



**An Information Service of the Division of Medical Assistance**

**North Carolina  
Medicaid Pharmacy  
Newsletter**

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Published by EDS, fiscal agent for the North Carolina Medicaid Program  
1-800-688-6696 or 919-851-8888

**Changes in Drug Rebate Manufacturers**

The following changes are being made in manufacturers with Drug Rebate agreements. They are listed by Manufacturer code, the first five digits of the NDC.

**Additions**

The following labeler has entered into a drug rebate agreement and joined the rebate program effective January 1, 2000:

Code: Manufacturer:

62341 McNeil-PPC, Inc.

**Reinstated**

Dunhall Pharmaceuticals (Labeler Code 00217) was reinstated in the rebate program effective January 1, 2000.

**Deletions**

The following labeler was terminated effective January 1, 2000:

Code: Manufacturer:

62927 Monument Pharmaceutical Co., Inc.

**MAC List Deletions**

Effective December 16, 1999, the following drug products were deleted from the Medicaid Drug Federal Upper Limit:

Generic Name

Acetaminophen; Hydrocodone Bitartrate  
500 mg; 5 mg, Tablet, Oral 100

Cephadrine  
250 mg, Capsule, Oral 100

Cyproheptadine Hydrochloride  
4 mg, Tablet, Oral 100

Disopyramide Phosphate  
Eq. 100 mg base, Capsule, Oral 100  
Eq. 150 mg base, Capsule, Oral 100

Hydrochlorothiazide  
25 mg, Tablet, Oral 100  
50 mg, Tablet, Oral 100

Tolmetin Sodium  
Eq. 400 mg base, Capsule, Oral 100  
Eq. 600 mg base, Tablet, Oral 100

## **Pharmacy Adjustment Form Instructions**

The Pharmacy Adjustment Form is included on the following page. A new form is currently being designed, but until it is finalized the old form will have to be used. There is not enough space to enter the entire ICN in the blocks provided, so place the last 2 digits in the pharmacy of record block. If this is a pharmacy of record adjustment, then it should be noted in the adjustment reason field. The ICN referenced must include all 15 digits.

## **Six Prescription Limit Override Form**

A copy of this form is included

*Note: Both of these forms may be reproduced.*





# NORTH CAROLINA MEDICAID PHARMACY PROGRAM

## Six Prescription Limit Override Form

North Carolina Medicaid Recipients are allowed only six prescriptions per month unless they have one of the diagnoses below. If the attending physician determines that a recipient is eligible for the override, he must check all diagnoses that apply, complete the rest of the form and sign in his own handwriting.

- Acute Sickle Cell Disease
- Hemophilia
- End Stage Lung Disease
- End Stage Renal Disease
- Unstable Diabetes
- Chemotherapy or Radiation Therapy for Malignancy
- Any Life Threatening Illness or Terminal Stage of Any Illness

Recipient's Name \_\_\_\_\_

Recipient's MID Number \_\_\_\_\_

Facility \_\_\_\_\_  
(Fill out only if in nursing facility or adult care home)

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

- \* THIS FORM MUST BE UPDATED EVERY SIX MONTHS IF THE RECIPIENT STILL QUALIFIES FOR THE SIX PRESCRIPTION OVERRIDE
- \* THIS IS THE ONLY ACCEPTED FORM AND MUST BE KEPT ON FILE IN THE PHARMACY AT ALL TIMES

**THIS FORM MAY BE REPRODUCED**

## **Corrected 1099 Requests - Action Required by March 15, 2000**

Providers receiving Medicaid payments of more than \$600 annually will receive a 1099 MISC tax form from Electronic Data Systems Corporation (EDS). This 1099 MISC tax form is generated as required by IRS guidelines and mailed to each provider by January 31, 2000. The 1099 MISC tax form reflects the tax information on file with Medicaid as of the last Medicaid Checkwrite cycle date of December 23, 1999. If the tax name or tax identification number on the annual 1099 MISC received is **incorrect**, the provider can request a correction to the 1099 MISC. Requesting a correction is in the provider's best interest. Correction ensures that accurate tax information is on file with Medicaid and sent to the IRS annually. When the IRS receives incorrect information on a 1099 MISC, the IRS can require Federal tax withholding in the amount of **31 percent of future Medicaid payments**. The IRS could require EDS to initiate and continue this withholding to obtain correct tax data.

A correction to the original 1099 MISC must be **submitted by March 15, 2000** and must be accompanied by the following documentation:

- ◆ A copy of original 1099 MISC
- ◆ A completed Special W-9 (included in this bulletin) clearly indicating the correct tax identification number and tax name or a completed IRS W-9 form (ensure all fields are completed as required)
- ◆ A signed and dated Special W-9 or IRS W-9 certifying that the tax information provided is correct

Fax both documents to: (919) 859-9703, Attention: Corrected 1099 Request

or

mail both documents to: EDS  
4905 Waters Edge Drive  
Raleigh, NC 27606  
Attention: Corrected 1099 Request – Financial

Upon receipt of the fax or mailed correction request, EDS will update the tax information on file with Medicaid according to the Special W-9 or IRS W-9. Tax information updates can be verified by checking the last page of each Medicaid Remittance and Status Report (RA) which reflects both provider tax name and tax identification number on file. Additionally, a copy of the corrected 1099 will be generated and mailed for the provider's record retention. All corrected 1099 requests will be summarized and reported to the IRS as required.

*EDS, 1-800-688-6696 or 919-851-8888*



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**Checkwrite Schedule**

January 12, 2000	February 8, 2000	March 7, 2000
January 19, 2000	February 15, 2000	March 14, 2000
January 27, 2000	February 24, 2000	March 21, 2000
		March 30, 2000

**Electronic Cut-Off Schedule**

January 7, 2000	February 4, 2000	March 3, 2000
January 14, 2000	February 11, 2000	March 10, 2000
January 21, 2000	February 18, 2000	March 17, 2000
		March 24, 2000

*Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.*

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Paul R. Perruzzi, Director  
Division of Medical Assistance  
Department of Health and Human Services

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John W. Tsikerdanos  
Executive Director  
EDS

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