



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

**North Carolina  
Medicaid Pharmacy  
Newsletter**

*Number 148*

*July 2007*

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

## Medication Therapy Management Will Become Focus Risk Management (FORM)

Effective August 1, 2007, the program now known as Medication Therapy Management (MTM) will become Focus Risk Management (FORM). Complete details are listed in a Special Medicaid Bulletin which is posted on DMA's new web site, [www.ncdhhs.gov/dma](http://www.ncdhhs.gov/dma).

The management fees that automatically pay on the first checkwrite of the following month will no longer occur after the July payment (for June). Providers performing their July FORM reviews for the third calendar quarter (July, August, September) will need to document the Date of Service for the July review and submit the professional services fee at the POS as detailed in the Special Bulletin beginning in August. Once the system changes are implemented in August 2007, providers will be able to submit their professional services fee for the quarterly FORM reviews at the POS.

The following fields are required for the billing of the management fees:

Field #	Field Name	Required/Optional/Not Used	Field Type	Max Length	North Carolina Medicaid Specifications
455-EM	Prescription/Service Reference Number Qualifier	Required	A/N	1	1 = Prescription (Rx) Billing 2 = Service Billing (e.g., Pharmacy management fee claims)
477-BE	Professional Service Fee Submitted	Optional*	N	8	Follow rules of the Implementation Guide <b>*Note this field is required for Pharmacy Management Fee claims</b>
426-DQ	Usual and Customary Charge	Required	N	8	Follow rules of the Implementation Guide
430-DU	Gross Amount Due	Required	N	8	Follow rules of the Implementation Guide

For management fee claims, the Professional Service Fee Submitted, Usual and Customary Charge and Gross Amount Due must all be the same, and no greater than the allowed quarterly management fee of \$30.00. If the claim is submitted with a value of less than \$30.00, the claim will be accepted. If you wish to correct a previously submitted claim, the previous claim must be reversed prior to the new claim being submitted.

## **Monitoring by Program Integrity**

Program Integrity will perform audits to ensure adherence to this policy. Failure to perform the review as required by this policy, or failure to have documentation of the review on file at the time of audit, will result in the recoupment of the FORM payment as well as of payment for all claims that exceed the limit of 11 prescriptions per month. The signed documentation of the reviews must be kept on file in the pharmacy and readily retrievable for review by Program Integrity. If the primary care physician refuses to sign the FORM review, then the pharmacist must document the refusal on the review form. The name of the primary care physician who refused to sign, and the reason for the refusal, must be stated and dated. DMA will allow up to one month from date of initial impartation to the primary care provider for the appropriate documentation for circumstances in which the physician refuses to sign the review form. Recoupment for not documenting quarterly reviews will not affect providers when recipients have been opted in for 2 months or less.

## **Oxycontin Reimbursement**

DMA is aware that there is limited availability for the generic versions of Oxycontin. Unfortunately the federal upper limit price will remain on the drugfile until the new AMP based FUL's are implemented. During this time it is acceptable to dispense the brand name Oxycontin and indicate DAW 1 on the claim transaction to override the FUL price.

## **Devices Are Not Covered in the Pharmacy Program**

This is a reminder that any product the FDA approves as a device will not be covered in the pharmacy program. We recently discovered that Atopiclair Cream (NDC 13453-0100-11) met this definition and has since been removed from the NC drugfile.

## **Clinical Coverage Policies**

The following new or revised clinical coverage policies are now available on the Division of Medical Assistance Web site at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>:

[A-2, Over-the-Counter Medications](#) (6/21/07)

These policies supersede previously published policies and procedures. Providers may contact EDS at 1-800-688-6696 or 919-851-8888 with billing questions.

## Changes in Drug Rebate Manufacturers

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

### Additions

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

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
10518	Dabur Oncology, PLC	07/02/2007
13668	Torrent Pharmaceuticals, Inc.	07/02/2007
27437	Lupin Pharmaceuticals, Inc.	04/01/2007
28595	Allegis Pharmaceuticals, LLC	07/05/2007
29033	Nostrum Laboratories	04/24/2007
30698	Validus Pharmaceuticals, Inc.	07/05/2007
34430	ImaRx Therapeutics, Inc.	04/26/2007
59417	Shire US INC.	06/22/2007
64803	Oxford Pharmaceuticals, Inc.	07/05/2007

### Reinstated Labeler

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
51817	Pharmascience Laboratories, Inc	04/11/2007

### Terminated Labelers

The following labeler codes were terminated effective 07/01/2007:

Lederle Parenterals (Labeler Code 00205)  
 H.D. Smith Wholesale Drug Company (Labeler Code 00304)  
 Aventis Pharmaceuticals, Inc.(Labeler Code 00585)  
 Monte Sano Pharmaceuticals, Inc.(Labeler Code 12162)  
 Insmmed, Inc. (Labeler Code 16249)  
 Alpharma Inc. (Labeler Code 23317)  
 Blairex Laboratories, Inc.(Labeler Code 50486)  
 Actavis (Labeler Code 50962)  
 Storz Instrument Company (Labeler Code 57706)  
 Esi Lederle, Inc. (Labeler Code 59911)  
 Ascent Pediatrics, Inc.(Labeler Code 59439)  
 Bausch & Lomb, Inc.(Labeler Code 61772)  
 Apothecon/Invamed (Labeler Code 62269)  
 Corixa Corporation (Labeler Code 67800)

### **Voluntarily Terminated Labelers**

The following labeler codes have requested voluntary termination effective July 1, 2007:

JMI - Daniels Pharmaceuticals, Inc. (Labeler 00689)  
GlaxoSmithKline (Labeler Code 00766)  
Insmes, Inc. (Labeler 16249)  
3M Pharmaceuticals (Labeler 17518)  
Myogen, Inc. (Labeler 20694)  
GlaxoSmithKline (Labeler Code 45800)  
GlaxoSmithKline (Labeler Code 49692)  
Blair Laboratories, Inc. (Labeler Code 50486)  
GlaxoSmithKline (Labeler Code 53100)  
Richmond Pharmaceuticals, Inc. (54738)  
The Liposome Company, Inc. (Labeler 61799)

The following labeler codes are being terminated effective 10/01/2007:

Delta Pharmaceuticals, Inc. (Labeler Code 53706)  
Alphagen Laboratories, Inc. (Labeler 59743)  
Santen Incorporated (Labeler Code 65086)

### Checkwrite Schedule

July 03, 2007	August 07, 2007	September 11, 2007
July 10, 2007	August 14, 2007	September 18, 2007
July 17, 2007	August 23, 2007	September 27, 2007
July 26, 2007		

### Electronic Cut-Off Schedule

July 05, 2007	August 02, 2007	September 06, 2007
July 12, 2007	August 09, 2007	September 13, 2007
July 19, 2007	August 16, 2007	September 20, 2007
July 05, 2007	August 30, 2007	

*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 included in the next checkwrite.*

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Cheryll Collier  
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EDS