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

Suspension of Medicaid Benefits for Incarcerated Recipients and Recipients in Institutions for Mental Diseases

Effective September 1, 2008, if a Medicaid recipient age 21 through 64 enters an Institution for Mental Disease (IMD) or a Medicaid recipient of any age becomes incarcerated, his benefits will be suspended through the end of his current Medicaid certification period.

For an incarcerated recipient, Medicaid only covers medical services received during an inpatient hospital stay. When the recipient is released from incarceration, he should report his release to the Medicaid caseworker at the county department of social services (DSS). If the certification period has not expired, the Medicaid case may be reactivated. An eligibility redetermination will be completed at the end of the certification period. If the recipient is still incarcerated, he is ineligible.

For a recipient in an IMD, age 21 through 64, Medicaid does not cover any services during the suspension period. When the recipient is released from the IMD he should report his release to the Medicaid caseworker at the county DSS. If the certification period has not expired, the Medicaid case may be reactivated. An eligibility redetermination will be completed at the end of the certification period. If the recipient is still in the IMD, he is ineligible.

The only exception to the suspension of benefits is for a recipient who turns age 21 while residing in an IMD. A recipient who is in an IMD when he turns age 21 can receive Medicaid payment for IMD services, if medically necessary, through the month of his 22nd birthday.

Providers may use the Automated Voice Response system to check the eligibility status of these recipients. The telephone number is 1-800-723-4337.

Enhanced Specialty Drug Discount Reimbursement Inquiries

With the implementation of the new enhanced specialty drug discount on October 10, 2008, pharmacy providers may need to report specialty drug reimbursement issues to N.C. Medicaid. The State Maximum Allowable Cost (SMAC) inquiry worksheet will be revised so that issues with specialty drug reimbursement may also be reported on the same worksheet as SMAC drug reimbursement issues. Pharmacists should fax the completed worksheet to the number listed on the worksheet (612-642-8931). The worksheet is available on DMA's website at <http://www.ncdhhs.gov/dma/pharmacy.htm>.

Clinical Coverage Policies

The following new or amended clinical coverage policies are now available on DMA's website at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>:

- A5, Mental Health Drug Management Program Administrative Procedures
- 1A-5 Case Conference for Sexually Abused Children
- 9, Outpatient Pharmacy Program

These policies supersede previously published policies and procedures. Providers may contact EDS at 1-800-688-6696 or 919-851-8888 with billing questions.

Federal MAC List Changes

Effective November 28, 2008, the following changes will be made to the Medicaid Drug Federal Upper Limit list:

FUL Decreases

<u>Generic Name</u>	<u>FUL Price</u>
Baclofen	
10 mg, Tablet, Oral, 100	0.0525 R
20 mg, Tablet, Oral, 100	0.0893 R
Captopril	
12.5 mg, Tablet, Oral, 100	0.0233 R
25 mg, Tablet, Oral, 100	0.0263 R
Clorazepate Dipotassium	
3.75 mg, Tablet, Oral, 100	0.1377 B
7.5 mg, Tablet, Oral, 100	0.1947 B
15 mg, Tablet, Oral, 100	0.2754 B
Enalapril Maleate	
2.5 mg, Tablet, Oral, 100	0.0473 B
5 mg, Tablet, Oral, 100	0.0570 B
10 mg, Tablet, Oral, 100	0.0732 B
20 mg, Tablet, Oral, 100	0.0855 B
Folic Acid	
1 mg, Tablet, Oral, 100	0.0378 R
Gabapentin	
100 mg, Capsule, Oral, 100	0.0825 B
300 mg, Capsule, Oral, 100	0.1238 B
400 mg, Capsule, Oral, 100	0.1538 B
Lisinopril	
2.5 mg, Tablet, Oral, 100	0.0368 B
5 mg, Tablet, Oral, 100	0.0483 B
10 mg, Tablet, Oral, 100	0.0675 B
20 mg, Tablet, Oral, 100	0.0795 B
30 mg, Tablet, Oral, 100	0.1631 B
40 mg, Tablet, Oral, 100	0.1500 B
Lorazepam	
0.5 mg, Tablet, Oral, 100	0.0740 R
1 mg, Tablet, Oral, 100	0.0822 R
2 mg, Tablet, Oral, 100	0.1467 R

