



An Information Service of the Division of Medical Assistance

**North Carolina  
Medicaid Pharmacy  
Newsletter**

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## New BIN Numbers for Free Glucose Meter

Effective immediately, there is new BIN information for pharmacies and Durable Medical Equipment (DME) providers to use when processing a claim for a free Accu-Chek blood glucose meter for North Carolina Medicaid and NC Health Choice beneficiaries. One free meter per beneficiary is covered every two years. The following is the new information to use:

BIN: 610524  
 RxPCN: 1016  
 Issuer: 80840  
 Group: 40026479  
 ID: 969608932

## Upcoming Changes to the Roche Rebate program for preferred Roche Diabetic Supplies

Beginning **April 1, 2018**, diabetic testing supplies will be transitioned to the [North Carolina Medicaid and NC Health Choice Preferred Drug List \(PDL\)](#) and Roche diabetic testing supplies will remain preferred. Pharmacy point-of-sale providers will no longer receive two separate payments for claims for Roche diabetic testing supplies. Instead, providers will receive one payment based on a State Maximum Allowable Cost (SMAC).

The following chart outlines the Roche diabetic testing supplies with their corresponding NDC number that will be preferred and their specific reimbursement amount and point-of-sale quantity limit:

Product	NDC Number	NC Medicaid SMAC Rate	Point of Sale Limit
ACCU-CHEK® AVIVA PLUS 50 ct Test Strips	65702-0407-10	\$79.63/50 strips	200/month
ACCU-CHEK® SMARTVIEW 50 ct Test Strips	65702-0492-10	\$79.63/50 strips	200/month
ACCU-CHEK® COMPACT 51 ct Test Strips	50924-0988-50	\$81.67/51 strips	204/month
ACCU-CHEK® GUIDE 50 ct Test Strips	65702-0711-10	\$21.56/50 strips	200/month
ACCU-CHEK® SOFTCLIX Lancing Device Kit (Black)	65702-0400-10	\$22.63/each	2/year
ACCU-CHEK® FASTCLIX Lancing Device Kit	65702-0481-10	\$17.55/each	2/year
ACCU-CHEK® MULTICLIX 102 ct Lancets	50924-0450-01	\$15.68/102 lancets	204/month
ACCU-CHEK® SOFTCLIX 100 ct Lancets	50924-0971-10	\$13.93/100 lancets	200/month
ACCU-CHEK® FASTCLIX 102 ct Lancets	65702-0288-10	\$13.68/102 lancets	204/month

Product	NDC Number	NC Medicaid SMAC Rate	Point of Sale Limit
ACCU-CHEK® AVIVA Glucose Control Solution (2 levels)	65702-0107-10	\$11.13/bottle	4/year
ACCU-CHEK® COMPACT PLUS CLEAR Glucose Control Solution (2 levels)	65702-0468-10	\$11.13/bottle	4/year
ACCU-CHEK® GUIDE Glucose Control Solution (2 levels)	65702-0713-10	\$11.13/bottle	4/year
ACCU-CHEK® SMARTVIEW Glucose Control Solution (2 levels)	65702-0488-10	\$11.13/bottle	4/year

### **Buprenorphine extended-release injection, for subcutaneous use (Sublocade™)**

Effective with date of service March 1, 2018, North Carolina Medicaid and NC Health Choice (NCHC) programs cover buprenorphine extended-release injection (Sublocade), for subcutaneous use. Sublocade can be billed through outpatient pharmacy point-of-sale or through the Physician's Drug Program (PDP) when billed with HCPCS code J3490 - Unclassified drugs. Sublocade is a preferred option in the Opioid Dependence Drug Class on the [North Carolina Medicaid and NC Health Choice Preferred Drug List \(PDL\)](#) and no prior approval is needed.

Sublocade is available as an injection of 100 mg/0.5 mL and 300 mg/1.5 mL provided in a prefilled syringe. It is indicated for the treatment of moderate to severe opioid use disorder in adult patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of seven days.

The recommended dose for Sublocade is two once monthly initial doses of 300 mg followed by 100 mg once monthly maintenance doses. Increasing the maintenance dose to 300 mg once monthly may be considered for patients in which the benefits outweigh the risks. See full prescribing information for further detail.

Under the Drug Addiction Treatment Act (DATA), use of Sublocade in the treatment of opioid dependence is limited to healthcare providers who meet Drug Enforcement Administration (DEA) waiver requirements and who have notified the Secretary of Health and Human Services of their intent to prescribe this product for the treatment of opioid dependence.

To mitigate the risk of serious harm or death that could result from intravenous self-administration of Sublocade, healthcare facilities are required to register for the FDA approved [Sublocade Risk Evaluation and Mitigation Strategy \(REMS\) program](#). In addition, waived providers who choose to utilize Sublocade must meet the [NC controlled substances regulations and C-3 handling and storage requirements](#).

