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**North Carolina
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In This Issue...

NCPDP Coordination of Benefits Fields Update
Pharmacy Episodic Drug Policy - Quantity Limitations on Sedative Hypnotics
Clarification on Coverage of Birth Control Pills for Diagnoses Other than
Contraception
Family Planning Waiver Reminder
Federal Mac List Changes
Changes in Drug Rebate Manufacturers

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NCPDP Coordination of Benefits Fields Update

The NC Medicaid NCPDP 5.1 Companion Guide has been updated to include additional functionality for the coordination of benefits segments. The pharmacy can either submit these transactions as a composite or now indicate the other payer coverage type as secondary, tertiary, etc. The complete NCPDP 5.1 Companion Guide can be located on DMA's website at <http://www.dhhs.state.nc.us/dma/hipaa/compguides.htm>.

COB/Other Payments Segment (see Segment Information)							
111-AM	Segment Identification	NCPDP V5.1	Required	N	2	05	
337-4C	Coordination of Benefits/Other Payments Count	NCPDP V5.1	Required	N	1	0 – 3	
338-5C	Other Payer Coverage Type	NCPDP V5.1	Required	A / N	2	01=Primary 98=Coupon 02=Secondary 99=Composite 03=Tertiary Blank=None	
339-6C	Other Payer ID Qualifier	NCPDP V5.1	Optional	A / N	2	01=Natl Payer Id 09=Coupon 02=HIN 99=Other 03=BIN Blank=None 04=NAIC	
340-7C	Other Payer ID	NCPDP V5.1	Optional	A / N	1	0	Follow rules of the Implementation Guide
443-E8	Other Payer Date	NCPDP V5.1	Optional	N	8	Date Format YYYYMMDD (Not edited by POS)	
341-HB	Other Payer Amount Paid Count	NCPDP V5.1	Required	N	1	0-9	
342-HC	Other Payer Amount Paid Qualifier	NCPDP V5.1	Required	A / N	2	01=Delivery 07=Drug Benefit 02=Shipping 08=Sum of all reimbursements 03=Postage 98=Coupon 04=Admin. 99=Other 05=Incentive Blank=None 06=Cognitive Svc	
431-DV	Other Payer Amount Paid	NCPDP V5.1	Required	N	8	Follow rules of the Implementation Guide	
471-5E	Other Payer Reject Count	NCPDP V5.1	Optional	N	2	0 – 5	
472-6E	Other Payer Reject Code	NCPDP V5.1	Optional	A / N	3	Follow rules of the Implementation Guide	

Pharmacy Episodic Drug Policy - Quantity Limitations on Sedative Hypnotics

The N.C. Medicaid program will implement the pharmacy episodic drug policy on May 1, 2006. This new policy allows DMA to impose quantity limitations for drugs used episodically and in quantities that support less than daily use. Quantity limitations will be based on FDA labeling and evidence-based guidelines that are in line with best practice standards.

The first drug classes on which quantity limitations will be placed are the sedative hypnotic drug classes H2E and H8B. Recipients will be able to obtain 15 units of these drugs each month with additional quantities requiring prior authorization. Prior authorization for quantities in excess of 15 units each month must be requested through the N.C. Medicaid prior authorization program. Prior authorization criteria and forms for the sedative hypnotics are available on the DMA ACS Prior Authorization website at <http://www.ncmedicaidpbm.com>.

The following limitations will be in effect on May 1, 2006:

Episodic Drugs Quantity Dispensing Limits

Drug	GCN	Quantity Limit per Month	Maximum Days Supply	Prior Authorization Allowed for Excess Quantities
Ambien, Ambien CR	00870, 00871, 25456, 25457	15	34	Yes
Sonata	92723	15	34	Yes
Prosom, Estazolam	19181, 19182	15	34	Yes
Dalmane, Flurazepam	14250, 14251	15	34	Yes
Restoril, Temazepam	13840, 13841, 13845, 24036	15	34	Yes
Halcion, Triazolam	14280, 14281, 14282	15	34	Yes
Doral	40870, 40871	15	34	Yes
Lunesta	23925, 23926, 23927	15	34	Yes
Rozerem	25202	15	34	Yes

Clarification on Coverage of Birth Control Pills for Diagnoses Other than Contraception

The N.C. Medicaid program does not cover birth control pills for indications which are not considered medically accepted indications for their use. A medically accepted indication is considered the use of a drug which is supported by the Food and Drug Administration or which is cited in drug use review compendia including:

- American Hospital Formulary Service Drug Information,
- United States Pharmacopeia-Drug Information, or
- DRUGDEX Information System.

