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**North Carolina  
Medicaid Pharmacy  
Newsletter**

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Published by EDS, fiscal agent for the North Carolina Medicaid Program  
1-800-688-6696 or 919-851-8888

**New One Page Brand Name Schedule II (CII) Narcotics Form for Prior Authorization**

ACS has posted a new one page Brand Name Schedule II (CII) Narcotics request for Prior Authorization Form on the Prior Authorization website. This can be found at <http://www.ncmedicaidpbm.com>. The form replaces the previous two page form. The information is the same, but just formatted for a one page form. Prescribers should begin using this form to request prior authorization for Brand Name Schedule II (CII) Narcotics.

**Ursodiol Coverage**

The FDA has determined that the following drug is DESI code 2; therefore, this drug will be eligible for Medicaid coverage and rebate billing effective as of September 15, 2008.

NDC	DRUG NAME
52152006002	URSODIOL
52152006003	URSODIOL

**Deleted NDCs from CMS**

The following products do not meet the definition of covered outpatient drugs and are not rebate eligible. Therefore, they are being deleted from the CMS Master Drug Rebate (MDR) file of covered outpatient drugs effective as of **October 16, 2008**.

NDC	DRUG NAME
50383004316	HYDROCODONE
64376060501	CARBINOXAMINE MALEATE 4 MG
68032034460	NICOTINAMIDE ZCF

**Calling the Prescriber on a Non-Compliant Tamper Proof Prescription Pad**

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

## **Automated Voice Response System Update**

The Automated Voice Response (AVR) System now allows a provider to query by entering either a Medicaid Provider Number (MPN) or a National Provider Identifier (NPI). If an NPI is entered and the response is MPN specific, such as claim status or prior approval information, the provider will have to choose the appropriate MPN from a list. If a provider has more than 15 MPNs associated with 1 NPI, the specific MPN related to the query may not be included. The provider must hang up, call again and query using the MPN. Providers can reach the AVR System by calling **1-800-723-4337**.

## **New Medicaid Eligibility Group: Health Coverage for Workers with Disabilities**

Effective November 1, 2008, the N.C. Medicaid Program will begin offering Medicaid coverage to working individuals with disabilities. Health Coverage for Workers with Disabilities (HCWD) will allow individuals with disabilities to work or increase their hours of work and protect their Medicaid eligibility through higher income and resource limits and a less-restrictive disability determination.

Effective November 1, 2008, the income limit will be 150 percent of the federal poverty level (FPL), currently \$1,300 per month for a one-person household. Effective May 1, 2009, the limit will increase to 200 percent of the FPL, currently \$1,734 per month for one person.

HCWD recipients will receive a blue Medicaid card and the same benefits as Medicaid recipients with full benefit coverage.

Individuals who think they may qualify are encouraged to apply at their county department of social services.

## **New Enhanced Specialty Discount on Single-Source Specialty Drugs**

Effective with the date of service October 10, 2008, the N.C. Medicaid Outpatient Pharmacy Program will utilize a State-determined upper payment limit for select single-source specialty drugs that cost in excess of \$1,500 per month. This is in compliance with a N.C. General Assembly mandate in Session Law 2008-107, Section 10.10(e). Specialty drugs in the following therapy categories will be affected:

- Anemia/neutropenia
- Anticoagulants
- Enzyme replacement
- Growth hormones
- Hemophilia
- Hepatitis
- HIV
- Hyperparathyroidism
- Immune deficiency
- Immune globulins
- Immunosuppressives
- Multiple sclerosis

- Oncology
- Osteoporosis
- Psoriasis
- Pulmonary
- Rheumatoid arthritis
- Other miscellaneous

The list of specialty drugs that are affected by this upper payment limit will be updated on a quarterly basis. This list is available on DMA's website at <http://www.ncdhhs.gov/dma/pharmacy.htm>.

### **Early and Periodic Screening, Diagnostic and Treatment and Applicability to Medicaid Services and Providers**

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria stated in this publication **may be exceeded or may not apply to recipients under 21 years of age** if the provider's documentation shows that

- the requested service is medically necessary to correct or ameliorate a defect, physical or mental illness, or health problem; and
- all other Early and Periodic Screening, Diagnostic and Treatment (EPSDT) criteria are met.

