who fail to respond within the specified time limits.

Providers will receive their first notification 60 days prior to expiration. If the expired item has not been updated, two reminders will be sent. In addition, a final reminder will be sent seven days prior to expiration. The provider will be suspended if the expired item is not updated by the due date. The provider's taxonomy code(s) in which the expired item is required will be terminated if the item has not been updated by day 61 after suspension.

FINGERPRINTING CRIMINAL BACKGROUND CHECK APPLICATION

Providers must submit a Fingerprinting Criminal Background Check (FCBC) application **within 30 days of receiving the request notification** to avoid being terminated for cause. After submission of the FCBC application, providers receive a letter with instructions to complete the fingerprinting process and the Electronic Fingerprint Submission Release of Information (EFSRI) form. If the EFSRI form is not uploaded to the NCTracks provider record **within 30 days**, the provider will be terminated for cause.

MAINTAIN ELIGIBILITY PROCESS

NCTracks implemented a quarterly Maintain Eligibility Process which identifies providers with no claim activity within the past 12 months. NCTracks notifies the provider via the secure provider portal mailbox. The provider must attest electronically in NCTracks to remain active.

Providers will be notified 30 days before the due date to submit a Maintain Eligibility Application. Upon submission of the Maintain Eligibility Application, the provider’s enrollment record will be updated with the current date. If the provider does not submit the application by the due date, the provider’s participation in the North Carolina Medicaid and NC Health Choice (NCHC) programs **will be end dated**.