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**North Carolina
Medicaid Pharmacy
Newsletter**

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In This Issue...

Deleted NDCs from CMS

Additional OTCs Added to the Over-the-Counter Medications Coverage List

Calling the Prescriber on a Non-Compliant Prescription

NPI Update for Pharmacy Providers

National Provider Identifier and Address Information Database

Unknown National Provider Identifier Report

New Pharmacy Prior Authorization Program for Second Generation Antihistamines

Focused Risk Management Program Quarterly Letter Update

Synagis Pharmacy Claims for 2007/2008 RSV Season

Proposed Clinical Coverage Policies

Changes in Drug Rebate Manufacturers

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Deleted NDCs from CMS

The following products have been deleted from the CMS Master Data Record (MDR) file of covered outpatient drugs effective as of **April 8, 2008**. The products were marketed without the appropriate FDA approval; therefore, no longer eligible for inclusion in the rebate program.

NDC	DRUG DESCRIPTION
00603554321	Q-BID LA 250
00182104201	GUAIFENESIN/D-METHORPHAN TB
00551018901	GUA-SR TABLETS
00642042110	TUSSO-HC
00642064510	TUSSO-DMR
00677148701	GUAIFENESIN 600MG/PSEUDOEPHEDRINE 60MG TAB 100
10914010001	GUAIFENESIN 900 MG; PHENYLEPHRINE HYDROCHLO 25 MG
10914020001	GUAIFENESIN 1200MG; PHENYLEPHRINE HYDROCHLO 25MG
10914030001	PHENYLEPHRINE HCL 15 MG; GUAIFENESIN 600 MG
10914097001	GUAIFENESIN 1200 MG. / DEXTROMETHORPHAN HBR 20 MG
51991042801	GUIAFEN PE TABLETS
51991042901	GUIAFEN DM TABLETS
52152013902	AMIBID DM TABS (100)
53489042401	GUAIFENESIN 600MG / PSEUDOEPHEDRINE 120MG LONG ACTING
57664022213	MIRAPHEN PSE (GUAIFENESIN/PSEUODEPHEDRINE 600/120MG)
58605053001	ALLFEN DM
58605061301	ALLFEN
58605071301	ALLFEN C
58605072101	ALLFEN CX
58869044501	TOURO CC-LD
58869058101	TOURO HC
60258025616	GANIDIN NR LIQUID
60258026301	GFN 1200/ DM 60 TABLETS
60258026901	GFN 600/PHENYLEPHRINE 20 MG TABS
60258027401	GFN 600/ PHENYLEPHRINE 40
60258027501	GUAIFENESIN 600/PSE 120 TAB
60258027701	G/P 1200/75
60258028401	GFN 1200/ PHENYLEPHRINE 40
60575045719	TRIKOF-D
62022033301	ENTEX LA CAPSULES
62022033401	ENTEX ER
63717024001	XPECT-AT TABLETS
63717024101	XPECT PE TABLETS

NDC	DRUG DESCRIPTION
64376053901	GUAIPHEN PD TR TAB
64376054001	GUAIPHEN D TR TAB
64376054101	GUAIPHEN D 1200 TR TAB
64543014001	LIQUIBID D 1200
66869061420	DURAPHEN DM
66869071510	DURAPHEN II DM
66869082210	DURAPHEN II
66870001201	AMBIFED-G
66870011801	AMBI 80/700
66870011901	AMBI 80/700/40
66870071301	AMBI 05/01/1000
66870091201	AMBI 60/1000
66993032502	GUAIFENESIN/PHENYLEPHRINE TABS
66993032602	PHENYLEPHRINE/GUAIFENESIN TABS
66993032802	PHENYLEPHRINE/GUAIFENESIN TABS
66993033202	PSE HCl/GUAIFENESIN TABLETS 120/1200MG
68032013410	GUAPHEN II DM 800 MG
68032018310	DEXTROMETH HBR 60 MG, PSEUDO 90 MG
68032018410	PSEUDO HCL 90 MG, GUAIF 800 MG
68032018510	PSEUDOEPHEDRINE HCL 60 MG GUAIFENESIN 500 MG SR
68032018610	PSEUDO HCL 45 GUAIFENESIN 800 DEXTROMETHO HBR 300 LA
68032018710	PSEUDOEPHEDRINE HCL 45 MG GUAIFENESIN 800 MG LA
14629020301	EXTENDRYL HC
14629020401	EXTENDRYL G
51991046101	GUAIFEN II DM
53489042501	GUAIFENESIN 600MG / PSEUDOEPHEDRINE 60MG L ACTING
57664022208	MIRAPHEN PSE (GUAIFENESIN/PSEUDOEPHEDRINE 600/120MG)
57664035508	GUAIFENESIN /DEXTROMETHORPHAN 600/30MG
58605062101	ALLFEN DM
58605063001	ALLFEN DM
58869041101	TOURO DM
58869044101	TOURO CC
58869063501	TOURO LA-LD
58869063601	TOURO LA
59196011201	SYMPAK COUGH/COLD BP
59196012001	SYMPAK DM

