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1-800-688-6696 or 919-851-8888

### Addition of OTC Cetirizine to the Over-the-Counter Medications Coverage List

Effective February 1, 2008, the following Cetirizine OTC products became available for reimbursement by NC Medicaid in conjunction with a prescription order by the physician.

NDC	Drug Label Name	Pkg Sz
00378363501	CETIRIZINE HCL 5 MG TABLET	100
00378363701	CETIRIZINE HCL 10 MG TABLET	100
00378363705	CETIRIZINE HCL 10 MG TABLET	500
00781168301	CETIRIZINE HCL 5 MG TABLET	100
00781168401	CETIRIZINE HCL 10 MG TABLET	100
00904582941	CETIRIZINE HCL 10 MG TABLET	14
00904582943	CETIRIZINE HCL 10 MG TABLET	45
00904582946	CETIRIZINE HCL 10 MG TABLET	30
00904582989	CETIRIZINE HCL 10 MG TABLET	90
24385017574	CETIRIZINE HCL 10 MG TABLET	14
45802091987	CETIRIZINE HCL 10 MG TABLET	300
50580072013	ZYRTEC 5 MG CHEWABLE TABLET	5
50580072219	ZYRTEC 10 MG CHEWABLE TABLET	12
50580072410	ZYRTEC 1 MG/ML SYRUP	118
50580072511	ZYRTEC 1 MG/ML SYRUP	118
50580072630	ZYRTEC 10 MG TABLET	5
50580072632	ZYRTEC 10 MG TABLET	14
50580072636	ZYRTEC 10 MG TABLET	30
50580072638	ZYRTEC 10 MG TABLET	45
50580072734	ZYRTEC 10 MG TABLET	14
51079059701	CETIRIZINE HCL 10 MG TABLET	100
51660093854	CETIRIZINE HCL 10 MG TABLET	14
57664034315	CETIRIZINE HCL 5 MG CHEW TAB	30
57664034383	CETIRIZINE HCL 5 MG CHEW TAB	30
57664034415	CETIRIZINE HCL 10 MG CHEW TAB	30
57664034483	CETIRIZINE HCL 10 MG CHEW TAB	30
60505263201	CETIRIZINE HCL 5 MG TABLET	100
60505263301	CETIRIZINE HCL 10 MG TABLET	100

The list of covered OTC drug codes is available on the NC Division of Medical Assistance Web site in General Medical Policy A-2 and can be found at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>. The Cetirizine OTC NDCs will be available on the DMA Web site on March 1, 2008 or after.

## **Additional CMS Guidance on Tamper Resistant Prescription Pads**

The Centers for Medicare and Medicaid Services (CMS) have reviewed their policy regarding tamper-resistant prescriptions and have provided two updates to that policy.

### *Provider Additions to Otherwise Non-Tamper-Resistant Paper*

Several States have had specific questions about whether a provider can add a feature to a prescription to make it compliant with the tamper-resistant prescription pad requirements. States have proposed various features, including particular kinds of ink to write the prescription (gel or indelible); writing out the drug quantities rather than just the number (i.e. "thirty" vs. "30"); and embossed logos. The tamper-resistant prescription pad statute states that all written prescriptions must be "executed on a tamper-resistant pad." As a result, features added to the prescription after they are printed do not meet the requirement of the statute. Features that would make the prescription tamper-resistant include certain types of paper as well as certain items that can be pre-printed on the paper.

### *Computer Generated Prescriptions*

CMS has further clarified that during the period between April 1, 2008 and October 1, 2008, computer generated prescriptions printed by a provider on plain paper, including Electronic Medical Record (EMR) computer generated prescriptions, may meet CMS guidance by containing one or more industry-recognized features designed either to prevent the erasure or modification of information contained on the prescription, or to prevent the use of counterfeit prescription forms. However, based on its understanding of current prescription security technology, CMS does not believe that computer generated prescriptions printed by a prescriber on plain paper will be able to meet the first baseline requirement that prescriptions contain one or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form. In other words, prescriptions printed on plain paper will not be able to meet all three baseline characteristics outlined by CMS. Therefore, beginning October 1, 2008, computer generated prescriptions must be printed on paper that meets that requirement.

**Please refer to the NC Division of Medical Assistance guidance document dated September 6, 2007 for a list of acceptable features for NC Medicaid prescriptions. This guidance document may be found at**

<http://www.dhhs.state.nc.us/dma/TamperResistantPrescriptionPads.pdf>.

## **Days Supplies for Prescriptions with "Use As Directed" Instructions**

Submitting an accurate days supply is important. Daily supply should be determined from the directions for use and the quantity written on a prescription. For a prescription with instructions "use as directed", the pharmacist should estimate the days supply based on professional judgment and/or contact with the prescriber. The maximum days supply for drugs is 34 days unless the drug meets the criteria to obtain a 90 days supply.

Please refer to the Outpatient Pharmacy Program policy guidelines for additional information on days supply. The policy guidelines can be found at

<http://www.dhhs.state.nc.us/dma/pharmacy/9pharmacy.pdf>.

## **Importance of One to One Enumeration**

NC Medicaid strongly recommends that providers obtain an NPI for each active Medicaid Provider Number. Providers should mirror their Medicaid enrollment when enumerating. The only exception is for sole proprietors, who are able to obtain only one individual (Type I) NPI.

When NPI is implemented, claims will continue to process through the current MMIS system. Therefore, NC Medicaid has designed a mapping solution to crosswalk the NPI to the current Medicaid Provider Number. Ideally, each NPI will crosswalk to only one Medicaid Provider Number, otherwise known as a “one-to-one” match. If the NPI crosswalks to multiple Medicaid Provider Numbers, the NPI will have a “one-to-many” match. If a one-to-many match occurs, the mapping solution will determine the appropriate Medicaid Provider Number by taking the claim through a series of steps. Information such as ZIP+4 and taxonomy will play important roles in determining the appropriate Medicaid Provider Number. If the mapping solution cannot narrow down to one Medicaid Provider Number, payment could be delayed due to the additional research needed to process the claim.

