



An Information Service of the Division of Medical Assistance

**North Carolina
Medicaid Pharmacy
Newsletter**

Number 95

August 23, 2000

In This Issue...

Six Prescription Limit Override Form (Acceptable From PA's and FNP's)

DEA Number Required

Changes in Drug Rebate Manufacturers

Recipient Lock-In to One Pharmacy/Month

New Person in DMA Drug Utilization Review Position

Holiday Observance

Six Prescription Limit Override Form (Acceptable From PA's and FNP's)

It has been brought to the attention of Program Integrity that some pharmacies are accepting Six Prescription Limit Override Forms that have not been properly filled out. The only acceptable way for a recipient to obtain more than 6 prescriptions per month is have the physician check one of the seven diagnoses on the form and sign it in his own handwriting. If a prescriber writes in a diagnosis, it must be one of the seven qualifying diagnoses listed on the form. Any prescriptions billed to Medicaid, as a result of an improperly filled out form, will be subject to possible recoupment due to an audit. . PA's and FNP's are also allowed to sign the form.

DEA Number Required

The Division of Medical Assistance is now requiring DEA NUMBERS on all pharmacy claims instead of UPIN numbers. Providers must have their DEA registration number on file. Failure to do so may result in denied claims. If a prescriber DOES NOT have a DEA number and needs to issue prescriptions to patients served by the Medicaid Pharmacy Program, the prescriber will need to contact Karla Bowie at 919-733-3590. She will issue an identification number to be used in lieu of the DEA number. The ID number is in the same format as the DEA number and always begins with a Z (ex. ZF1234567). Prescribers will need to place this number on their Medicaid prescriptions. This number is considered a Medicaid Identification Number only and should not be referred to as a DEA number. Pharmacies will enter this number in the same field they would enter the DEA number.

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.

Deletions

The following labelers are being voluntarily terminated effective October 1, 2000:

Code Manufacturer

00161 Bayer Corporation

00484 SmithKline Beecham Pharmaceuticals, Inc.

The above labeler codes affect a very limited number of drugs supplied by these manufacturers. The majority of the NDC's under these labeler codes have either been terminated or transferred to other labeler codes. If there is ever a question about drug coverage, it can be checked on-line using POS. Remember it is imperative that the correct NDC is always used and should be verified for accuracy each time a prescription is filled.

Recipient lock-in to one pharmacy/month

This is a reminder that DMA has a Recipient Lock-In (Restricted Pharmacy Services) Program. Recipients are restricted to a single pharmacy each month except for emergencies.

Instructions for pharmacists on handling cards

If the recipient brings in a new Medicaid Identification (MID) card with the stub attached:

1. Remove the stub and retain on file as proof of "Pharmacy of Record." The second date or thru date on the tab indicates the month for determining "Pharmacy of Record." For example, if the thru date is 03-31-00, then the holder of this stub is the "Pharmacy of Record" for the month of March 2000.
2. Stamp the pharmacy name, address, and telephone number on the MID card which is returned to the recipient. This information is for any other pharmacist who may be requested to fill prescriptions during the month.
3. Keep a record for each recipient of the date of service for each prescription dispensed.
4. Bill Medicaid for up to the legislative limit of prescriptions.

If the recipient brings a MID card without the pharmacy of record stub:

1. Call the pharmacy whose name appears on the card to determine whether all allowed prescriptions have been filled
2. If prescriptions will be filled, ask the pharmacist who holds the stub for permission to fill a specified number of prescriptions and the date the prescriptions for the recipient will be filled
3. Bill Medicaid for the prescriptions dispensed

Note: Medicaid will only pay for six prescriptions per month per recipient. If a denial for exceeding the limit occurs, reimbursement may be recouped from any pharmacy that did not retain the stub as proof of "Pharmacy of Record." Although some recipients are exempt from the 6 prescription limit they are still locked into one pharmacy per month whereby one pharmacist would be reviewing all prescriptions that a recipient is taking.

New Person in DMA Drug Utilization Review Position

Sharman Leinwand, MPH, R.Ph. has taken the position of Chief of the Drug Utilization Review (DUR) Section.

Ms. Leinwand has over 25 years of pharmacy experience. She has worked in both clinical and retail settings. She is a member of the North Carolina Association of Pharmacists and the American Society of Hospital Pharmacists.

The DUR Section uses special software to analyze both the prescribing patterns of physicians, dispensing patterns of pharmacists and utilization patterns of recipients. The Section's goal is to enhance the quality and appropriateness of patient care by educating prescribers and pharmacists about common drug therapy problems and disease management. It is intended to help them improve their prescribing and dispensing practices. The Section sends educational letters to the providers to identify problem areas and receives guidance from a DUR Board consisting of pharmacists, physicians and other health care experts.

Sharman Leinwand can be reached at (919) 733-3590 or by email at sharman.leinwand@ncmail.net

Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed Monday, September 4, in observance of Labor Day.

Checkwrite Schedule

August 8, 2000	September 6, 2000	October 10, 2000
August 15, 2000	September 12, 2000	October 17, 2000
August 24, 2000	September 19, 2000	October 26, 2000
	September 28, 2000	

Electronic Cut-Off Schedule

August 4, 2000	September 1, 2000	October 6, 2000
August 11, 2000	September 8, 2000	October 13, 2000
August 18, 2000	September 15, 2000	October 20, 2000
	September 22, 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.

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

John W. Tsikerdanos
Executive Director
EDS



P.O. Box 300001
Raleigh, North Carolina 27622

Bulk Rate
U.S. POSTAGE
PAID
Raleigh, N.C.
Permit No. 1087