NDC	DRUG DESCRIPTION
59310012010	MUCO-FEN 1200
60258025201	GFN 1200/DM 20/PE 40 TABLETS
60258026401	GFN 600/PSE60/DM30 TABLETS
60258026601	GFN/PSE TABLETS
60258026701	GFN 1000/ DM60 TABLETS
60575007819	RESPA DM
60575008719	RESPA 1 ST
60575078619	RESPA BR
60575078719	RESPA-PE
62022013201	ENTEX PSE CAPSULES
62037082701	GENERIC ENTEX LA 30/400 MG
63717070501	XPECT HC
64125012601	GUAIFENESIN & DEXTROMETHARPHEN HBR 1200/60MG TAB
64376003301	PSEUDO GG TR TABS
64543014001	LIQUIBID D 1200
64543015090	LIQUIBID D BIPHASIC TAB
64543024090	LIQUIBID D 1200 BIPHASIC 90'S
64543024690	LIQUIBID PD BIPHASIC TAB
66813053501	ENTEX LA
66869031610	DURADEX FORTE
66869061610	DURADEX
66869062610	DURAMAX TABS
66869066910	DURAPHEN 1000
66869080510	DURAPHEN FORTE
66870001501	AMBIFED-G DM
66870011501	AMBI 45/800
66870011601	AMBI 45/800/30
66870012001	AMBI 1000/55
66870012101	AMBI 60/580
66870012201	AMBI 60/580/30
66870021801	AMBI 80/780
66870021901	AMBI 80/780/40
66870091501	AMBI 60/1000/30
66870091901	AMBI 40/1000
66870092001	AMBI 40/1000/60
66993031202	GUAIFENESIN DM TABLETS 1000/60 MG

NDC	DRUG DESCRIPTION
66993032702	GUAIFENESIN/PHENYLEPHRINE HCL
67204006401	SITREX TABLETS
67204007601	SITREX TABLETS 20/1200
68032013310	GUAPHEN FORTE 1200 MG
68032016410	PHENYLEPHRINE HCI 20MG GUAIFENESIN 600MG LA
68032018010	GUAIFENESIN AND PHENYLEPHRINE HCL
68084011500	GUAIFENSIN W/D-METHORPHARN HBR TAB 1200-60MG

For the same reasons, these following products also have been deleted from the CMS Master Data Record (MDR) file of covered outpatient drugs effective as of **April 10, 2008**.

NDC	DRUG DESCRIPTION
00095006716	PNEUMOTUSSIN 2.5 COUGH SYRUP
00131205537	GUAIMAX-D TABLETS
51674012401	PROLEX D TABLETS
51674012601	PROLEX PD
51674012701	PROSET D TABLETS
58177007804	PHENAVENT CAPS
58177007904	PHENAVENT PED
58177009504	PHENAVENT LA CAPS 30's
58177044404	PHENAVENT D 100's
59702019101	SUDEX TABLETS
68025000210	ZOTEX LA CAPLETS
68025000501	ZOTEX GP CAPLETS
68025001810	ZOTEX LAX CAPLETS
68025002010	ZOTEX GPX CAPLETS
68025002310	ZOTEX DMX

Additional OTCs Added to the Over-the-Counter Medications Coverage List

The following OTC products became available for reimbursement by NC Medicaid in conjunction with a prescription order by the physician.

NDC	Drug Label Name	Effective Date
45802088830	OMEPRAZOLE D/R TAB 20 MG	3/19/2008
45802097426	CETIRIZINE SYRUP 1 MG/ML	4/23/2008
60505039703	CETIRIZINE 1MG/ML SYRUP	2/1/2008

The list of covered OTC drug codes is available on the NC Division of Medical Assistance website in General Medical Policy A-2 and can be found at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>.

Calling the Prescriber on a Non-Compliant Prescription

In the event that a pharmacist is presented with a prescription that does not meet the tamper resistant prescription pad requirements and elects to call the prescriber to verify the prescription by telephone, the pharmacist must document the following information on the prescription:

1. initials of pharmacy staff verifying the prescription
2. date the prescription was verified
3. first and last name of the individual (representing the prescriber) who verified the prescription

NPI Update for Pharmacy Providers

Effective May 23, 2008, the NPI number will be required on pharmacy claims for the billing provider. Pharmacy providers are encouraged to submit the NPI number as the prescriber ID on pharmacy claims but may continue to submit the NPI number or the DEA number as the prescriber ID until further notice. A valid qualifier of 01 for NPI will be required in the Service Provider ID Qualifier field (202-B2). If an invalid qualifier is submitted after May 23, 2008, the claim will deny.

