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Revised Prior Authorization Requirements for Leukotriene Modifiers

Effective with date of service of **November 14, 2012**, the N.C. Medicaid and N.C. Health Choice pharmacy programs will revise the Singulair prior authorization criteria. The age criteria for prevention of exercised-induced bronchoconstriction will be changed according to FDA guidelines from 15 years of age and older to 6 years of age and older. Beneficiaries must have a documented failure on a short-acting bronchodilator during the last 12 months.

The criteria and PA request forms for these medications will be available on the N.C. Medicaid Enhanced Pharmacy Program website at <http://www.ncmedicaidpbm.com>. Prescribers can request prior authorization by contacting ACS at 866-246-8505 (telephone) or 866-246-8507 (fax).

New Prior Authorization Requirements for Incivek, Victrelis, Kalydeco, and Cialis

Effective with date of service of **November 14, 2012**, the N.C. Medicaid and N.C. Health Choice pharmacy programs will begin requiring prior authorization for the following medications:

- Incivek and Victrelis: medications used to treat hepatitis C
- Kalydeco: medication used to treat cystic fibrosis
- Cialis: medication used to treat benign prostatic hyperplasia

The criteria and PA request forms for these medications will be available on the N.C. Medicaid Enhanced Pharmacy Program website at <http://www.ncmedicaidpbm.com>. Prescribers can request prior authorization by contacting ACS at 866-246-8505 (telephone) or 866-246-8507 (fax).

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

Effective with date of service of **November 14, 2012**, the Division of Medical Assistance (DMA) will make changes to the N.C. Medicaid and N.C. Health Choice Preferred Drug List. Below are highlights of some of the changes that will occur:

- The prior authorization criteria will be removed from the statin drug class.
- Brand Nexium will become a non-preferred drug making the preferred drugs generics and over-the-counters in the proton pump inhibitor drug class.
- Norditropin products will become preferred and Genotropin products will become non-preferred in the growth hormone drug class.
- The use of only one preferred COPD agent will be required before moving to Daliresp.
- The oral beta-adrenergic products will be added as a new drug class.
- Generic budesonide 0.25mg/2ml and 0.5mg/2ml will become non-preferred generics and brand Pulmicort 0.25mg/2ml and 0.5mg/2ml will become preferred brands.

In addition to the changes listed above, effective with date of service **April 1, 2013**, the following change will occur:

- ProAir HFA will become a preferred short-acting beta-adrenergic bronchodilator and Ventolin HFA will become non-preferred.

In addition to the changes above, the preferred brands with non-preferred generic equivalents will be updated and are listed in the chart below:

Brand Name	Generic Name
Accolate	Zafirlukast
Actos	Pioglitazone
Actos Plus Met	Pioglitazone/Metformin
Alphagan P	Brimonidine
Aricept	Donepezil
Arixtra	Fondaparinux
Astelin/Astepro	Azelastine Hydrochloride
Benzaclin	Clindamycin/Benzoyl Peroxide
Derma-Smoothe-FS	Fluocinolone 0.01% Oil
Differin	Adapalene
Diovan HCT	Valsartan Hydrochlorothiazide
Dovonex Cream	Calcipotriene 0.005% Cream
Exelon	Rivastigmine
Felbatol	Felbamate
Kadian ER	Morphine Sulfate ER
Lovenox	Enoxaparin
Opana ER	Oxymorphone ER
Ovide	Malathion
Pulmicort 0.25mg/2ml, 0.5mg/2ml	Budesonide 0.25mg/2ml, 0.5mg/2ml
Uroxatral	Alfuzosin

Prescribers Not Enrolled in the Medicaid Program

The Affordable Care Act established a new rule that prohibits Medicaid programs from paying for prescriptions written by prescribers who are not enrolled in the Medicaid program. On January 1st, 2013, pharmacy providers will begin to receive a message at point-of-sale for prescriptions written by prescribers not enrolled in the Medicaid program. This message will notify pharmacy providers that pharmacy claims written by non-enrolled prescribers will begin denying on April 1, 2013.

Processing Changes for Duplicate Remittance and Status Reports (RAs)

The Remittance and Status Report (RA) is a computer-generated document showing the status of all claims submitted to HP Enterprise Services (HPES), along with a detailed breakdown of payment.