To request additional NPIs, providers should complete an application by visiting the NPPES Web site: <https://nppes.cms.hhs.gov>. (Click on the link in the paragraph beginning, “If you are a Health Care Provider, ...”)

***NPI – Get it! Share It! Use It! Getting one is free – Not having one can be costly!***

## **Basic Medicaid Seminars**

Basic Medicaid seminars will be held in several locations in April 2008. Seminars are intended to educate providers on the basics of Medicaid billing.

The seminar sites and dates will be announced in the March 2008 general bulletin, which will be posted to <http://www.ncdhhs.gov/dma/bulletin.htm>. Pre-registration will be required. Due to limited seating, registration is limited to two staff members per office. Unregistered providers are welcome to attend if space is available.

## **Instructions on Inquiry Requests**

Providers are able to contact EDS and the Division of Medical Assistance (DMA) for claim inquiries by telephone and/or by mail. Resources are available on the DMA Web site to instruct providers on how to properly submit a claim inquiry and whom to contact for help with your particular question.

The Basic Medicaid Billing Guide (<http://www.ncdhhs.gov/dma/medbillcaguide.htm>) contains all forms, addresses, and telephone numbers that are available to providers. Each appendix in this document contains important information for inquiry requests.

Appendix A: Automated Voice Response System (AVRS)—This section lists various options for providers that are useful for basic inquiries, such as claim status, checkwrite information, drug coverage, pricing information, prior approval, recipient eligibility, primary care provider (PCP) information, and consent form status.

Appendix B: Contacting EDS—Telephone Instructions—All options available within the EDS 1-800-688-6696 telephone line are listed here.

Appendix C: Contacting Medicaid—All mailing addresses and telephone numbers to contact EDS and DMA departments are available in this appendix. There are also Web site references for additional information on specific topics.

Appendix D: EDS Provider Services Representatives—EDS Provider Services has provider-specific travel representatives available to visit offices, facilities, billing sites, etc., for billing inquiry questions. Appendix D lists the names of the EDS travel representative by county (shown in territory groups). To request a travel representative visit, call EDS Provider Services at 1-800-688-6696, option 3.

Appendix E: Requesting Forms—All NC Medicaid forms are either available on the DMA Web site at <http://www.ncdhhs.gov/dma/forms.html> or can be ordered through the contact information listed here.

Appendix F: List of Abbreviations—Alphabetic abbreviations in the Basic Medicaid Billing Guide are defined here, and forms are indexed by number.

Appendix G: Provider Forms—All general provider forms are pictured in this appendix.

Appendix H: New Claim Form Instructions—Sample claim forms are shown in Appendix H along with a link to the June 2007 special bulletin, New Claim Form Instructions.

The Basic Medicaid Billing Guide is updated twice a year. Please be sure to consult the most current edition for each claim inquiry.

## **Proposed Clinical Coverage Policies**

In accordance with Session Law 2005-276, proposed new or amended Medicaid clinical coverage policies are available for review and comment on DMA's Web site at <http://www.ncdhhs.gov/dma/prov.htm>. To submit a comment related to a policy, refer to the instructions on the Web site. Providers without Internet access can submit written comments to the address listed below.

Loretta Bohn  
Division of Medical Assistance  
Clinical Policy Section  
2501 Mail Service Center  
Raleigh NC 27699-2501

The initial comment period for each proposed policy is 45 days. An additional 15-day comment period will follow if a proposed policy is revised as a result of the initial comment period.

## 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>
16714	Northstar Rx LLC	01/15/2008
42023	JHP Pharmaceuticals, Inc.	01/07/2008
42043	Karalex Pharmaceuticals, Inc.	01/10/2008

### Voluntarily Terminated Labeler

The following labelers have requested voluntary termination effective April 1, 2008:

Glaxosmithkline,	(Labeler 00108)
Vintage Pharmaceuticals, Inc.,	(Labeler 00254)
Teva Pharmaceuticals, Inc.,	(Labeler 38245)
Oncology Therapeutics Network Joint Vent.,	(Labeler 67817)

**Checkwrite Schedule**

February 05, 2008	March 04, 2008	April 08, 2008
February 12, 2008	March 11, 2008	April 15, 2008
February 19, 2008	March 18, 2008	April 24, 2008
February 28, 2008	March 27, 2008	

**Electronic Cut-Off Schedule**

February 07, 2008	March 06, 2008	April 03, 2008
February 14, 2008	March 13, 2008	April 10, 2008
February 21, 2008	March 20, 2008	April 17, 2008

*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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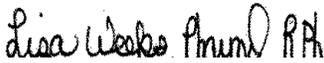
Thomas D'Andrea, R.Ph., MBA  
Chief, Pharmacy and Ancillary Services  
Division of Medical Assistance  
Department of Health and Human Services

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Ann Slade, R.Ph.  
Chief, Pharmacy Review Section  
Division of Medical Assistance  
Department of Health and Human Services

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Lisa Weeks, PharmD, R.Ph.  
Outpatient Pharmacy Program Manager  
Division of Medical Assistance  
Department of Health and Human Services

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Sharon H. Greeson, R.Ph.  
Pharmacy Director  
EDS

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William W. Lawrence, Jr., M.D.  
Acting Director  
Division of Medical Assistance  
Department of Health and Human Services

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Cheryl Collier  
Executive Director  
EDS