Prescriber ID

Until further notice, please continue submitting the DEA number as the prescriber ID.

Reversals

All reversals submitted with the NPI as the billing provider number require the recipient ID (Medicaid Identification Number) in addition to the billing provider number, date of service and Rx number.

National Provider Identifier and Address Information Database

The Division of Medical Assistance (DMA) implemented a searchable National Provider Identifier (NPI) and address database. Providers can access the database by NPI or Medicaid provider number, at <http://www.ncdhhs.gov/dma/NPI.htm>.

This is a reminder that you can access the database to verify your NPI, site address, and billing address. If your NPI is not in the database, previously submitted documentation was either not sufficient to update the database or has not been submitted at all. Providers should print the form and submit your NPI with a copy of your National Plan and Provider Enumeration System (NPPES) certification.

To update or change an NPI on file with DMA, print the correction form from the NPI and Address Database, make the appropriate change, and fax the form to DMA Provider Services. Allow two weeks for updates to be processed. Providers are encouraged to verify all information prior to May 23, 2008.

Unknown National Provider Identifier Report

Upon implementation of National Provider Identifiers (NPIs), if a claim is submitted with an NPI only and the NPI is not on file in the provider database, the NPI is considered “unknown” and claims will be denied. Because the NPI is not on file, these claims will not appear on the Remittance and Status Report (RA). However, for claims submitted via the 837 transaction or NCECSWeb tool, a new report, the *Unknown NPI Report*, will be generated on the same schedule as the weekly checkwrite cycle and will be sent to the billing provider address submitted on the 837 transaction or NCECSWeb tool. The *Unknown NPI Report* will list all claims submitted with an NPI that is not on file.

The first page of the report will contain instructions to advise the provider how to proceed. If the NPI listed in the report is an incorrect NPI, resubmit the claims with the correct NPI. If the NPI submitted on the claims is correct, the NPI has not been reported. Visit the NPI and Address Database on the DMA website (<http://www.ncdhhs.gov/dma/WebNPI/default.htm>) to report the NPI. If the NPI is correct and the NPI has already been reported to Medicaid, contact EDS Provider Services at 1-800-688-6696.

The report will include the following information: the recipient’s Medicaid identification (MID) number, the recipient’s name, date of service, the patient account number or medical record number (if entered), the total billed amount of each claim submitted, the internal claim number (ICN), and the unknown NPI as submitted on the claim. The status of claims listed in the *Unknown NPI Report* will not be available through the Automated Voice Response (AVRS) system. Once the NPI has been reported, providers will need to resubmit all claims listed on the *Unknown NPI Report*. Do not report the NPI and resubmit claims on the same day.

New Pharmacy Prior Authorization Program for Second Generation Antihistamines

The N.C. Medicaid Outpatient Pharmacy Program will implement a new prior authorization (PA) program for second generation antihistamines on May 5, 2008. Medications that will require prior authorization include Clarinex, Allegra, fexofenadine, Xyzal and Zyrtec (prescription versions only). All over-the-counter (OTC) versions of loratadine, Claritin, cetirizine and Zyrtec will not require prior authorization. On this date, pharmacists will begin receiving a point-of-sale message that PA is required for these medications. An additional message will indicate that override at point-of-sale is allowed for these medications. If the prescriber has indicated that the PA criteria have been met, by writing one of the following phrases on the face of the prescription in his or her own handwriting, the pharmacist will be able to override the PA edit:

- **For generic fexofenadine**
 1. “Failed loratadine and failed cetirizine for 30 days”
 2. “Allergy to loratadine and cetirizine”

- **For liquid formulations other than loratadine syrup and cetirizine syrup**
 1. “Failed loratadine and failed cetirizine syrup for 30 days”
 2. “Allergy to loratadine and cetirizine syrup”

- **For all other second generation antihistamines**
 1. “Failed loratadine for 30 days, failed cetirizine for 30 days and failed fexofenadine for 30 days”
 2. “Allergy to fexofenadine, loratadine, and cetirizine”

If the second generation antihistamine has a generic version available, “medically necessary” must also be written on the face of the prescription in the prescriber’s own handwriting in order to dispense the brand name drug. A “1” in the PA field (461-EU) or a “2” in the submission clarification field (420-DK) will override the PA edit. These overrides will be monitored by Program Integrity.