<u>Generic Name</u>	<u>FUL Price</u>
Paroxetine Hydrochloride	
10 mg, Tablet, Oral, 30	0.3425 B
20 mg, Tablet, Oral, 30	0.3575 B
30 mg, Tablet, Oral, 30	0.4200 B
40 mg, Tablet, Oral, 30	0.4875 B
<u>FUL Increases</u>	
<u>Generic Name</u>	<u>FUL Price</u>
Acetaminophen; Hydrocodone Bitartrate	
500 mg/15 ml; 7.5 mg/15 ml, Elixir, Oral, 473	0.1014 B
500 mg; 5 mg, Tablet, Oral, 100	0.4763 M
500 mg; 7.5 mg, Tablet, Oral, 100	0.6426 M
500 mg; 10 mg, Tablet, Oral, 100	0.5129 B
650 mg; 7.5 mg, Tablet, Oral, 100	0.6708 M
660 mg; 10 mg, Tablet, Oral, 100	0.5400 B
750 mg; 7.5 mg, Tablet, Oral, 100	0.1548 B
Acetaminophen; Oxycodone Hydrochloride	
500 mg; 5 mg, Capsule, Oral, 100	0.3230 B
325 mg; 5 mg, Tablet, Oral, 100	0.2340 B
Allopurinol	
100 mg, Tablet, Oral, 100	0.0785 B
300 mg, Tablet, Oral, 100	0.1739 B
Atropine Sulfate; Diphenoxylate Hydrochloride	
0.025 mg; 2.5 mg, Tablet, Oral, 100	0.2138 R
Chlordiazepoxide Hydrochloride	
5 mg, Capsule, Oral, 100	0.1139 R
10 mg, Capsule, Oral, 100	0.0878 R
25 mg, Capsule, Oral, 100	0.0990 R
Cimetidine	
400 mg, Tablet, Oral, 100	0.1548 R
Fluocinonide	
0.05%, Cream, Topical, 60	0.1187 B
0.05%, Solution, Topical, 60	0.2640 B
Isosorbide Dinitrate	
5 mg, Tablet, Oral, 100	0.0488 B
10 mg, Tablet, Oral, 100	0.0525 B
20 mg, Tablet, Oral, 100	0.0563 B
Lidocaine Hydrochloride	
2%, Solution, Oral, 100	0.0513 M

FUL Increases (cont.)

<u>Generic Name</u>	<u>FUL Price</u>
Meclizine Hydrochloride 25 mg, Tablet, Oral, 100	0.0779 B
Methocarbamol 500 mg, Tablet, Oral, 100	0.1943 B
750 mg, Tablet, Oral, 100	0.2520 B
Methylprednisolone 4 mg, Tablet, Oral, 100	0.4304 B

CMS Correction for New Labelers

The October bulletin listed the incorrect labeler code for Sirion Therapeutics Inc. The correct labeler code is 42826.

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>
23359	Centurion Labs, LLC.	10/27/2008
41616	Sun Pharma Global, Inc.	10/27/2008
42769	Bay Pharma, Inc.	10/01/2008
42826	Sirion Therapeutics, Inc.	10/08/2008
43773	Slate Pharmaceuticals, Inc.	11/05/2008
68152	Spectrum Pharmaceuticals, Inc.	10/30/2008
68645	Legacy Pharmaceutical packaging, LLC.	10/30/2008

Voluntarily Terminated Labeler

The following labeler has requested voluntary termination effective April 1, 2008:

Unico Holdings, Inc, (Labeler 59640)

Checkwrite Schedule

November 04, 2008	December 02, 2008	January 13, 2009
November 13, 2008	December 09, 2008	January 21, 2009
November 20, 2008	December 16, 2008	January 29, 2009
	December 29, 2008	February 03, 2009

Electronic Cut-Off Schedule

October 30, 2008	November 26, 2008	January 08, 2009
November 06, 2008	December 04, 2008	January 15, 2009
November 13, 2008	December 11, 2008	January 22, 2009
	December 18, 2008	January 29, 2009

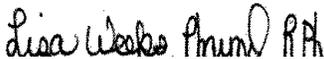
Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight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



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