



An Information Service of the Division of Medical Assistance

**North Carolina
Medicaid Pharmacy
Newsletter**

Number 207

June 2012

In This Issue...

Roche ACCU-CHEK Diabetic Supplies Program Reminder

Roche Provider Rebates – Revised Implementation Date – July 1, 2012

NPI Update for Pharmacy Providers

Deleted NDC from CMS

Prescribing and Documenting Brand Medically Necessary Drugs

**N.C. Health Choice Providers with Outstanding Medical Claims with Dates of
Services Prior to October 1, 2011**

Updated Federal Upper Limit Reimbursement List

Changes in Drug Rebate Manufacturers

Roche ACCU-CHEK Diabetic Supplies Program Reminder

Both Roche and Prodigy diabetic supplies will be covered until July 31, 2012. Overrides will not be required. This applies to the durable medical equipment (DME) and pharmacy point-of-sale claims processing systems. **Effective August 1, 2012 only Roche ACCU- CHEK diabetic supplies will be covered.**

Roche Provider Rebates – Revised Implementation Date – July 1, 2012

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.

If you are not currently enrolled in the Roche rebate program, please log on to <https://rxvp.accu-chek.com> no later than Friday, June 15, 2012 to enroll in the rebate program. With your enrollment, Roche will process your eligible N.C. Medicaid claims for June 2012. 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

NPI Update for Pharmacy Providers

Effective immediately, pharmacy providers should start submitting the prescriber NPI on all prescriptions. The DEA number should no longer be submitted. DMA will be removing the ability to submit the DEA number as the prescriber number in the near future. The date of this action will be communicated in a future edition of the NC Medicaid pharmacy newsletter. Providers should prepare for this transition now to avoid claims denials in the future.

The N.C. Medicaid HIPAA Companion Guide Specifications for NCPDP D.0 will be updated with the following information:

Field #	Field Name	Format	Field/Type	Field Length	NC Medicaid Specifications
466-EZ	Prescriber ID Qualifier	NCPDP D.0	A/N	2	01 = National Provider Identifier (NPI)

Deleted NDC from CMS

The following product does not meet the definition of a covered outpatient drug and are not rebate-eligible. Therefore, this drug has been deleted from the CMS Master Drug Rebate (MDR) file of covered drugs effective as of **June 27, 2012**.

NDC	DRUG NAME
43538051012	GENADUR

Prescribing and Documenting Brand Medically Necessary Drugs

Providers are reminded that effective January 1, 1999 and in accordance with the Outpatient Pharmacy Program Clinical Coverage Policy No. 9, the N C. Medicaid Outpatient Pharmacy Program is required by federal regulations to utilize a federal Maximum Allowable Cost (MAC) – also referred to as the Federal Upper Limit (FUL) – for some multiple source drugs. In addition, N.C. Medicaid also utilizes a State MAC list for generic and multi-source brand drug products. The State MAC list contains products with A-rated equivalents and, in the great majority of cases, products marketed by at least two labelers.

It is possible to override either the federal or the state MAC limitations if a prescriber certifies that a specific brand of drug, which has a MAC limitation, is medically necessary for a particular recipient. This certification must fall under federal and state regulations, which specify that the certification “Medically Necessary” must be in the prescriber’s own handwriting and signed by the prescriber. This can be written directly on the face of the prescription, or on a separate document which must be attached to the original prescription.

The prescriber is **not** allowed to indicate “Medically Necessary” over the telephone for the pharmacist to document on the prescription if the drug is a MAC drug. If the drug is not a MAC drug, the pharmacist may receive oral authorization not to substitute from the prescriber, write

“Medically Necessary” on the prescription, and initial it. If a telephone prescription requiring brand only is accepted, the prescriber must send a new prescription within 72 hours with “Medically Necessary” written on the prescription in the prescriber’s own handwriting.

