



An Information Service of the Division of Medical Assistance

**North Carolina
Medicaid Pharmacy
Newsletter**

Number 286

June 2018

In This Issue...

[Behavioral Health Clinical Edits](#)

[Preferred Brands Beginning July 2018](#)

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

[Spinraza Covered in Physician Drug Program Only](#)

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

[Checkwrite Schedule for July 2018](#)

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

800-688-6696

Behavioral Health Clinical Edits

The final implementation phase of behavioral health clinical edits was completed on May 14, 2018. The edits target dose optimization, dosages exceeding Food and Drug Administration (FDA) recommendations and concomitant use within same chemical class beyond 60 days. Atypical antipsychotics, antidepressants, Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), and stimulants, anxiolytics and other behavioral health drugs, including suboxone, are in the edit logic.

Examples of Point of Sale (POS) edit messages returned to the pharmacy are:

- Quantity exceeds the adult (pediatric) dosage recommended by the FDA for atypical antipsychotics.
- Concomitant use of two or more antidepressants will be denied.
- Quantity exceeds the adult (pediatric) dosage recommended by the FDA for behavioral health meds.

Bypassing the edit will require an override (submission clarification code 10) that should be used by the pharmacist when the prescriber provides clinical rationale for the therapy issue alerted by the edit. Questions can be directed to the CSRA call center at 866-246-8505. A prescriber may proactively document the clinical rationale with issuance of the prescription. The concise documentation may provide information about the patient's situation, history, therapy goals and outcome. Documentation solely of a diagnosis code is not legitimate justification. The adequacy of proactive documentation is the professional judgment of the pharmacist.

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 July 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

Preferred Brand	Non-Preferred Generic
Clobex Shampoo	clobetasol shampoo
Concerta	methylphenidate ER
Copaxone	glatiramer
Diastat Accudial/Pedi System	diazepam rectal/system
Differin	adapalene
Diovan	valsartan
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
Istalol drops	timolol 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
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	vigabatrin powder pack
Suprax Susp	cefixime Susp

Preferred Brand	Non-Preferred Generic
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 Aug. 1, 2018, North Carolina Medicaid will make a change to the [N.C. Medicaid and N.C. Health Choice Preferred Drug List \(PDL\)](#) in the Antihyperkinesia/ Attention Deficit Hyperactivity Disorder (ADHD) class.

Ritalin tablets will be moved to non-preferred status. Generic methylphenidate tablets will remain preferred. Concerta tablets will be moved back to non-preferred status. Concerta was moved to preferred status January 15, 2018, related to shortages in the ADHD class. Aptensio XR will remain preferred.

Spinraza Covered in Physician Drug Program Only

Effective July 1, 2018, the North Carolina Medicaid and N.C. Health Choice (NCHC) programs will cover nusinersen injection, for intrathecal use (Spinraza) for use **only** in the Physician's Drug Program (PDP). The HCPCS code is J2326 – Injection, nusinersen.

Effective June 30, 2018, Spinraza coverage through outpatient specialty pharmacy and via the prior authorization method will terminate and outpatient pharmacy claims submitted for Spinraza initial treatment or continuation of treatment will be denied. Providers will need to submit claims for Spinraza as per the requirements on Centers for Medicare and Medicaid Services (CMS) 1500/837P form for professional claims.

Spinraza is indicated for the treatment of spinal muscular atrophy (SMA) in pediatric and adult patients. It is available as 12 mg/5 mL (2.4 mg/mL) in a single-dose vial for intrathecal administration.

The recommended dosage is 12 mg (5 mL) per administration. Initiate Spinraza treatment with four loading doses; the first three loading doses should be administered at 14-day intervals; the fourth loading dose should be administered 30 days after the third dose; a maintenance dose should be administered once every four months thereafter. See full prescribing information for further detail.

Note: All the information mentioned in this article will need to be carefully followed to minimize the possibility of a claim denial. As with all PDP drug products, the cost of drug acquisition is the responsibility of the provider until the claim is processed.

For Medicaid and NCHC Billing

- The ICD-10-CM diagnosis codes required for billing are G12.0 Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]; G12.1 Other inherited spinal muscular atrophy; G12.8 Other spinal muscular atrophies and related syndromes and G12.9 Spinal muscular atrophy, unspecified.
- Providers must bill with HCPCS code J2326 - Injection, nusinersen.
- One Medicaid unit of coverage is 12 mg. NCHC bills according to Medicaid units.
- The maximum reimbursement rate per unit is \$135,000.
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDC is 64406-0058-01.
- 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 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 340B 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 Medicaid’s [PDP web page](#).

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 29, 2018
July 6, 2018
July 13, 2018
July 20, 2018
July 27, 2018

Checkwrite Schedule

July 3, 2018
July 10, 2018
July 17, 2018
July 24, 2018
July 31, 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.

John C. Stancil, Jr., R.Ph.
Director, Pharmacy and DMEPOS Programs
Division of Medical Assistance
N.C. Department of Health and Human Services

Rick Paderick, R.Ph.
Pharmacy Director
NCTracks
CSRA

Sandra Terrell, MS, RN
Director of Clinical
Division of Medical Assistance
N.C. Department of Health and Human Services

Lori Landman
Deputy Executive Account Director
NCTracks
CSRA

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

Paul Guthery
Executive Account Director
NCTracks
CSRA

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