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**North Carolina
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Newsletter**

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Bactroban Cream on Long-Term Backorder

On Nov. 3, 2017, the American Society of Health-System Pharmacists announced that GlaxoSmithKline has Bactroban 2% cream in 15 gram and 30 gram sizes on long-term back order and the company cannot estimate a release date.

As a reminder, mupirocin ointment is covered and is a preferred medication on the N.C. Medicaid Preferred Drug List (PDL).

Glumetza ER Additional Coverage Criteria

Effective Dec. 1, 2017, providers wishing to request prior approval for Glumetza must submit the clinical reason the beneficiary cannot use generic metformin ER, in addition to the requirement of trying and failing two preferred drugs in its class.

Prior Approval Criteria for Opioid Analgesics Updated to Comply with the STOP Act

Effective Jan. 2, 2018, the clinical coverage criteria for opioid analgesics will be updated to comply with the quantity limits mandated by the [Strengthen Opioid Misuse Prevention \(STOP\) Act, S.L. 2017-74](#). Prior approval will 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 be required for long-acting opioids for greater than a seven-day supply. This is a change from current criteria which requires prior approvals for greater than a 14-day supply for long- and short-acting opioid analgesics.

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.

Prior Approval Process for Pharmacists Serving Long Term Care Facilities

Based on [N.C. Medicaid Clinical Coverage Policy 9, Outpatient Pharmacy Services](#), section 5.1.1, pharmacists serving nursing facilities, adult care homes, and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) are allowed to request prior approval for beneficiaries residing in long term care facilities.

The N.C. Division of Medical Assistance (DMA) has been made aware of situations when long term care pharmacists are requesting prior approval for opioid analgesics. There is a question on the PA request form that asks if the prescribing physician has checked the

beneficiary's utilization of controlled substances on the N.C. Controlled Substance Reporting System (CSRS).

The [NC Controlled Substance Reporting System Act \(GS 90-113.70\)](#) states that providers are not required to check the CSRS when the controlled substance is to be administered to a patient in a healthcare setting such as nursing homes or residential care facilities. As a temporary work-around, pharmacists requesting prior approval for long term care beneficiaries can indicate on the PA request form that the beneficiary is in a skilled nursing facility, adult care home, or ICF/IID. A permanent solution to this issue is being addressed and will be communicated in a future newsletter.

Beneficiary Management Lock-in Program

The Beneficiary Management Lock-in Program has been in operation since 2010. Current policy regarding this program can be found in [N.C. Medicaid Clinical Coverage Policy 9, Outpatient Pharmacy Services](#).

Beneficiaries and pharmacy providers or prescribers who have questions regarding the lock-in program should contact CSRA at 1-866-246-8505. Hours of operation are Monday-Friday, 7 a.m. - 11 p.m., and Saturday and Sunday, 7 a.m. - 6 p.m.

Claim Level Generic Dispensing Rate Report (GDR)

DMA has temporarily suspended production on the *Claim Level Generic Dispensing Rate (GDR) Report*. The report is under internal review.

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.

No NCTracks Checkwrite on December 26

As stated in the published approved 2017 checkwrite schedules, “NCTracks will issue 50 checkwrites per fiscal year. The payment cycle will be weekly, exceptions being the last week of June (end of state fiscal year) and the last week of the calendar year.” The last checkwrite date for the calendar year will be on December 19. **There will be no checkwrite on December 26.** The first checkwrite for the new calendar year will be on Jan. 3, 2018.

The 2017 and 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.

Electronic Cutoff Schedule

December 1, 2017
December 8, 2017
December 15, 2017

Checkwrite Schedule

December 5, 2017
December 12, 2017
December 19, 2017

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 2017 and 2018 DMA checkwrite schedules are posted under **Quick Links** on the [NCTracks Provider Portal home page](#).

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