



An Information Service of the Division of Medical Assistance

**North Carolina
Medicaid Pharmacy
Newsletter**

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Mirena Return Process for Physician's Offices

A "Mirena Abandoned Unit" can be returned to CVS Caremark via Genco, a third party payer. An "Abandoned Unit" is defined as an unopened unit of Mirena shipped by CVS Caremark under the Mirena Specialty Pharmacy Program with a prescription label that includes an individual patient's name. The prescriber has not paid for this unit. In no case can a unit that was purchased by the prescriber (e.g., purchase of a wholesale unit) be returned through this program.

In order to be returnable, the box of Mirena must be sealed. The unit must have been shipped in 2010 and beyond. The Mirena must be in its original packaging (the actual box in which it was received). Furthermore, the original box must be sealed and must have been abandoned for at least 120 days from the date received. Remember that the Mirena unit is considered unreturnable, if the box has been opened and the unit removed. If the abandoned unit is deemed returnable, you will receive a return authorization number and a postage paid UPS label. Be sure to place the unit in the original box that the unit was shipped in from CVS Caremark or another suitable mailing envelope. Your Bayer Sales Consultant will provide your office with mailing envelopes if a shipping box is not available.

The "Mirena Abandoned Units" can be sent back starting **immediately**. You can send back more than one "Abandoned Unit" at a time, but each unit must be sent in its own original individual packaging with corresponding forms to ensure proper processing.

Please see below the six step process for returning a Mirena Abandoned Unit:

- Complete a Mirena Abandoned Unit form for each Mirena unit
- Fax the form(s) to CVS Caremark for verification
- Wait for CVS Caremark fax approval
- Wait for an authorization number and return mailing label from Genco, a third party processor
- Package the unit in one of the cardboard boxes that the Mirena was initially shipped in or a large envelope
- Mail the unit

To get started, you can fill out the "Mirena Abandoned Unit" form. They are available on the DMA website on the outpatient pharmacy page under "What's new?"

<http://www.ncdhhs.gov/dma/pharmacy/index.htm>

The form must be printed/filled out completely, signed by the Physician and faxed to CVS Caremark at 1-888-345-3083. In case you have not received a confirmation fax from Caremark- the phone number to call is 1-888-345-3083. If you need to contact Genco, you can contact them directly at 1-800-950-5479.

Please remember that you do not send back the "Mirena Abandoned Units" to CVS Caremark, but to Genco, a third party payer. You will be receiving a postage paid return mailing label via email from Genco. You can use your own envelopes, but you must affix the mailing label emailed to you from Genco. If you have any additional questions regarding Mirena and/or the process for returning Mirena units, please contact your Bayer Sales Consultant.

340B Purchased Drugs

Drugs dispensed by a hospital to their patients during an outpatient visit are not considered a 'retail' pharmacy transaction. Since the patient is registered as a hospital outpatient for services/procedures and the drugs are incidental to the outpatient services, the cost of the drugs is included in the outpatient settlement. As such, the drugs must be billed to DMA at their usual and customary charge, including those drugs used from the 340b stock. To do otherwise would be in conflict with Medicare cost reporting guidelines. Transactions of outpatient hospital services are billed to DMA on a UB04 or 837i transaction. Those drugs from the 340b stock are billed with a UD modifier to indicate that the drug is a 340b drug and they will not be included in the rebate calculation.

Hospital 'retail' pharmacy transactions can be billed as either point of sale or on a CMS 1500 or 837p transaction. Since these transactions are not cost settled, a pharmacy would need to bill DMA at the acquisition cost of the 340b drug if 340B inventory is dispensed. The UD modifier is used on the CMS 1500/837p transaction type to indicate a 340b drug and the claim will not be included in the rebate calculation.

The physician drug program and retail pharmacy program should operate the same in that the provider would bill DMA at the acquisition cost of the 340b drug if 340b inventory is administered or dispensed. The physician drug program provider would bill DMA using a CMS 1500 or 837p transaction with the UD modifier for a 340b drug. In the retail pharmacy program, the pharmacy provider using the point of sale system can add their applicable dispensing fee to the acquisition cost of the 340B drug but should not add the same dispensing fee to all claims since DMA policy has different dispensing fees for brands and generics. Generic dispensing fees are also different depending on a pharmacy's generic dispensing rate. In the retail pharmacy program, if the pharmacy is on the HRSA Medicaid provider exclusion file, their claims would not be included in the rebate calculation. (The Medicaid exclusion file lists 340b entities and their associated Medicaid provider numbers and/or NPI. The entities listed on the exclusion file have reported to HRSA that they intend to fill Medicaid prescriptions with 340b purchased drugs. The claims for these prescriptions are not eligible for manufacturers' rebates.)

Exception. A physician office who is part of a hospital based clinic (HBC), i.e. the clinic is a department of a hospital, would have the drugs billed to DMA on a UB04/837i transaction and as such the HBC would bill the usual and customary charge for 340b drugs since they would be included in the hospital outpatient cost settlement. The physician's professional fee would be billed to DMA using a CMS 1500/837i transaction and would not be included in any type of settlement.

Exception: FQHC/RHC facilities are both settled. However, since the cost allocation for drugs is based upon prescriptions filled and not based upon charges, the FQHC/RHC facilities should bill DMA at the 340b acquisition cost and not their usual and customary charge.

NPI Only – September 19, 2012

In the June 2012 pharmacy newsletter, the Division of Medical Assistance announced that all pharmacy providers must use prescriber NPI when submitting prescription claims. Effective September 19, 2012, all pharmacy claims will be required to have a prescriber NPI. Submission of a DEA number or any other identification number will result in a rejected claim. Please ensure that

you are using prescriber NPI numbers when submitting claims to prevent claim rejections after September 19, 2012.

The N.C. Medicaid HIPAA Companion Guide Specifications for NCPDP D.0 indicates 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)

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
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 Manufacturer

The following change has been made in manufacturer 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:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
33342	Macleods Pharma USA, Inc	07/12/2012

Terminated Labeler

The following labeler was terminated from the Medicaid Drug Rebate Program effective April 1, 2012:

Generamed, Inc	(Labeler 52569)
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Checkwrite Schedule

July 10, 2012	August 07, 2012	September 05, 2012
July 17, 2012	August 14, 2012	September 11, 2012
July 26, 2012	August 21, 2012	September 18, 2012
	August 30, 2012	September 27, 2012

Electronic Cut-Off Schedule

July 05, 2012	August 02, 2012	August 30, 2012
July 12, 2012	August 09, 2012	September 06, 2012
July 19, 2012	August 16, 2012	September 13, 2012
	August 23, 2012	September 20, 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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