### **For Medicaid and NCHC Billing in the Physicians' Drug Program:**

- The ICD-10-CM diagnosis code required for billing is/are:
  - F11.10 - Opioid abuse, uncomplicated;
  - F11.11 - Opioid abuse, in remission;
  - F11.120 - Opioid abuse with intoxication, uncomplicated;
  - F11.121 - Opioid abuse with intoxication delirium;
  - F11.122 - Opioid abuse with intoxication with perceptual disturbance;
  - F11.129 - Opioid abuse with intoxication, unspecified;
  - F11.14 - Opioid abuse with opioid-induced mood disorder;
  - F11.150 - Opioid abuse with opioid-induced psychotic disorder with delusions;
  - F11.151 - Opioid abuse with opioid-induced psychotic disorder with hallucinations;
  - F11.159 - Opioid abuse with opioid-induced psychotic disorder, unspecified;
  - F11.181 - Opioid abuse with opioid-induced sexual dysfunction;
  - F11.182 - Opioid abuse with opioid-induced sleep disorder;
  - F11.188 - Opioid abuse with other opioid-induced disorder;
  - F11.19 - Opioid abuse with unspecified opioid-induced disorder;
  - F11.20 - Opioid dependence, uncomplicated;
  - F11.21 - Opioid dependence, in remission;
  - F11.220 - Opioid dependence with intoxication, uncomplicated;
  - F11.221 - Opioid dependence with intoxication delirium;
  - F11.222 - Opioid dependence with intoxication with perceptual disturbance;
  - F11.229 - Opioid dependence with intoxication, unspecified;
  - F11.23 - Opioid dependence with withdrawal;
  - F11.24 - Opioid dependence with opioid-induced mood disorder;
  - F11.250 - Opioid dependence with opioid-induced psychotic disorder with delusions;
  - F11.251 - Opioid dependence with opioid-induced psychotic disorder with hallucinations;
  - F11.259 - Opioid dependence with opioid-induced psychotic disorder, unspecified;
  - F11.281 - Opioid dependence with opioid-induced sexual dysfunction;
  - F11.282 - Opioid dependence with opioid-induced sleep disorder;
  - F11.288 - Opioid dependence with other opioid-induced disorder;
  - F11.29 - Opioid dependence with unspecified opioid-induced disorder;
  - F11.90 - Opioid use, unspecified, uncomplicated;
  - F11.920 - Opioid use, unspecified with intoxication, uncomplicated;
  - F11.921 - Opioid use, unspecified with intoxication delirium;
  - F11.922 - Opioid use, unspecified with intoxication with perceptual disturbance;
  - F11.929 - Opioid use, unspecified with intoxication, unspecified;
  - F11.93 - Opioid use, unspecified with withdrawal;
  - F11.94 - Opioid use, unspecified with opioid-induced mood disorder;

- F11.950 - Opioid use, unspecified with opioid-induced psychotic disorder with delusions;
  - F11.951 - Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations;
  - F11.959 - Opioid use, unspecified with opioid-induced psychotic disorder, unspecified;
  - F11.981 - Opioid use, unspecified with opioid-induced sexual dysfunction;
  - F11.982 - Opioid use, unspecified with opioid-induced sleep disorder;
  - F11.988 - Opioid use, unspecified with other opioid-induced disorder;
  - F11.99 - Opioid use, unspecified with unspecified opioid-induced disorder
- Providers must bill with HCPCS code J3490 - Unclassified drugs.
  - One Medicaid and NCHC unit of coverage is one syringe. NCHC bills according to Medicaid units.
  - The maximum reimbursement rate per unit is \$1706.40.
  - Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs are 12496-0100-01 and 12496-0300-01.
  - 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 DMA's 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 Physician's Drug Program is available on Medicaid's [PDP web page](#).

## 2017-2018 NC Medicaid and Health Choice Preferred Drug List

### Preferred Brands with Non-Preferred Generic Alternatives

Current as of March 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
Avelox	moxifloxacin

Preferred Brand	Non-Preferred Generic
Bactroban Cream	mupirocin Cream
Benzaclin	clindamycin/benzoyl Peroxide
Butrans	buprenorphine
Catapres-TTS	clonidine patches
Cipro Suspension	ciprofloxacin suspension
Concerta	methylphenidate ER
Copaxone	glatiramer
Derma-Smoothe FS	fluocinolone 0.01% oil
Differin	adapalene
Diovan	valsartan
Diastat Accudial/Pedi System	diazepam rectal/system
Effient	prasugrel
Emend	aprepitant
Evista	raloxifene
Exelon Patch	rivastigmine patch
Exforge	amlodipine / valsartan
Exforge-HCT	amlodipine / valsartan / HCT
Focalin / Focalin XR	dexmethylphenidate
Gabitril 2mg and 4mg	tiagabine
Glyset	miglitol
Hepsera 10 mg	adefovir
Invega ER	paliperidone ER
Kapvay	clonidine ER
Kitabis Pak	tobramycin
Lovenox	enoxaparin
MetroCream	metronidazole cream
MetroLotion	metronidazole lotion
Metrogel Topical	metronidazole gel topical
Methylin Solution	methylphenidate solution
Namenda Solution	memantine solution
Natroba	spinosad
Nexium RX	esomeprazole
Nuvigil	armodafinil
Orapred ODT	prednisolone ODT
Oxycontin	oxycodone ER
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
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
Viread	tenofovir
Vivelle-Dot Patch	estradiol patch
Voltaren Gel	diclofenac gel
Zetia	ezetimibe