This applies to both proposed and current limitations. Providers should review any information in this publication that contains limitations in the context of EPSDT and apply that information to their service requests for recipients under 21 years of age. A brief summary of EPSDT follows. EPSDT is a federal Medicaid requirement (42 U.S.C. § 1396d(r) of the Social Security Act) that requires the coverage of services, products, or procedures for Medicaid recipients under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (including any evaluation by a physician or other licensed clinician).

This means that EPSDT covers most of the medical or remedial care a child needs to

- improve or maintain his or her health in the best condition possible OR
- compensate for a health problem OR
- prevent it from worsening OR
- prevent the development of additional health problems

Medically necessary services will be provided in the most economic mode possible, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure that is unsafe, ineffective, experimental, or investigational; that is not medical in nature; or that is not generally recognized as an accepted method of medical practice or treatment.

If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does **not** eliminate the requirement for prior approval.

For important additional information about EPSDT, please visit the following websites:

- *Basic Medicaid Billing Guide* (especially sections 2 and 6):  
<http://www.ncdhhs.gov/dma/medbillcaguide.htm>.
- *Health Check Billing Guide*: <http://www.ncdhhs.gov/dma/healthcheck.htm>.
- EPSDT provider information: <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>.

## **Federal MAC List Changes**

Effective November 6, 2008, the following changes will be made to the Medicaid Drug Federal Upper Limit list:

### **FUL Deletions**

<u>Generic Name</u>	<u>FUL Price</u>
Bupropion Hydrochloride 150 mg, Tablet, Extended Release, Oral, 60	

### **FUL Additions**

<u>Generic Name</u>	<u>FUL Price</u>
Amlodipine Besylate EQ 2.5 mg, Tablet, Oral, 90	\$ 0.1290 R
EQ 5 mg, Tablet, Oral, 90	\$ 0.1290 R
EQ 10 mg, Tablet, Oral, 90	\$ 0.1782 R
Azathioprine 50 mg, Tablet, Oral, 100	\$ 0.6581 R
Azithromycin EQ 250 mg, Tablet, Oral, 30	\$ 3.1875 B
EQ 500 mg, Tablet, Oral, 30	\$ 5.4850 B
EQ 600 mg, Tablet, Oral, 30	\$ 6.9080 B
Bisoprolol Fumarate 5 mg, Tablet, Oral, 100	\$ 1.0688 B
10 mg, Tablet, Oral, 100	\$ 1.0688 B
Bupropion Hydrochloride 150 mg, Tablet, 12 Hour Extended Release, Oral, 60	\$ 1.8330 B
Cefdinir 300 mg, Capsule, Oral, 60	\$ 3.8265 B
125 mg/5 ml, Suspension, Oral, 100 ml	\$ 0.6231 B
250 mg/5 ml, Suspension, Oral, 100 ml	\$ 1.3079 B

