



**An Information Service of the Division of Medical Assistance**

**North Carolina  
Medicaid Pharmacy  
Newsletter**

*Number 170*

*May 2009*

**In This Issue...**

**Synagis Pharmacy Claims for 2008/2009 Season**

**Addition of Dispense As Written Code "8"**

**Prescription Origin Code**

**Tacrolimus Added to the Narrow Therapeutic Index List**

**Deleted NDCs from CMS**

**Reactivation of Lannett Prenatal Vitamins**

**Part D Drug Coverage Information**

**Clinical Coverage Policies**

**Federal MAC List Changes**

**Changes in Drug Rebate Manufacturers**

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

## **Synagis Pharmacy Claims for 2008/2009 Season**

The last accepted date of service for Synagis pharmacy claims for the 2008/2009 policy coverage period was March 31, 2009. Synagis claims processing began on October 13, 2008, for this season. All Synagis requests must be completed on criterion-specific forms, which can be found at DMA's website at <http://www.ncdhhs.gov/dma/pharmacy/synagis.htm>.

No more than five monthly doses of Synagis can be obtained by using these forms. Copies of the submitted North Carolina Medicaid Synagis for RSV Prophylaxis forms should be mailed by pharmacy distributors to DMA at the following address:

N.C. Division of Medical Assistance  
Pharmacy Program  
1985 Umstead Drive  
2501 Mail Service Center  
Raleigh, N.C. 27699-2501

Pharmacy distributors with a large volume of Synagis claims should submit scanned copies of the North Carolina Medicaid Synagis for RSV Prophylaxis forms on a diskette. Please call Charlene Sampson at 919-855-4306 to coordinate this process if you need further assistance or have questions. All diskettes must be sent to DMA by June 15, 2009.

A Notice of Approval of Service Request letter was provided by DMA for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requests for Synagis. These would include requests for a sixth dose in March or an April dose of Synagis. A copy of the Notice of Approval of Service Request letter should be maintained on file at the pharmacy.

The N.C. Medicaid Program should not be billed for Synagis unless one of the following is on file at the pharmacy:

- an accurate and complete Synagis for RSV Prophylaxis form
- a copy of an approval letter by DMA from the Request for Medical Review for Synagis Outside of Criteria form
- a Notice of Approval of Service Request letter from an EPSDT request for Synagis

Payment of Synagis claims will be reviewed and may be subject to recoupment by Program Integrity if the appropriate forms or approval letters are not on file.

## **Addition of Dispense As Written Code "8"**

Effective May 22, 2009, the Dispense As Written (DAW) code "8" was added to the list of DAW codes allowed by the N.C. Medicaid Outpatient Pharmacy program. Pharmacists can use this DAW code in field 408-D8 on prescription drug claims when a brand name drug must be dispensed because a generic version of the drug is not available due to marketplace shortages. The use of DAW codes is monitored by Program Integrity.

## Prescription Origin Code

Effective August 1, 2009, the use of NCPDP field 419-DJ (prescription origin code) will become mandatory for the N.C. Medicaid Outpatient Pharmacy Program. This field indicates the origin of the prescription. The following standard values will be accepted in this field:

- 1=Written
- 2=Telephone
- 3=Electronic
- 4=Facsimile

Zero and null values will not be accepted in this field. The information entered into the prescription origin code field will be required to assist with auditing processes.

## Tacrolimus Added to the Narrow Therapeutic Index List

On January 27, 2009, the Secretary of the N.C. Department of Health and Human Services approved the addition of tacrolimus to the list of narrow therapeutic index drugs upon advice from the N.C. Board of Pharmacy, the N.C. Medical Board, and the State Health Director. The updated list of narrow therapeutic index drugs was published in the N.C. Register, Volume 23, Issue 17, March 2, 2009.

Effective May 1, 2009, pharmacists can use the Dispense As Written (DAW) code “7” in field 408-D8 when it is necessary to dispense tacrolimus as a brand name drug. The DAW 7 code means that substitution is not allowed and dispensing the brand drug is mandated by law. When it is necessary to dispense the brand name drug, the prescriber must indicate that the brand name drug is necessary by writing “medically necessary” on the prescription.

## Deleted NDCs from CMS

The FDA has determined that the following drugs are a DESI code 5; therefore, these drugs will no longer be eligible for Medicaid coverage and rebate billing effective as of **April 23, 2009**.

NDC	Drug Name
00574041202	POLYETHYLENE GLYCOL 3350 POW
00574041205	POLYETHYLENE GLYCOL 3350 POW
00574041207	POLYETHYLENE GLYCOL 3350 POW
10572081002	POLYETHYLENE GLYCOL 3350 POW
10572081003	POLYETHYLENE GLYCOL 3350 POW
10572081005	POLYETHYLENE GLYCOL 3350 POW
49884014643	POLYETHYLENE GLYCOL 3350 POW
49884014646	POLYETHYLENE GLYCOL 3350 POW
51991045757	POLYETHYLENE GLYCOL 3350 POW
51991045758	POLYETHYLENE GLYCOL 3350 POW
52268080002	MIRALAX POWER
52268080003	MIRALAX POWER

NDC	Drug Name
52268080005	MIRALAX POWER
62175044214	GLYCOLAX PACKET
62175044215	GLYCOLAX POWER
62175044231	GLYCOLAX POWER

### Reactivation of Lannett Prenatal Vitamins

Based on updated information from the manufacturer and CMS, NC Medicaid has reactivated the following prenatal vitamins for coverage:

00527163730  
00527176030

### Part D Drug Coverage Information

Providers are reminded that with the inception of [Medicare Part D](#) on January 1, 2006, the N.C. Medicaid Program does not cover drugs that should be billed to Medicare Part D nor does it cover the costs associated with the administration of such drugs. Drugs covered by Part D that are not covered by Medicare Part B, such as Depo-Provera for contraception, should not be billed to Medicaid with a request to override Medicare. Providers should contact Medicare or the beneficiary's specific Part D plan for information about how to obtain and bill Part D drugs and how to bill the administration costs. If a Medicare beneficiary's Part D plan does not cover a particular drug, the beneficiary may appeal to the Part D plan.