The Outpatient Pharmacy Program Clinical Coverage Policy No. 9, revised on February 1, 2006, is current Medicaid pharmacy policy and replaces any past references in bulletin articles and pharmacy newsletters stating otherwise. Clinical Coverage Policy No. 9 is located on the DMA website at <http://www.dhhs.state.nc.us/dma/mp/mpindex.htm#pharmacy>.

Family Planning Waiver Reminder

On October 1, 2005, the N.C. Medicaid program implemented the Family Planning Waiver program. The program is designed to reduce unintended pregnancies and to improve the well being of children and families in North Carolina by providing family planning services to eligible men and women. This is a reminder that antibiotics that are used in the treatments for STIs are limited to one treatment per recipient per year.

Federal Mac List Changes

Effective April 10, 2006, the following changes will be made to the Medicaid Drug Federal Upper Limit:

FUL Price Increases

<u>Generic Name</u>	<u>FUL Price</u>
Carbamazepine 200 mg, Tablet, Oral, 100	\$0.1500 B
Albuterol 0.09 mg/inh, Aerosol, Metered, Inhalation	\$0.4367 R

FUL Additions, continued

<u>Generic Name</u>	<u>FUL Price</u>
Carbamazepine 100 mg, Tablet, Chewable, Oral, 100	\$0.1965 R
Lithium Carbonate 300 mg, Capsule, Oral, 100	\$0.1382 B
Oxycodone Hydrochloride 10 mg, Tablet, Extended Release, Oral, 100	\$0.9610 B
20 mg, Tablet, Extended Release, Oral, 100	\$1.8374 B
40 mg, Tablet, Extended Release, Oral, 100	\$3.2601 B
80 mg, Tablet, Extended Release, Oral, 100	\$6.1175 B
Zonisamide 25 mg, Capsule, Oral, 100	\$0.5213 R
100 mg Capsule, Oral, 100	\$1.1742 B

These changes will be posted to our website at <http://www.cms.hhs.gov/FederalUpperLimits/>. If you have any questions, please contact Gail Sexton at gail.sexton@cms.hhs.gov, telephone number (410) 786-4583.

Changes in Drug Rebate Manufacturers

Additions

The following labelers have entered into Drug Rebate Agreements and joined the rebate program effective on the dates indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
12593	Red River Pharmaceuticals, Manufacturing,	11/14/2005
13811	Trigen Laboratories, Inc.	01/9/2006
15054	Tercica, Inc.	01/26/2006
15456	Esprit Pharmaceuticals, Inc.	11/16/2005
15686	Midland Healthcare, LLC	01/11/2006
16571	Pack Pharmaceuticals, L.L.C.	01/17/2006

Reinstated Labelers

Amkas Laboratories, Inc. (labeler code 61073), has signed a new rebate agreement and will be reinstated in the drug rebate program effective 04/01/2006.

Medline Industries, Inc. (labeler code 53329) has signed a new rebate agreement and will be reinstated in the drug rebate program effective 04/01/2006. Due to special circumstances, this reinstated labeler has an optional effective date of January 23, 2006.

Terminated Labelers

The following labeler code is being terminated effective April 1, 2006:

Colorado Biolabs (Labeler code 67181).

The following labeler codes are being voluntarily terminated effective April 1, 2006:

Bajamar Chemical Company, Inc. (Labeler code 44184); and
Pronova Corporation (Labeler code 67555).

Checkwrite Schedule

March 07, 2006	April 11, 2006	May 02, 2006
March 14, 2006	April 18, 2006	May 09, 2006
March 21, 2006	April 27, 2006	May 16, 2006
March 30, 2006		May 25, 2006

Electronic Cut-Off Schedule

March 03, 2006	April 07, 2006	May 05, 2006
March 10, 2006	April 13, 2006	May 12, 2006
March 17, 2006	April 21, 2006	May 19, 2006
March 24, 2006	April 28, 2006	

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. POS claims must be transmitted and completed by 12:00 midnight on the day prior to the electronic cut-off date to be include in the next checkwrite.



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