

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 Reinstatement of Off Label Antipsychotic Safety Monitoring in Beneficiaries through Age 17 (A+KIDS)

*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 **May 8, 2015**, the N.C. Division of Medical Assistance (DMA) will make changes to the N.C. Medicaid and N.C. Health Choice (NCHC) Preferred Drug List (PDL) showing preferred and non-preferred oral antipsychotic medications. The use of a non-preferred will only need the utilization of one preferred, or a prior authorization will be required.

ATYPICAL ANTIPSYCHOTICS	
Oral	
Trial and Failure of only 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 [®] Zydis)	Seroquel [®]
quetiapine (generic for Seroquel [®])	Versacloz [®]
risperidone (generic for Risperdal [®])	Zyprexa [®]
risperidone ODT (generic for Risperdal M [®])	Zyprexa Zydis [®]
Saphris [®]	
Seroquel [®] XR	
Symbyax [®]	
ziprasidone (generic for Geodon [®])	

Pharmacists: In the event of a prior authorization requirement, remember to use the 72-hour override to prevent gaps in therapy.

Reinstatement of Off-Label Antipsychotic Safety Monitoring in Beneficiaries through Age 17 (A+KIDS)

Effective **May 18, 2015**, the N.C. Division of Medical Assistance (DMA) will re-instate the A+KIDS program. Providers will be required to fill out an A+KIDS prior authorization for any preferred or non-preferred antipsychotic medication for children 17 and younger.

Providers will be required to request this prior authorization through the NCTracks Provider Portal at <https://www.nctracks.nc.gov/content/public/providers.html> or by calling CSC at 1-866-246-8505. **There will be no fax forms.**

For more information, refer to Clinical Coverage Policy 9D, *Monitoring In Beneficiaries Through Age 17* found on the DMA clinical coverage policy web page at www.ncdhhs.gov/dma/mp/.

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.

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