Providers may also contact ACS at 866-246-8505 (telephone) or 866-246-8507 (fax) to request PA for these medications. The PA criteria and request form for the second generation antihistamines are available on the N.C. Medicaid Enhanced Pharmacy Program website at <http://www.ncmedicaidpbm.com>. If the PA is approved by ACS, the POS override codes will not be needed.

Focused Risk Management Program Quarterly Letter Update

Beginning in May 2008, the Focused Risk Management Program (FORM) quarterly letters that pharmacists receive indicating their patients that participate in the FORM program will include the following new features:

- The quarterly letter will include a list of recipients deleted from the program since the previous quarter’s letter.
- If the quarterly letter is longer than one page, it will be mailed all in one envelope instead of separately for the same provider.

These changes are in addition to the new feature added to the February 2008 FORM letters, which included the addition of the dates FORM recipients are entered into the FORM program. FORM letters will be mailed out at the end of February, May, August, and November each year.

Synagis Pharmacy Claims for 2007/2008 RSV Season

The last date of service that will be covered for Synagis pharmacy claims according to the 2007/2008 Synagis policy is March 31, 2008. Synagis claims processing for the 2007/2008 RSV season began on October 10, 2007. All Synagis requests must be completed on the criterion-specific forms found on DMA’s website at <http://www.ncdhhs.gov/dma/synagis.html>.

No more than five monthly doses of Synagis can be obtained using these forms. Copies of the submitted N.C. Medicaid Synagis for RSV Prophylaxis forms should be mailed by pharmacy distributors to DMA. Please mail the forms to:

N.C. Division of Medical Assistance
Pharmacy Program
2501 Mail Service Center
Raleigh, N.C. 27699-2501

Pharmacy distributors with a large volume of Synagis claims should submit scanned copies of the N.C. Medicaid Synagis for RSV Prophylaxis forms on a diskette. All diskettes must be sent to DMA by May 31, 2008. Please call Charlene Sampson at 919-855-4306 if you need assistance with the coordination of this process or if you have any questions.

A Notice of Approval of Service Request letter was provided by DMA for Early Periodic Screening, Diagnostic and Treatment (EPSDT) requests for Synagis. These would include requests for a sixth dose in March or an April dose of Synagis. A copy of the Notice of Approval of Service Request letter should be maintained on file at the pharmacy.

The N.C. Medicaid program should not be billed for Synagis unless one of the following items is on file at the pharmacy:

- An accurate and complete Synagis for RSV Prophylaxis form
- A copy of an approval letter by DMA from the Request for Medical Review for Synagis Outside of Criteria form
- A Notice of Approval of Service Request letter from an EPSDT request for Synagis

Payment of Synagis claims will be reviewed and may be subject to recoupment by DMA Program Integrity if the appropriate forms or approval letters are not on file.

Proposed Clinical Coverage Policies

In accordance with NCGS §108A-54.2, proposed new or amended Medicaid clinical coverage policies are available for review and comment on DMA's website at <http://www.ncdhhs.gov/dma/mp/proposedmp.htm>. To submit a comment related to a policy, refer to the instructions on the website. 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>
14789	Nexus Pharmaceuticals, Inc	11/13/2007
16729	Accord Healthcare Incorporated	03/10/2008
23589	Tiber Laboratories, LLC	08/22/2007
51879	TEC Laboratories, Inc	03/20/2008
61755	Regeneron Pharmaceuticals, Inc	03/28/2008

Voluntarily Terminated Labeler

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

Johnson & Johnson Health Care Systems	(Labeler 00501)
McNeil-PPC, Inc.	(Labeler 08004)
Johnson & Johnson Merck Consumer (Pharmaceuticals Company)	(Labeler 16837)
McNeil Consumer Healthcare	(Labeler 50580)
Personal Products Company	(Labeler 62341)

Checkwrite Schedule

April 08, 2008	May 06, 2008	June 10, 2008
April 15, 2008	May 13, 2008	June 17, 2008
April 24, 2008	May 20, 2008	June 26, 2008
	May 29, 2008	

Electronic Cut-Off Schedule

April 03, 2008	May 01, 2008	June 05, 2008
April 10, 2008	May 08, 2008	June 12, 2008
April 17, 2008	May 15, 2008	June 15, 2008
	May 22, 2008	June 19, 2008

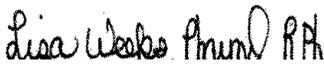
Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day of the electronic cut-off date to be included in the next checkwrite.



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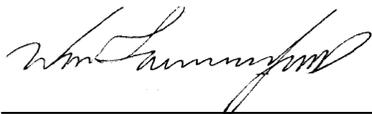
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