The RA is available through the North Carolina Claims Submission/Recipient Eligibility Verification Web (NCECSWeb) Tool. All providers who want to download their RA in PDF format from the NCECSWeb Tool are required to register for that service using this form: www.ncdhhs.gov/dma/forms/RAREquest.pdf. Providers are encouraged to print the RAs or save an electronic copy to assist in keeping all claims and payment records current. Printed RAs should be kept in a notebook or filed in chronological order for easy reference.

RAs generated in the most recent 10 checkwrites are available free of charge via the NCECSWeb Tool. Duplicate copies of RAs older than 10 checkwrites are available for 35 cents per page.

Effective September 1, 2012, HP will no longer mail duplicate RAs to providers. Duplicate RAs requested by providers will be posted on the NCECSWeb Tool. Providers may request duplicate RAs by contacting the HPES Provider Services Unit at 1-800-688-6696, menu option 3. Since the duplicate RAs will be posted electronically on the NCECSWeb Tool, you must be registered to receive PDF RAs in order to access the RAs you request. HP charges and collects a fee of 35 cents per page. After payment is received, your request should appear on the next checkwrite after it is processed and will remain posted for at least 9 checkwrites.

Roche Provider Rebates

Effective July 1, 2012, all claims for diabetic supplies that meet the requirements for the Roche provider rebate that process and pay with dates of service on or after July 1, 2012, will receive an automated Roche provider rebate payment in conjunction with their reimbursement from N.C. Medicaid. There will be no action required of providers to receive the Roche provider rebate. Providers should no longer submit Roche provider rebates to Roche for reimbursement for claims with dates of service on or after July 1, 2012.

The Roche provider rebate payment will be paid one checkwrite after the claim payment is generated and these claims will appear on the Remittance Advice (RA) with an ICN region starting with 81. Providers should begin seeing these payments on their RA around July 17, 2012 which is one week after the first checkwrite for July 2012. If a claim is later reversed or adjusted, the Roche provider rebate claim will also be adjusted in the checkwrite following the claim recoupment (this will appear as a region 90 adjustment for both pharmacy and DME providers). Pharmacy providers will not see this payment on their POS transaction, but the payment will be included on the RA. Below are the Roche provider rebates that will be paid by NDC:

For additional information, providers may call ACCU-CHEK Customer Care, 1-877-906-8969

Product	Size	NDC #	2012 Roche Provider Rebate Amount
ACCU-CHEK AVIVA STRIPS 50's	50	65702-0103-10	\$26.23
ACCU-CHEK AVIVA PLUS STRIPS 50's	50	65702-0407-10	\$26.23
ACCU-CHEK COMPACT 51's	51	50924-0988-50	\$27.64
ACCU-CHEK SMARTVIEW STRIPS (NANO)	50	65702-0492-10	\$26.23
SOFTCLIX LANCING DEVICE KIT (BLUE)	1	50924-0957-01	\$5.08
MULTICLIX LANCING DEVICE KIT	1	50924-0446-01	\$5.08
SOFTCLIX LANCING DEVICE KIT (BLACK)	1	65702-0400-10	\$5.08

Updated Federal Upper Limit Reimbursement List

There are certain drugs that have been identified for which the Federal Upper Limit (FUL) reimbursement rate does not cover the cost of the drug. Medicaid pharmacy programs are required to reference this reimbursement information when pricing drug claims. In order to receive adequate reimbursement, pharmacy providers may use the DAW1 override to override the FUL reimbursement rate for the drugs listed below until the FUL rate has been adjusted to adequately cover the cost of the drug.

A comment should be entered when the DAW1 override code is used to indicate that the FUL is too low to cover the cost of the drug. If there is an active State Maximum Allowable Cost (SMAC) rate on file, the SMAC rate should be submitted.

Pharmacy providers should report reimbursement issues to the N.C. Medicaid program at 919-855-4300. Use of the **DAWI** override code for overriding FUL rates will continue to be monitored. Pharmacy providers should also monitor the FUL rates and discontinue use of the DAW1 override code once updates to the FUL rates have occurred.

