NC Medicaid Managed Care
Provider Playbook

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 them the opportunity to live healthier, with an 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, and provides the best overall value to members, providers and the State of North Carolina.

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

All health plans will follow the same policy and NC Preferred Drug List (PDL) as NC Medicaid Direct does today. Additionally, they are required to follow the same criteria when prior authorization (PA) is required to obtain a medication. Health plans may not apply new or different PA from NC Medicaid Direct. The rules and regulations can be found in Clinical Coverage Policy No. 9.

Members may fill their prescriptions at a pharmacy of their choice. Members are not required to fill their medications at a single pharmacy or retail chain unless they are enrolled in the lock-in program.

All health 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 health plans when a member transitions to a new health plan. Members should call their health plan regarding any questions or concerns about their lock-in program.

Over-the-counter (OTC) medications are largely uncovered by NC Medicaid; however, some OTC medications 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 a doctor.

Medicaid providers who 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 health 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.**

WHAT IS THE PDL ?

The PDL includes medications, which the state has determined provide a financial advantage for the state compared to equally effective medications and/or provide 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 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. The PDL is updated periodically and can be found at https://medicaid.ncdhhs.gov/preferred-drug-list.

WHAT IS THE LOCK-IN PROGRAM ?

The Beneficiary Management Lock-in Program restricts beneficiaries to a single prescriber and pharmacy for controlled substances categorized as opiates or benzodiazepines when one or more of the following criteria are met:

a. Benzodiazepines: 10 or more claims in two consecutive months when not medically necessary.

b. Opiates: 10 or more claims in two consecutive months when not medically necessary.

c. Receiving prescriptions for opiates and/or benzodiazepines from four or more prescribers in two consecutive months when not medically necessary.

Beneficiaries are currently exempt from the lock-in program if they have a diagnosis of sickle cell disease or a diagnosis indicating a potentially terminal cancer in their claim's history within the last 12 months. Beneficiaries are also exempt from lock-in if they are under the age of 18, reside in a skilled nursing facility, or are currently enrolled in hospice.

Health plans cannot require beneficiaries to be enrolled in a lock-in program for more than two years without reassessing for continued eligibility in the program. Member lock-in criteria is required to comply with the department lock-in program criteria as defined in Session Law (S.L.) 2023-134, 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 program related prescriptions for 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 to a beneficiary locked into a different pharmacy and prescriber in response to an emergent situation. The beneficiary is 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 SPECIALTY 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 in network with the health plans. The public facing directory displays all provider types, including specialists and pharmacies.

WHO DO I CALL FOR PRESCRIPTION COVERAGE ISSUES ?

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

Standard Plans	**Pharmacy Contact Information**
Amerihealth Caritas	866-885-1406
Carolina Complete Health	833-992-2785
Healthy Blue	844-594-5084
United Healthcare	855-258-1593
WellCare	866-799-5318

Tailored Plans	**Pharmacy Contact Information**
Alliance Health	855-759-9300
Partners Health Management	866-453-7196
Trillium Health Management	866-245-4954
Vaya Health	800-540-6083