

Fact Sheet

NC Medicaid Managed Care: What Providers Need to Know About Pharmacy

What is our Vision for the NC Medicaid Managed Care Pharmacy Program ?

Prescription drugs play a significant role in maintaining health and treating illnesses of beneficiaries, allowing the opportunity to live healthier, with improved quality of life. Through current pharmacy program management strategies, Standard Plans and Tailored Plans (health plans) shall implement a pharmacy benefit which ensures members and providers have access to medically necessary, cost-effective medications, which provide the best overall value to members, providers and the State of North Carolina.

DO PHARMACY RULES AND REGULATIONS APPLY TO THE MANAGED CARE PLANS?

All health plans will follow the same policy as NC Medicaid Direct does today including following the same single NC Preferred Drug List (PDL). Additionally, they are required to follow the same criteria when prior authorization (PA) is required to obtain a medication and cannot apply new or different PA from the PDL. The rules and regulations can be found in Clinical Coverage Policy No. 9. at <https://medicaid.ncdhhs.gov/media/9870/open>. Other than lock-in, members are not required to fill their medications at a single pharmacy or retail chain. All plans must maintain a lock-in program. The information regarding the lock-in prescriber and lock-in pharmacy are transferred from NC Medicaid to the plans when a member transitions. Members should call their plan regarding any questions or concerns about their lock-in program.

Over-the-counter (OTC) medications are largely uncovered by NC Medicaid; however, some OTCs may be covered when dispensed by a pharmacist pursuant to a lawful prescription. NC Medicaid covers smoking deterrent agents, proton pump inhibitors, some antihistamines, insulin and diabetic supplies, emergency contraception, and some cathartics and laxatives, when prescribed by your doctor.

If you are a Medicaid provider and you believe a health plan is not following the PDL or Clinical Coverage Policy No. 9 as implemented prior to managed care launch, please contact the plan directly to share your concerns.

If the issue remains unresolved, please contact the provider ombudsman with specific details including beneficiary information so the issue can be investigated. Inquiries may be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov or the NC Medicaid Managed Care Provider Ombudsman at **866-304-7062**.

THE PREFERRED DRUG LIST

The PDL includes medications, which the state has deemed to be at a financial advantage for the state to utilize compared to equally effective medications, and/or have been positioned on the PDL due to better clinical efficacy compared to similar medications.

Medications on the PDL are divided into preferred and non-preferred medications. Coverage for non-preferred medications generally requires trial and failure of two of the preferred medications, or a medical reason the preferred options cannot be used before the non-preferred medication will be covered.

While generics are normally encouraged, some categories on the PDL prefer the brand name product over the generic. Examples can be found throughout the PDL and in the NC Medicaid pharmacy monthly newsletter. If a provider wishes to prescribe a non-preferred drug for a beneficiary a prior authorization may be requested.

The PDL is not a comprehensive list of all medications covered by Medicaid. The PDL itself does not define the Medicaid drug formulary. Most prescription medications not listed on the PDL, which are eligible for federal rebates, are also covered by Medicaid. Thus, we have an open formulary in conjunction with a PDL. The PDL is updated periodically and can be found at <https://medicaid.ncdhs.gov/preferred-drug-list>.

WHAT IS THE LOCK-IN PROGRAM?

The pharmacy lock-in program restricts beneficiaries to a single prescriber and pharmacy for controlled substances categorized as opiates or benzodiazepines and certain anxiolytics when one or more of the following criteria are met:

1. Beneficiary who has at least ONE of the following:
 - o Benzodiazepines and certain anxiolytics: six or more claims in two consecutive months
 - o Opiates: six or more claims in two consecutive months
2. Receiving prescriptions for opiates and/or benzodiazepines and certain anxiolytics from three or more prescribers in two consecutive months

Beneficiaries are currently exempt if they have a diagnosis of potentially terminal cancer in their claims history within the last 12 months. Beneficiaries are also exempt from lock-in if they are under the age of 18.

Health plans shall not require beneficiaries to be enrolled in a lock-in program for a period that exceeds two years without reassessing for continued eligibility in the program. Member lock-in criteria shall comply with the department lock-in program criteria as defined in NC Gen. Stat. § 108A-68.2.15, NC Administrative Code 10A NCAC 22F.0704 and 10A NCAC 22F.0104, 42 CFR 431.54 and the NC Medicaid State Plan.

HOW ARE LOCK-IN PRESCRIPTION CLAIMS PAID?

The beneficiary must obtain all prescriptions for these medications from their lock-in prescriber and lock-in pharmacy for the claim to pay. A pharmacy may dispense up to a four-day supply of a prescription dispensed to a beneficiary locked into a different pharmacy and prescriber in response to an emergent situation. The pharmacy provider shall be paid for the drug cost only and the beneficiary shall be responsible for the appropriate copayment. One emergency occurrence is reimbursed per beneficiary during each year of the two-year lock-in period. Paid quantities for more than a four-day supply are subject to recoupment.

HOW DO I ASSIST A BENEFICIARY WITH FINDING A SPECIALITY PHARMACY?

The Department has worked with the Enrollment Broker to create an online provider directory, the Medicaid and NC Health Choice Provider and Health Plan Lookup Tool, where users can search for organizations and individual providers to see what health plans they are currently enrolled with. The public facing directory shows all provider types, including specialists and pharmacies.

<https://ncmedicaidplans.gov/enroll/online/find/find-provider?lang=en>

WHO DO I CALL FOR PRESCRIPTION COVERAGE ISSUES?

For prescription coverage issues, providers can contact the respective health plan pharmacy service line.

Health Plan	Pharmacy Contact Information
Amerihealth Caritas	866-885-1406
Carolina Complete Health	833-585-4309
Healthy Blue	844-594-5084
United Healthcare	855-258-1593
Wellcare	866-799-5318