NDC	DRUG NAME
00054003721	CLARITHROMYCIN 500 MG TABLET
00054302802	ACETYLCYSTEINE 20% VIAL
00093075701	PIROXICAM 20 MG CAPSULE
00093075705	PIROXICAM 20 MG CAPSULE
00168000215	TRIAMCINOLONE 0.5% CREAM
00168000315	TRIAMCINOLONE 0.025% CREAM
00168000380	TRIAMCINOLONE 0.025% CREAM
00168000415	TRIAMCINOLONE 0.1% CREAM
00168000416	TRIAMCINOLONE 0.1% CREAM
00168000480	TRIAMCINOLONE 0.1% CREAM
00168000615	TRIAMCINOLONE 0.1% OINTMENT

00168000616	TRIAMCINOLONE 0.1% OINTMENT
00168000680	TRIAMCINOLONE 0.1% OINTMENT
00168004046	BETAMETHASONE VA 0.1% CREAM
00168005515	BETAMETHASONE DP 0.05% CRM
00168005546	BETAMETHASONE DP 0.05% CRM
00168013460	FLUOCINONIDE 0.05% SOLUTION
00168025815	CLOTRIMAZOLE-BETAMETHASONE C
00168025846	CLOTRIMAZOLE-BETAMETHASONE C
00168031002	DESONIDE 0.05% LOTION
00168031004	DESONIDE 0.05% LOTION
00168038360	METRONIDAZOLE 0.75% LOTION
00185072401	CARISOPRODOL COMPOUND TAB
00185072405	CARISOPRODOL COMPOUND TAB
00228206710	OXAZEPAM 10 MG CAPSULE
00378135501	TRIAMTERENE-HCTZ 75-50
00378135505	TRIAMTERENE-HCTZ 75-50
00378537501	DOXEPIN 75 MG CAPSULE
00472016315	NYSTAIN 100,000 UNIT/GM CREAM
00472016330	NYSTAIN 100,000 UNIT/GM CREAM
00472016615	NYSTAIN 100,000 UNIT 15GMS
00472016630	NYSTAIN 100,000 UNITS 30GMS
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM
00472080302	DESONIDE LOTION 0.05%
00472080304	DESONIDE 0.05% LOTION
00527142635	OXYCODONE CONC 20 MG/ML SOLN
00527142636	OXYCODONE CONC 20 MG/ML SOLN
00555095302	DEXTROAMPHETAMINE 10 MG TAB
00591578701	NORTRIPTYLINE 25MG CAP
00591578705	NORTRIPTYLINE HCL 25 MG CAP
00591578710	NORTRIPTYLINE HCL 25 MG CAP
00603459315	METHYLPREDNISOLONE 4MG D/P
00603459321	METHYLPREDNISOLONE 4 MG TABL
00603781874	NYSTATIN 100,000
00603781878	NYSTATIN 100,000 UNIT/GM CREAM
00781100801	TRIAMTERENE-HCTZ 75-50
00781100805	TRIAMTERENE-HCTZ 75-50
00781107101	METHAZOLAMIDE 50 MG TABLET
00781169501	ISOSORBIDE DN 20 MG TABLET
00781196160	CLARITHROMYCIN 250 MG TABLET
00781196260	CLARITHROMYCIN 500 MG TABLET
17478028310	GENTAK 3 MG/ML EYE DROPS

24208058060	GENTAMICIN OPTH SOLN
24208058064	GENTAMICIN 3 MG/ML EYE DROPS
24208067004	SULFACETAMIDE 10% EYE DROPS
29033001301	PIROXICAM 20 MG CAPSULE
29033001305	PIROXICAM 20 MG CAPSULE
43538051012	GENADUR NAIL LACQUER
45802002146	BETAMETHASONE DP 0.05% LOT
45802004811	NYSTATIN
45802004835	NYSTATIN OINTMENT
45802006405	TRIAMCINOLONE 0.1% CREAM
45802006435	TRIAMCINOLONE 0.1% CREAM
45802006436	TRIAMCINOLONE 0.1% CREAM
45802042235	DESONIDE 0.05% CREAM
45802042237	DESONIDE 0.05% CREAM
48102010101	METHAZOLAMIDE 50 MG TABLET
49884024601	CARISOPRODOL COMPOUND TAB
49884024605	CARISOPRODOL COMPOUND TAB
50111033401	METRONIDAZOLE 500 MG TABLET
50111033402	METRONIDAZOLE 500 MG TABLET
50383026760	CLOBETASOL 0.05% CREAM
51672125301	FLUOCINONIDE 0.05% CREA
51672125302	FLUOCINONIDE 0.05% CREA
51672125303	FLUOCINONIDE 0.05% CREA
51672125304	FLUOCINONIDE 0.05% CREA
51672125903	CLOBETASOL 0.05% OINTMENT
51672126301	NYSTATIN-TRIAMCINOLONE CREAM
51672126302	NYSTATIN-TRIAMCINOLONE CREAM
51672126303	NYSTATIN-TRIAMCINOLONE CREAM
51672127201	NYSTATIN-TRIAMCINOLONE OINT
51672127202	NYSTATIN-TRIAMCINOLONE OINTM
51672127203	NYSTATIN-TRIAMCINOLONE OINTM
51672127304	FLUOCINONIDE 0.05% SOLUTION
51672128003	DESONIDE 0.05% CREAM
51672128202	TRIAMCINOLONE 0.1% CREAM
51672128901	NYSTATIN 100,000 UNIT/GM CRE
51672128902	NYSTATIN 100,000 UNIT/GM CRE
51672129201	HYDROCORTISONE VAL 0.2% OINT
51672129203	HYDROCORTISONE VAL 0.2% OINT
51672129206	HYDROCORTISONE VAL 0.2% OINT
51672404709	CARBAMAZEPINE 100 MG/5 ML SU

