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## **17 Alpha Hydroxyprogesterone Caproate (17P), Injection from Bulk Powder – Billing Guideline Update Regarding Rebate Labelers**

The N.C. Medicaid Physician's Drug Program began covering 17P effective with date of service April 1, 2007, for use in pregnant women with a history of a preterm delivery before 37 weeks' gestation but no preterm labor in the current pregnancy.

The compounded 17P must be billed with HCPCS procedure code J3490 (unclassified drugs). Providers must also use rebatable 11-digit National Drug Codes (NDCs) and appropriate NDC units.

**Effective with date of service May 9, 2013, labeler 51552 is no longer eligible for rebates. Therefore, any 17P claim details billed with an NDC from labeler 51552 will be denied. NDCs by labeler 38779 (Medisca) are still covered by NC Medicaid.**

## **2013 NCTracks Provider Checkwrite Schedule Available**

The first NCTracks checkwrite will be July 9, 2013, but will apply only to pharmacy point-of-sale (POS) providers. Other providers will receive their first claims payments the following week with a checkwrite on July 17 and EFT on July 18 (See chart on following page).

NCTracks will go live July 1, replacing the 35-year-old N.C. Medicaid claims-processing system known as Medicaid Management Information System (MMIS), as well as other state N.C. Department of Health and Human Services (DHHS) systems that process and pay claims for mental health, public health and rural health services.

The last checkwrite for N.C. Medicaid and N.C. Health Choice (NCHC) providers under the legacy MMIS is June 27, 2013 with funds transferred electronically the next day, June 28, 2013. The cutoff date for claims submission in that checkwrite cycle is June 20, 2013.

Although NCTracks will pay claims on a weekly cycle, DHHS and its fiscal agent, CSC, determined that a first checkwrite for all providers could not be accomplished during the first week of operations. Pharmacy POS claims presented a special case – the real-time nature of processing and the need to avoid blackouts. NCTracks will process the POS claims backlogged since June 20, 2013 plus new ones submitted by July 5, 2013 for a July 9, 2013 checkwrite and July 10, 2013 electronic payment.

The next checkwrite cycle (July 12 cutoff, July 16 checkwrite and July 17 effective electronic payment) will include all provider claims.

Providers should note that claims left pending during the last checkwrite cycle of legacy systems will be denied, and those claims must be resubmitted in NCTracks. For additional information, refer to the April 24, 2013 [Special Bulletin](#) outlining cutoff dates and other transition information.

The payment cycle of NCTracks will be weekly. Valid claims submitted by midnight on Friday (midnight Thursday for mental health, public health and rural health claims) will be processed for a checkwrite the following Tuesday, with funds transferred to bank accounts on Wednesday, except in cases of a holiday. This allows 50 checkwrites annually, with anticipated exceptions being the last week of June (end of the fiscal year) and the week of Christmas (Dec. 23-27).

Providers should note that NCTracks has a scheduled checkwrite the week of Thanksgiving (Nov. 25-29).

The NCTracks checkwrite schedule for July-December, 2013 is below. A schedule for 2014 will be available in the fall.

For more information about NCTracks, including a checklist of actions providers must take prior to go-live on July 1, 2013, visit [www.ncmmis.ncdhhs.gov](http://www.ncmmis.ncdhhs.gov).

### 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 on the FUL list until the FUL rate has been adjusted to adequately cover the cost of the drug.

As indicated in previous communications, use of the *DAWI* override code is being monitored. A claim submitted for more than the State Maximum Allowable Cost (SMAC) rate on file may lead to an identifiable overpayment. Any difference between the SMAC rate on file for the date of service and the actual rate applied to the claim (*if higher*) may be considered an overpayment and subject to recoupment.