### Clinical Coverage Policies

The following [new or amended clinical coverage policies](#) are now available on DMA's website:

- [1A-24, Diabetes Outpatient Self-Management Education](#)
- [1G-2, Bioengineered Skin](#)
- [1S-2, HIV Tropism Assay](#)
- [2B-2, Geropsychiatric Units in Nursing Facilities](#)
- [5B, Orthotics & Prosthetics](#)
- [9, Outpatient Pharmacy Program](#)

The 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 June 13, 2009, the following changes will be made to the Medicaid Drug Federal Upper Limit list:

**FUL Deletions**Generic Name

Erythromycin  
2%, Solution, Topical, 60

Verapamil  
40 mg, Tablet, Oral, 100

**FUL Decreases**Generic NameFUL Price

Cilostazol	
50 mg, Tablet, Oral, 60	\$0.5475 B
100 mg, Tablet, Oral, 60	\$0.5475 B
Meloxicam	
7.5 mg, Tablet, Oral, 100	\$0.1425 R
15 mg, Tablet, Oral, 100	\$0.2093 B
Meperidine Hydrochloride	
50 mg, Tablet, Oral, 100	\$0.3188 M
100 mg, Tablet, Oral, 100	\$0.6293 M
Metformin Hydrochloride	
500 mg, Tablet, Oral, 100	\$0.0750 B
750 mg, Tablet, Oral, 100	\$0.3368 B
850 mg, Tablet, Oral, 100	\$0.1464 R
1000 mg, Tablet, Oral, 100	\$0.1658 R
Mirtazapine	
15 mg, Tablet, Oral, 30	\$1.2300 B
30 mg, Tablet, Oral, 30	\$1.2650 B
45 mg, Tablet, Oral, 30	\$1.2845 B
Tramadol Hydrochloride	
50 mg, Tablet, Oral, 100	\$0.0900 R

**FUL Increases**

<u>Generic Name</u>	<u>FUL Price</u>
Carbamazepine 100 mg, Tablet, Chewable, Oral, 100	\$0.2025 R
Isosorbide Mononitrate 60 mg, Tablet, Extended Release, 100	\$0.6000 B
Lactulose 10 Gm/15 ml, Solution, Oral, 480	\$0.0221 R

**FUL Additions**

<u>Generic Name</u>	<u>FUL Price</u>
Carbamazepine 100 mg/5 ml, Suspension, Oral, 450	\$0.0837 R
Levetiracetam 100 mg/ml, Solution, Oral, 473	\$0.3488 B
250 mg, Tablet, Oral, 120	\$0.4313 B
500 mg, Tablet, Oral, 120	\$0.5271 B
750 mg, Tablet, Oral, 120	\$0.7141 B
1000 mg, Tablet, Oral, 60	\$1.4072 B
Minocycline Hydrochloride EQ 50 mg, Tablet, Oral, 100	\$3.0000 B
EQ 75 mg, Tablet, Oral, 100	\$4.4400 B
EQ 100 mg, Tablet, Oral, 50	\$5.2500 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>
13845	Purdue GMP Center LLC DBA The Chao Center	04/30/2009
43547	Solco Healthcare US, LLC	05/12/2009
44567	WG Critical Care, LLC	04/28/2009
65757	Alkermes, Inc	04/30/2009
66789	Multi-Pak Packaging	04/30/2009

### Voluntarily Terminated Labeler

The following labeler has requested voluntary termination effective October 1, 2009:

Patrin Pharma (Labeler 39328)

### Checkwrite Schedule

May 12, 2009	June 09, 2009	July 07, 2009
May 19, 2009	June 16, 2009	July 14, 2009
May 28, 2009	June 25, 2009	July 23, 2009
		August 04, 2009

### Electronic Cut-Off Schedule

May 07, 2009	June 04, 2009	July 02, 2009
May 14, 2009	June 11, 2009	July 09, 2009
May 21, 2009	June 18, 2009	July 16, 2009
		July 30, 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.*

---

**Thomas D'Andrea, R.Ph., MBA**  
Chief, Pharmacy and Ancillary Services  
Division of Medical Assistance  
Department of Health and Human Services

**Lisa Weeks, PharmD, R.Ph.**  
Outpatient Pharmacy Program Manager  
Division of Medical Assistance  
Department of Health and Human Services

**Craigan L. Gray, MD., MBA., JD**  
Director  
Division of Medical Assistance  
Department of Health and Human Services

**Ann Slade, R.Ph.**  
Chief, Pharmacy Review Section  
Division of Medical Assistance  
Department of Health and Human Services

**Sharon H. Greeson, R.Ph.**  
Pharmacy Director  
EDS

**Melissa Robinson**  
Executive Director  
EDS

---