



Communications and *Updates*

May 11, 2015

Attention: Pharmacists and Prescribers

Pharmacy Updates

N.C. Medicaid and N.C. Health Choice Preferred Drug List Changes

Effective June 5, 2015, the N.C. Division of Medical Assistance (DMA) will make changes to the N.C. Medicaid and N.C. Health Choice (NCHC) Preferred Drug List (PDL) showing preferred and non-preferred oral antipsychotic medications. The use of a non-preferred anti-psychotic medication will require the trial and failure of only one (1) preferred anti-psychotic medication or a prior authorization (PA).

ATYPICAL ANTIPSYCHOTICS	
Oral	
Trial and Failure of only 1 preferred required	
Preferred	Non-Preferred
Abilify [®]	Clozaril [®]
clozapine (generic for Clozaril [®])	Fanapt [®] Titration Pack
clozapine ODT (generic for FazaClo [®])	FazaClo [®]
Fanapt [®]	Geodon [®]
Invega [®]	olanzapine/fluoxetine (generic for Symbyax [®])
Latuda [®]	Risperdal [®]
olanzapine (generic for Zyprexa [®])	Risperdal M [®]
olanzapine ODT (generic for Zyprexa [®] Zydis)	Seroquel [®]
quetiapine (generic for Seroquel [®])	Versacloz [®]
risperidone (generic for Risperdal [®])	Zyprexa [®]
risperidone ODT (generic for Risperdal M [®])	Zyprexa Zydis [®]
Saphris [®]	
Seroquel [®] XR	
Symbyax [®]	
ziprasidone (generic for Geodon [®])	

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Pharmacists: In the event of a prior authorization (PA) requirement, remember to use the 72-hour override (3 in the Level of Service Field) to prevent gaps in therapy.

Off-Label Antipsychotic Safety Monitoring in Beneficiaries Through Age 17 (A+KIDS) and Off Label Antipsychotic Safety (ASAP-adults) to be Re-instated June 5, 2015

Effective **June 5, 2015**, the N.C. Division of Medical Assistance (DMA) will re-instate the A+KIDS and ASAP programs. Providers will be required to fill out an A+KIDS or ASAP prior authorization (PA) for any preferred or non-preferred antipsychotic medication for children 17 and younger. Providers will be required to fill this PA through the [NCTracks Provider Portal](#) or by calling CSC at 1-866-246-8505. **THERE WILL BE NO FAX FORMS.**

For more information, refer to Clinical Coverage Policy A6, *Off Label Antipsychotic Safety Clinical Coverage Policy No: 9D Monitoring in Beneficiaries Through Age 17*, located on the DMA website at www.ncdhhs.gov/dma/mp/.

Pharmacists: Pharmacists can use an "11" in the Submission Clarification Field to override both types of PA requirements to ensure patients obtains their medications. This can only be used **two** times, so inform the prescriber the need for PA. In addition, "Meets PA Criteria" may be written on adult antipsychotic prescriptions, and prescribers may use a "1" in the PA Type Code field or a "2" in the Submission Clarification field to override the PA edits. All non-preferred medication requests will require the non-preferred ASAP or A+KIDS PA to be processed. There is no override. Use the 72-hour override, (a "3" in the Level of Service field), to ensure no gaps in therapy.

Thank you,

The NCTracks Team

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