## North Carolina Medicaid and NC Health Choice Preferred Drug List Changes

Effective **April 1, 2018**, the N.C. Division of Medical Assistance (DMA) will make the following changes to the [North Carolina Medicaid and NC Health Choice Preferred Drug List \(PDL\)](#):

### Analgesics

#### Opioids

##### Long-Acting

- Kadian moved to preferred
- Morphine sulfate ER (generic for Kadian) remains non-preferred

### Anticonvulsants

#### Second Generation

- Sabril Powder Pack moved to preferred
- vigabatrin (generic for Sabril) powder pack moved to non-preferred

### Anti-infectives

#### Systemic Antivirals

##### Herpes Treatment

- Zovirax Ointment moved to preferred

##### Hepatitis B

- Epivir HBV remains preferred
- lamivudine HBV (generic for Epivir) moved to non-preferred

#### Antibiotics

##### Quinolones

- Avelox moved to non-preferred.
- moxifloxacin (generic for Avelox) moved to preferred

### Behavioral Health

#### Antidepressants

Other

- Desvenlafaxine ER (generic for Pristiq) moved to preferred
- Pristiq remains non-preferred

Antipsychotics

Atypical oral

- Invega moved to non-preferred
- Paliperidone (generic for Invega) moved to preferred
- FazaClo moved to preferred
- Clozapine ODT (generic for FazaClo) moved to non-preferred

**Cardiovascular**

Platelet Inhibitors

- Effient moved to non-preferred
- prasugrel (generic for Effient Tablet) moved to preferred

**Hematologic**

Anticoagulant

Injectable

- Lovenox Syringe/Vial moved to non-preferred
- enoxaparin (generic for Lovenox) syringe/vial moved to preferred

**Gastrointestinal**

Ulcerative Colitis

- Lialda moved to preferred
- mesalamine (generic for Lialda) moved to non-preferred

**Ophthalmic**

Allergic Conjunctivitis

- Pataday ophthalmic drops moved to preferred
- olopatadine (generic for Pataday) ophthalmic drops moved to non-preferred

**Respiratory**

Intranasal Rhinitis Agents

- Astepro nasal spray moved to preferred
- azelastine (generic for Astepro) nasal spray moved to non-preferred

**Topical**

Acne Agents

- Epiduo gel moved to preferred
- Benzaclin gel moved to non-preferred
- Clindamycin-benzoyl peroxide (generic for Benzaclin) gel moved to preferred

Psoriasis

- Dovonex cream moved to preferred
- calcipotriene (generic for Dovonex) cream moved to non-preferred

Steroids

Very High Potency

- Clobex shampoo moved to preferred



- clobetasol (generic for Clobex) shampoo moved to non-preferred

#### Low Potency

- Derma-Smoothe FS Scalp and Body Oil moved to non-preferred
- fluocinolone scalp/body oil (generic for Derma-Smoothe FS scalp/body oil) body/scalp oil moved to preferred

#### Miscellaneous Topicals

- Vivelle-Dot moved to non-preferred
- Estradiol (generic for Vivelle-Dot) patch moved to preferred

## 2017-2018 NC Medicaid and Health Choice Preferred Drug List

### Preferred Brands with Non-Preferred Generic Alternatives

Current as of April 1, 2018

Highlighted are preferred brands added as of April 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
<b>Astepro nasal spray</b>	<b>azelastine nasal spray</b>
Butrans	buprenorphine
Catapres-TTS	clonidine patches
Cipro Suspension	ciprofloxacin suspension
<b>Clobex Shampoo</b>	<b>clobetasol shampoo</b>
Concerta	methylphenidate ER
Copaxone	glatiramer
Differin	adapalene
Diovan	valsartan
Diastat Accudial/Pedi System	diazepam rectal/system
<b>Dovonex cream</b>	<b>calcipotriene cream</b>
Emend	aprepitant
Epiduo gel	adapalene/benzoyl peroxide
<b>Epivir HBV</b>	<b>lamivudine HBV</b>
Evista	raloxifene
Exelon Patch	rivastigmine patch
Exforge	amlodipine / valsartan
Exforge-HCT	amlodipine / valsartan / HCT
<b>Fazaclo ODT</b>	<b>clozapine ODT</b>
Focalin / Focalin XR	dexmethylphenidate
Gabitril 2mg and 4mg	tiagabine

Preferred Brand	Non-Preferred Generic
Glyset	miglitol
Hepsera 10 mg	adefovir
Istadol drops	adefovir drops
Kadian ER	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
Methylin Solution	methylphenidate solution
Namenda Solution	memantine solution
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	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
Viread	tenofovir
Voltaren Gel	diclofenac gel
Zetia	ezetimibe
Zovirax ointment	acyclovir ointment

**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**

March 2, 2018  
 March 9, 2018  
 March 16, 2018  
 March 23, 2018

**Checkwrite Schedule**

March 6, 2018  
 March 13, 2018  
 March 20, 2018  
 March 27, 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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