**FUL Additions (cont.)**

<u>Generic Name</u>	<u>FUL Price</u>
Cefprozil	
250 mg, Tablet, Oral, 100	\$ 2.3939 B
500 mg, Tablet, Oral, 100	\$ 4.5990 B
Ciclopirox	
0.77%, Suspension, Topical, 30 ml	\$ 1.5000 B
Clindamycin Hydrochloride	
EQ 300 mg, Capsule, Oral, 100	\$ 2.0263 B
Divalproex Sodium	
EQ 125 mg, Valproic Acid, Tablet, Delayed Release, Oral, 100	\$ 0.2691 B
EQ 250 mg, Valproic Acid, Tablet, Delayed Release, Oral, 100	\$ 0.5288 B
EQ 500 mg, Valproic Acid, Tablet, Delayed Release, Oral, 100	\$ 0.9749 B
Fexofenadine Hydrochloride	
30 mg, Tablet, Oral, 100	\$ 0.5756 B
60 mg, Tablet, Oral, 100	\$ 1.1540 B
180 mg, Tablet, Oral, 100	\$ 2.0018 B
Finasteride	
5 mg, Tablet, Oral, 100	\$ 1.7303 B
Fosinopril	
10 mg, Tablet, Oral, 90	\$ 0.5980 R
20 mg, Tablet, Oral, 90	\$ 0.5980 R
40 mg, Tablet, Oral, 90	\$ 0.5980 R
Metronidazole	
0.75%, Gel, Topical, 45 gm	\$ 1.5417 R
Midodrine	
2.5 mg, Tablet, Oral, 100	\$ 1.1172 B
5 mg, Tablet, Oral, 100	\$ 1.8383 B
10 mg, Tablet, Oral, 100	\$ 3.1338 B
Promethazine Hydrochloride	
12.5 mg, Tablet, Oral, 100	\$ 0.4500 R
Quinapril	
EQ 5 mg Base, Tablet, Oral, 90	\$ 0.2500 B
EQ 10 mg Base, Tablet, Oral, 90	\$ 0.2500 B
EQ 20 mg, Base, Tablet, Oral, 90	\$ 0.2500 B
EQ 40 mg, Base, Tablet, Oral, 90	\$ 0.2500 B

**FUL Additions (cont.)**

<u>Generic Name</u>	<u>FUL Price</u>
Ramipril	
1.25 mg, Capsule, Oral, 100	\$ 0.4590 B
2.5 mg, Capsule, Oral, 100	\$ 0.4877 B
5 mg, Capsule, Oral, 100	\$ 0.5117 B
10 mg, Capsule, Oral, 100	\$ 0.5987 B
Simvastatin	
5 mg, Tablet, Oral, 90	\$ 0.1750 R
10 mg, Tablet, Oral, 90	\$ 0.1750 R
20 mg, Tablet, Oral, 90	\$ 0.2100 R
40 mg, Tablet, Oral, 90	\$ 0.2555 R
80 mg, Tablet, Oral, 90	\$ 0.2555 R
Terbinafine Hydrochloride	
EQ 250 mg, Tablet, Oral, 100	\$ 0.7050 B
Theophylline	
100 mg, Tablet, Extended Release, Oral, 100	\$ 0.1971 B
Torsemide	
5 mg, Tablet, Oral, 100	\$ 0.4500 B
10 mg, Tablet, Oral, 100	\$ 0.4800 B
20 mg, Tablet, Oral, 100	\$ 0.5250 B

**Changes in Drug Rebate Manufacturers**

The following changes have been made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer's 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>
14565	Neurosci, Inc.	10/08/2008
15338	Apace KY LLC dba Apace Pkging, LLC.	09/25/2008
28000	Anesiva, Inc.	09/23/2008
42026	Sirion Therapeutics, Inc.	10/08/2008
42192	Brookstone Pharmaceuticals, LLC.	09/30/2008

**Terminated Labelers**

The following labelers will be terminated from the Medicaid Drug Rebate Program effective January 1, 2009:

Purdue Frederick Company	(Labeler 00034)
Star Pharmaceuticals, Inc.	(Labeler 00076)
Watson Pharma Inc.	(Labeler 00364)
Grifols Biologicals, Inc.	(Labeler 49669)
Watson Pharma Inc.	(Labeler 62022)
Veracity Pharmaceuticals, Inc.	(Labeler 67887)
Carolina Pharmaceuticals, Inc.	(Labeler 68249)

### Checkwrite Schedule

October 07, 2008	November 04, 2008	December 02, 2008
October 14, 2008	November 13, 2008	December 09, 2008
October 21, 2008	November 20, 2008	December 16, 2008
October 30, 2008		December 29, 2008

### Electronic Cut-Off Schedule

October 02, 2008	October 30, 2008	November 26, 2008
October 09, 2008	November 06, 2008	December 04, 2008
October 16, 2008	November 13, 2008	December 11, 2008
October 23, 2008		December 18, 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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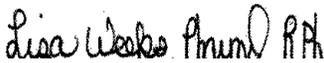
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