51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM
59746000103	METHYLPREDNISOLONE 4 MG DOSE
60758018805	GENTAMICIN 3 MG/ML EYE DROPS
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTMENT
61314063305	GENTAMICIN 3MG/ML EYE DROPS (3%)
61314064305	TOBRAMYCIN 0.3% EYE DROPS
61314070101	SULFACETAMIDE 10% EYE DROPS
64679094901	CLARITHROMYCIN 500 MG TABLET
67405011045	METRONIDAZOLE 0.75% CREAM
68382076214	CLARITHROMYCIN 500 MG TABLET
68462034737	OXYCODONE CONC 20 MG/ML SOLN

2013 Checkwrite Schedule

The following table lists the cut-off dates, checkwrite dates, and the electronic deposit dates for January 2013 through June 2013. The schedule for the remaining months of 2013 will be published at a later date.

Checkwrite Cycle Cutoff Date	Checkwrite Date	EFT Effective Date
1/3/2013	1/8/2013	1/9/2013
1/10/2013	1/15/2013	1/16/2013
1/17/2013	1/23/2013	1/24/2013
1/24/2013	1/31/2013	2/1/2013
2/7/2013	2/12/2013	2/13/2013
2/14/2013	2/20/2013	2/21/2013
2/21/2013	2/28/2013	3/1/2013
2/28/2013	3/5/2013	3/6/2013
3/7/2013	3/12/2013	3/13/2013
3/14/2013	3/19/2013	3/20/2013
3/21/2013	3/28/2013	3/29/2013
4/4/2013	4/9/2013	4/10/2013
4/11/2013	4/16/2013	4/17/2013
4/18/2013	4/25/2013	4/26/2013

Checkwrite Cycle Cutoff Date	Checkwrite Date	EFT Effective Date
5/2/2013	5/7/2013	5/8/2013
5/9/2013	5/14/2013	5/15/2013
5/16/2013	5/21/2013	5/22/2013
5/23/2013	5/30/2013	5/31/2013
6/6/2013	6/11/2013	6/12/2013
6/13/2013	6/18/2013	6/19/2013
6/20/2013	6/27/2013	6/28/2013

Changes in Drug Rebate Manufacturer

The following changes have been made in manufacturers with Drug Rebate Agreements. It is listed by manufacturer's code, which are the first five digits of the NDC.

Reinstated Labeler

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
13632	Rosemont Pharmaceuticals, Inc	10/23/2012

Terminated Labeler

The following labeler was terminated from the Medicaid Drug Rebate Program effective January 1, 2013:

Lunsco, Inc	(Labeler 10892)
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Checkwrite Schedule

October 02, 2012	November 06, 2012	December 04, 2012
October 10, 2012	November 14, 2012	December 11, 2012
October 16, 2012	November 21, 2012	December 20, 2012
October 25, 2012		

Electronic Cut-Off Schedule

September 27, 2012	November 01, 2012	November 29, 2012
October 04, 2012	November 08, 2012	December 06, 2012
October 11, 2012	November 15, 2012	December 13, 2012
October 18, 2012		

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 of the electronic cut-off date to be included in the next checkwrite.

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