



An Information Service of the Division of Medical Assistance

North Carolina

Medicaid Pharmacy

Newsletter

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Change to Allowable Days Supply Edit

The allowable days supply is being updated for the drugs indicated in the chart below. Note that the days supply on some eye drops is specific to the NDC and package size of the bottle.

NDC (if applicable)	Drug Name	Days Supply
00013830301	Xalatan(3x2.5ml)	90
00065026617	Travatan(2x2.5ml)	60
00065026634	Travatan 5ml	60
00023918705	Lumigan 5ml	60
00023918707	Lumigan 7.5ml	90
	Femring 0.05mg/24HR	90
	Femring 0.1mg/24HR	90

Drug Coverage under Hospice

Recipients who are enrolled in the hospice program are covered under a per diem rate, which covers all services for that recipient. Effective February 25, 2005, the pharmacist will be notified via the POS system if the recipient is enrolled in hospice. If so, all drug claims will be denied with the message “**recipient claim covered by hospice**”. If the drug happens to be used for an indication not directly related to the recipient’s terminal illness then an override will be available. A ‘1’ in the PA field **and** the ICD9 code in the diagnosis field for the patient’s terminal illness will override the hospice edit. There will be some drug classes where overrides will not be allowed. These drug classes include narcotic analgesics, hematinics, antiemetics and most chemotherapeutics.

The overrides will be monitored by Program Integrity. If the patient has more than 6 medications that will not be covered by hospice, then any claims going over this limit will need to be billed on paper with an ‘O’ in the family planning field. All questions concerning drug coverage for these patients should be directed to the local hospice.

Pharmacy providers should contact the Division of Medical Assistance (919-855-4300) with questions regarding Medicaid coverage of pharmacy claims in the four drug classes for which overrides are not allowed. If it is determined that Medicaid coverage is appropriate, then the provider will be given billing instructions at the time of the call.

Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer code, which are the first five digits of the NDC.

Additions

The following labelers have entered into Drug Rebate Agreements and joined the rebate program effective on the dates indicated below:

<u>Code</u>	<u>Manufacturer</u>	<u>Date</u>
10147	Patriot Pharmaceuticals,LLC	01/13/2005
51248	Yamanouchi Pharma America,Inc.	01/14/2005
62103	Boudreaux's Butt Paste	01/10/2005
64661	Jaymac Pharmaceuticals,LLC	01/26/2005
67887	Veracity Pharmaceuticals,Inc.	01/25/2005
68462	Glenmark Pharmaceuticals,INC.,USA	01/27/2005

Federal Mac List Changes

Effective February 14, 2005, the following changes were made to the Medicaid Drug Federal Upper Limit List:

FUL Deletions

Generic Name

Aminophylline

100 mg, Tablet, Oral

200 mg, Tablet, Oral

Hydralazine Hydrochloride

10 mg, Tablet, Oral

Pergolide Mesylate

1 mg, Tablet, Oral

FUL Additions

Generic Name

Benazepril Hydrochloride

5 mg, Tablet, Oral

10 mg, Tablet, Oral

20 mg, Tablet, Oral

40 mg, Tablet, Oral

FUL Price

\$0.4905 R

\$0.4905 R

\$0.4905 R

\$0.4905 R

FUL Additions, continued

<u>Generic Name</u>	<u>FUL Price</u>
Benazepril Hydrochloride; Hydrochlorothiazide	
5 mg; 6.25 mg Tablet, Oral	\$0.4958 B
10 mg; 12.5 mg Tablet, Oral	\$0.4958 B
20 mg; 12.5 mg, Tablet, Oral	\$0.4958 B
20 mg; 25 mg, Tablet, Oral	\$0.4958 B
Ciprofloxacin Hydrochloride	
0.3 %, Solution/Drops, Ophthalmic	\$7.5690 B
250 mg, Tablet, Oral	\$0.3750 B
500 mg, Tablet, Oral	\$0.4500 B
750 mg, Tablet, Oral	\$0.4800 B
Oxycodone Hydrochloride	
5 mg, Capsule, Oral	\$0.2138 B
20 mg/ml, Concentrate, Oral	\$0.9500 B
5 mg, Tablet, Oral	\$0.2399 B
15 mg, Tablet, Oral	\$0.6695 M
30 mg, Tablet, Oral	\$1.3094 M

FUL Decreases

<u>Generic Name</u>	<u>FUL Price</u>
Atenolol	
25 mg, Tablet, Oral	\$0.0975 B
Cephalexin	
EQ 250 mg, Capsule, Oral	\$0.1835 R
EQ 500 mg, Capsule, Oral	\$0.3641 R
Ipratropium Bromide	
0.02 % Sol. For Inh., 2.500 ml	\$0.1080 R
Ketoconazole	
200 mg, Tablet, Oral	\$2.2500 R
Metoprolol Tartrate	
50 mg, Tablet, Oral	\$0.0500 B

Checkwrite Schedule

January 6, 2005	February 8, 2005	March 15, 2005
January 11, 2005	February 15, 2005	March 22, 2005
January 19, 2005	February 24, 2005	March 31, 2005
January 27, 2005	March 8, 2005	April 12, 2005

Electronic Cut-Off Schedule

December 30, 2004	February 4, 2005	March 11, 2005
January 7, 2005	February 11, 2005	March 18, 2005
January 14, 2005	February 18, 2005	March 24, 2005
January 21, 2005	March 8, 2005	April 8, 2005

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 prior to the electronic cut-off date to be included in the next checkwrite



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