

North Carolina Medicaid Special Bulletin



An Information Service of the
Division of Medical Assistance

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April 2015

Attention: Pharmacists and Prescribers

**Preferred Drug List (PDL) Changes and Off Label
Antipsychotic Safety Monitoring in Beneficiaries
Through Age 17 (A+KIDS) and Off Label
Antipsychotic Safety (ASAP-adults) to be
Re-instated June 5, 2015.**

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***Providers are responsible for informing their billing agency of information in this bulletin.
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N.C. Medicaid and N.C. Health Choice Preferred Drug List Changes

Effective **June 5, 2015**, the N.C. Division of Medical Assistance (DMA) will make changes to the N.C. Medicaid and N.C. Health Choice Preferred Drug List (PDL) showing preferred and non-preferred oral antipsychotic medications. The use of a non-preferred anti-psychotic medication will require the trial and failure of only one (1) preferred anti-psychotic medication or a prior authorization.

ATYPICAL ANTIPSYCHOTICS	
Oral	
Trial and Failure of only one (1) preferred required	
Preferred	Non-Preferred
Abilify [®]	Clozaril [®]
clozapine (generic for Clozaril [®])	Fanapt [®] Titration Pack
clozapine ODT (generic for FazaClo [®])	FazaClo [®]
Fanapt [®]	Geodon [®]
Invega [®]	olanzapine/fluoxetine (generic for Symbyax [®])
Latuda [®]	Risperdal [®]
olanzapine (generic for Zyprexa [®])	Risperdal M [®]
olanzapine ODT (generic for Zyprexa [®] Zydys)	Seroquel [®]
quetiapine (generic for Seroquel [®])	Versacloz [®]
risperidone (generic for Risperdal [®])	Zyprexa [®]
risperidone ODT (generic for Risperdal M [®])	Zyprexa Zydys [®]
Saphris [®]	
Seroquel [®] XR	
Symbyax [®]	
ziprasidone (generic for Geodon [®])	

Pharmacists: In the event of a prior authorization requirement, please remember to use the 72 hour override (3 in the Level of Service Field) to prevent gaps in therapy.

Off Label Antipsychotic Safety Monitoring in Beneficiaries Through Age 17 (A+KIDS) and Off Label Antipsychotic Safety (ASAP-adults) to be Re-instated June 5, 2015.

Effective **June 5, 2015**, the N.C. Division of Medical Assistance (DMA) will re-instate the A+KIDS and ASAP programs. Providers will be required to fill out an A+KIDS or ASAP prior authorization (PA) for any preferred or non-preferred antipsychotic medication for children 17 and younger. Providers will be required to fill this prior authorization through the [NCTracks Provider Portal](#) or by calling CSC at 1-866-246-8505. **THERE WILL BE NO FAX FORMS.** Please refer to the policy located at <http://www.ncdhhs.gov/dma/mp/A6.pdf> for any questions.

Pharmacists: You can use an “11” in the Submission Clarification Field to override both types of PA requirements to ensure a patient obtains their medications. This can only be used **two** times so please inform the prescriber the need for PA. In addition, “Meets PA Criteria” may be written on adult antipsychotic prescriptions, and you may use a “1” in the PA Type Code field or a “2” in the Submission Clarification field to override the PA edits. All non-preferred medication requests will require the non-preferred ASAP or AKIDS PA to be processed. There is no override. Please use the 72 hour override, (a “3” in the Level of Service field), to ensure no gaps in therapy.

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