The following are **unacceptable** practices:

- a prescriber’s signature over a printed statement indicating “Dispense as Written” or “Medically Necessary” with a check or X in a box on the prescription indicating “Dispense as Written.”
- a handwritten statement transferred to a rubber stamp and then stamped on the prescription.
- the abbreviation “DAW” on the prescription by the prescriber.

If a prescriber has properly authorized for the dispensing of a brand name drug product when that drug product is a MAC drug, the pharmacist may bill Medicaid for reimbursement based on the lesser of the usual and customary charge or the Medicaid reimbursement rate of the brand name drug plus the dispensing fee.

Documentation of medical necessity must be present on the prescription at the time of billing.

Obtaining documentation of medical necessity after the Medicaid payment is made is not acceptable and the payment will be subject to post-payment recoupment. Please note that in addition to receiving proper authorization from the prescriber, the Division on June 5, 2012 began imposing prior authorization requirements on brand-name drugs for which the phrase “medically necessary” is written on the prescription.

N.C. Health Choice Providers with Outstanding Medical Claims with Dates of Services Prior to October 1, 2011

Effective February 29, 2012, providers should **only** mail outstanding N.C. Health Choice (NCHC) paper claims which have dates of service prior to October 1, 2011 to:

DMA-Budget Management
Mail Service Center 2501
1985 Umstead Drive
Raleigh NC 27699-2501

Providers were previously notified by Blue Cross and Blue Shield of North Carolina (BCBSNC) to mail all outstanding claims to BCBSNC before February 29, 2012 to ensure timely processing of claims with dates of service prior to October 1, 2011. The N.C. Division of Medical Assistance (DMA) will try to resolve any claims received after February 29, 2012 with dates of service prior to October 1, 2011 in a timely fashion, but it cannot guarantee payment.

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
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
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
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
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 labeler has entered into a Drug Rebate Agreement and has joined the rebate program effective on the date indicated below:

Code **Manufacturer**
54879 STI Pharma, LLC

Date
05/25/2012

Terminated Labeler

The following labelers will be terminated from the Medicaid Drug Rebate Program effective July 1, 2012:

Novartis	(Labeler 00083)
Perrigo Pharmaceuticals	(Labeler 10768)
Red River Pharma Manufacturing, LLC	(Labeler 12593)
Allaire Pharmaceuticals, LLC	(Labeler 43351)
Chiron Corporation	(Labeler 53905)
Watson Pharma, Inc.	(Labeler 54391)
KOS Pharmaceuticals, Inc.	(Labeler 60598)
Orphan Medical, Inc.	(Labeler 62161)
Collagenex Pharmaceuticals	(Labeler 64682)
McKesson Corp, Rx Pak Division	(Labeler 65084)
Purdue Pharmaceutical Products, L.P	(Labeler 67781)
Vision Pharma, LLC	(Labeler 68013)
Alliant Pharmaceuticals, Inc.	(Labeler 68188)
Critical Therapeutics (CRTX)	(Labeler 68734)

Checkwrite Schedule

June 12, 2012	July 10, 2012	August 07, 2012
June 19, 2012	July 17, 2012	August 14, 2012
June 28, 2012	July 26, 2012	August 21, 2012
		August 30, 2012

Electronic Cut-Off Schedule

June 07, 2012	July 05, 2012	August 02, 2012
June 14, 2012	July 12, 2012	August 09, 2012
June 21, 2012	July 19, 2012	August 16, 2012
		August 23, 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.

Lisa Weeks, PharmD, R.Ph.

Chief, Pharmacy and Ancillary Services
Division of Medical Assistance
NC Department of Health and Human Services

Jason Swartz, RPh, MBA

Outpatient Pharmacy Program Manager
Division of Medical Assistance
NC Department of Health and Human Services

Michael Watson

Director
Division of Medical Assistance
NC Department of Health and Human Services

Debbie Pittard

Acting Assistant Director for Program Integrity
Division of Medical Assistance
NC Department of Health and Human Services

Sharon H. Greeson, R.Ph.

Pharmacy Director
HP Enterprise Services

Melissa Robinson

Executive Director
HP Enterprise Services
