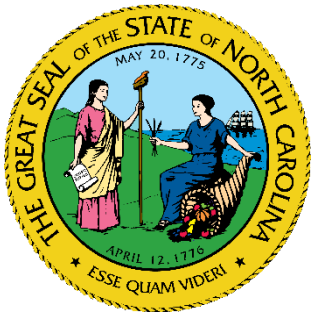

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In This Issue...

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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
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

Preferred Brand	Non-Preferred Generic
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
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.

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.

Electronic Cutoff Schedule	Checkwrite Schedule
April 27, 2018	May 1, 2018
May 4, 2018	May 8, 2018
May 11, 2018	May 15, 2018
May 18, 2018	May 22, 2018
May 25, 2018	May 30, 2018

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 2018 checkwrite schedules for both DMA 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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