



**An Information Service of the Division of Medical Assistance**

**North Carolina  
Medicaid Pharmacy  
Newsletter**

*Number 285*

*May 2018*

**In This Issue...**

**[Taxonomy for Clinical Pharmacist Practitioner Added to NCTracks](#)**

**[Preferred Brands Beginning June 2018](#)**

**[Updated Prior Approval Criteria for Opioid Analgesics](#)**

**[NC Medicaid and N.C. Health Choice Preferred Drug List Changes](#)**

**[Supporting Provider Transition to Medicaid Managed Care](#)**

**[72-hour Emergency Supply Available for Pharmacy Prior Authorization Drugs](#)**

**[Checkwrite Schedule for June 2018](#)**

Published by CSRA, fiscal agent for the North Carolina Medicaid Program

800-688-6696

## 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 ordering, prescribing, referring (OPR) and/or rendering providers working under the direction or supervision of licensed physicians. **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 CPPs according to the rules of the state in which they practice.

The following enrollment requirements 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

| Preferred Brand | Non-Preferred Generic     |
|-----------------|---------------------------|
| Actiq Lozenge   | fentanyl citrate lozenge  |
| Adderall XR     | amphetamine Salt Combo ER |

| Preferred Brand              | Non-Preferred Generic                  |
|------------------------------|--|
| 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                               |
| 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                           |

| Preferred Brand        | Non-Preferred Generic            |
|------------------------|----------------------------------|
| 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     | vigabatrin 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               |

### Updated Prior Approval Criteria for Opioid Analgesics

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

- Prior approval required for total daily doses greater than **90** morphine milliequivalents (MMEs) per day
- Schedule III and IV opioid analgesics added to the clinical coverage 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 (855-710-1969.) 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.

## 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.

## Supporting Provider Transition to Medicaid Managed Care

North Carolina Medicaid has published a new [NC Medicaid Transformation Concept Paper](#) titled *Supporting Provider Transition to Medicaid Managed Care*. Also, there will be webcasts held on this subject three times in June. Interested pharmacy providers may [register](#) for one of the sessions.

## 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

June 1, 2018  
 June 8, 2018  
 June 15, 2018  
 No checkwrite week of June 25\*

### Checkwrite Schedule

June 5, 2018  
 June 12, 2018  
 June 19, 2018

**\* There is no checkwrite the week of June 25, to prepare for the State Fiscal Year End.**

*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.

---

**John C. Stancil, Jr., R.Ph.**

Director, Pharmacy and DMEPOS Programs  
Division of Medical Assistance  
N.C. Department of Health and Human Services

**Sandra Terrell, MS, RN**

Director of Clinical  
Division of Medical Assistance  
N.C. Department of Health and Human Services

**Dave Richard**

Deputy Secretary for Medical Assistance  
Division of Medical Assistance  
N.C. Department of Health and Human Services

**Nancy Henley, MD**

Chief Medical Officer  
Division of Medical Assistance  
N.C. Department of Health and Human Services

**Desiree Elekwa-Izuakor, Pharm D, MBA, CPC-A**

Outpatient Pharmacy Program Manager  
Division of Medical Assistance  
N.C. Department of Health and Human Services

**Rick Paderick, R.Ph.**

Pharmacy Director  
NCTracks  
CSRA

**Lori Landman**

Deputy Executive Account Director  
NCTracks  
CSRA

**Paul Guthery**

Executive Account Director  
NCTracks  
CSRA