NDC	DRUG NAME
00054003721	CLARITHROMYCIN 500 MG TABLET
00054302802	ACETYLCYSTEINE 20% VIAL
00093075701	PIROXICAM 20 MG CAPSULE
00093075705	PIROXICAM 20 MG CAPSULE
00143211205	DOXYCYCLINE HYCLATE 100 MG TABS
00143314150	DOXYCYCLINE HYCLATE 50 MG CAPS
00143314205	DOXYCYCLINE HYCLATE 100 MG C
00143314250	DOXYCYCLINE HYCLATE 100 MG CAPS
00143980305	DOXYCYCLINE HYCLATE 100 MG CAPS
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
00168020230	CLINDAMYCIN PH 1% GEL
00168020260	CLINDAMYCIN PH 1% GEL
00168025815	CLOTRIMAZOLE-BETAMETHASONE CAPS
00168025846	CLOTRIMAZOLE-BETAMETHASONE CAPS
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
00228206910	OXAZEPAM 15 MG CAPSULE
00378135501	TRIAMTERENE-HCTZ 75-50
00378135505	TRIAMTERENE-HCTZ 75-50
00378425001	DOXEPIN 50 MG CAPSULE
00378537501	DOXEPIN 75 MG CAPSULE
00378850091	CLARITHROMYCIN 500 MG TABLET
00406895901	DEXTROAMPHETAMINE 10 MG TAB
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
00574723412	PHENADOZ 25 MG SUPPOSITORY
00591081055	SILVER SULFADIAZINE 1% CREAM
00591081085	SILVER SULFADIAZINE 1% CREAM
00591544050	DOXYCYCLINE HYCLATE 100 MG CAPS
00591555305	DOXYCYCLINE HYCLATE 100 MG TABS
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

00713053612	PROMETHEGAN 12.5 MG SUPPOS
00713063986	HALOBETASOL PROP 0.05% OINTM
00781100801	TRIAMTERENE-HCTZ 75-50
00781100805	TRIAMTERENE-HCTZ 75-50
00781107101	METHAZOLAMIDE 50 MG TABLET
00781169501	ISOSORBIDE DN 20 MG TABLET
00781169510	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
43598021040	SSD 1% CREAM
43598021050	SSD 1% CREAM
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
45802006535	TRIAMCINOLONE 0.5% CREAM
45802042235	DESONIDE 0.05% CREAM
45802042237	DESONIDE 0.05% CREAM
48102010101	METHAZOLAMIDE 50 MG TABLET
49884024601	CARISOPRODOL COMPOUND TABLET
49884024605	CARISOPRODOL COMPOUND TABLET
50111033301	METRONIDAZOLE 250 MG TABLET
50111033401	METRONIDAZOLE 500 MG TABLET
50111033402	METRONIDAZOLE 500 MG TABLET
50383026760	CLOBETASOL 0.05% CREAM
51672125301	FLUOCINONIDE 0.05% CREAM
51672125302	FLUOCINONIDE 0.05% CREAM
51672125303	FLUOCINONIDE 0.05% CREAM
51672125304	FLUOCINONIDE 0.05% CREAM
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 CREAM
51672128902	NYSTATIN 100,000 UNIT/GM CREAM
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 CREAM
51672404806	CLOTRIMAZOLE-BETAMETHASONE CREAM
51672411606	METRONIDAZOLE TOPICAL 0.75% GEL
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP
53489012002	DOXYCYCLINE HYCLATE 100 MG TABLET
53489012005	DOXYCYCLINE HYCLATE 100 MG TABLET
59746000103	METHYLPREDNISOLONE 4 MG DOSE
59762372802	CLINDAMYCIN PH 1% SOLUTION
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
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOL
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

## Changes in Drug Rebate Manufacturers

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.

### Addition

The following labelers have entered into a Drug Rebate Agreement and have joined the rebate program effective on the date indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
00548	Amphastar Pharmaceuticals, Inc.	10/22/2012
42571	Micro Labs Limited.	04/29/2013
53150	Amneal-Agila, LLC.	05/21/2013
54505	Lineage Therapeutics, Inc.	05/21/2013
63704	Pharmacist Pharmaceuticals LLC.	05/24/2013
64253	Medefil, Inc.	05/09/2013
64406	Biogen Idec Inc.	04/29/2013
76045	BD RX, Inc.	04/18/2013

### Terminated Labeler

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

Atley Pharmaceuticals, Inc. (Labeler 59702)

### Voluntarily Terminated Labeler

The following labeler has change in the effective date of their voluntary termination from the Medicaid Drug Rebate Program from April 1, 2013 to July 1, 2013:

Colgate Oral Pharmaceuticals, Inc. (Labeler 00126)

**Checkwrite Schedule**

May 07, 2013	June 11, 2013	July 09, 2013
May 14, 2013	June 18, 2013	July 16, 2013
May 21, 2013	June 27, 2013	July 23, 2013
May 30, 2013		July 30, 2013

**Electronic Cut-Off Schedule**

May 02, 2013	June 06, 2013	July 05, 2013
May 09, 2013	June 13, 2013	July 12, 2013
May 16, 2013	June 20, 2013	July 19, 2013
May 23, 2013		July 26, 2013

*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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