



An Information Service of the Division of Medical Assistance

**North Carolina
Medicaid Pharmacy
Newsletter**

Number 228

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Preferred Brands

As an integral part of pharmacy services, the Preferred Drug List (PDL) helps steer beneficiaries towards drugs that are both therapeutically appropriate and cost effective. The PDL is reviewed on an annual basis by the PDL review panel which has been established by the secretary of the North Carolina Department of Health and Human Services (DHHS). This panel receives recommendations from DHHS, the Division of Medical Assistance (DMA), the Physicians Advisory Group and Pharmacy and Therapeutics (P&T) Committee.

The PDL consists of drugs that are preferred based on rebate agreements between the labeler, CMS, and the state of North Carolina. The Medicaid drug rebate program requires a drug manufacturer to have a national rebate agreement with the secretary of DHHS in exchange for Medicaid coverage of most of the manufacturer's drugs. These rebates are paid by drug manufacturers on a quarterly basis and are shared between the state of North Carolina and the federal government.

While most drugs in the preferred category in the PDL are generics, there are also brand name drugs that are preferred. Preferred brand name drugs deliver significant savings to the state in the form of supplemental rebates. Once federal, state and supplemental rebates are accounted for, the overall costs to the state for covering a brand name drug may be significantly less than a generic equivalent drug. Please note that providers are not penalized for dispensing a preferred brand name drug. A preferred brand name drug qualifies as a generic when determining the 'Generic Dispensing Percentage Rate.' Thus, providers are strongly encouraged to dispense the preferred brand name drug in the PDL, as this counts as a generic from the provider's perspective and delivers significant savings to the state.

72-Hour Emergency Supply Available for Pharmacy Prior Authorization Drugs

Pharmacy providers are encouraged to use the 72-hour emergency supply allowed for drugs requiring prior authorization. ***Federal law requires that this emergency supply be available to Medicaid recipients for drugs requiring prior authorization.*** [Social Security Act, Section 1927, 42 U.S.C. 1396r-8(d)(5)(B)]. Use of this emergency supply will ensure access to medically necessary medications.

The system will bypass the prior authorization requirement if an emergency supply is indicated. A "3" in the Level of Service field (418-DI) should be used to indicate that the transaction is an emergency fill. ***Please Note: Co-payments will apply and only the drug cost will be reimbursed. There is no limit to the number of times the emergency supply can be used.***

Updated Federal Upper Limit Reimbursement List

Certain drugs 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 on the FUL list until the FUL rate has been adjusted to adequately cover the cost of the drug.

As indicated in previous communications, use of the *DAWI* override code is being monitored. A claim submitted for more than the State Maximum Allowable Cost (SMAC) rate on file may lead to an identifiable overpayment. Any difference between the SMAC rate on file for the date of service and the actual rate applied to the claim (*if higher*) may be considered an overpayment and subject to recoupment.

NDC	NAME
00054302802	ACETYLCYSTEI 200 MG VIAL ROXANE
53489017701	ALBUTEROL SULF 4MG TAB MUTUAL
00378477501	BENAZAPRIL/HCTZ 20/25MG TAB MYLAN
45802002146	BETAMETH DIP 0.05 % LOT PERRIGO
00168005515	BETAMETHASONE DIP 0.05 % CRM SANDOZ
00168005546	BETAMETHASONE DIP 0.05 % CRM SANDOZ
00472037015	BETAMETHASONE VAL 0.1 % CREAM – ACTAVIS
00168004046	BETAMETHASONE VAL 0.1 % CRM SANDOZ
00168004015	BETAMETHASONE VAL 0.1% CREAM SANDOZ
64679090202	CAPTOPRIL 12.5MG TAB WOCKHARDT
51672404709	CARBAMAZEPINE 100 MG SUS TARO
60432012916	CARBAMAZEPINE 100 MG/5 ML SUSP MORTON GROVE
00185072401	CARISOPRODOL ASA 200-325MG TAB SANDOZ
00185072405	CARISOPRODOL ASA 200-325MG TAB SANDOZ
49884046565	CHOLESTYRAMINE SUCR 4 G PWD PAR
00185094098	CHOLESTYRAMINE SUCR 4 G PWD SANDOZ
00245053660	CHOLESTYRAMN 4 G PWD UPSHER SMITH
00781196160	CLARITHROMYCIN 250 MG TAB SANDOZ
00054003721	CLARITHROMYCIN 500 MG TAB ROXANE
00781196260	CLARITHROMYCIN 500 MG TAB SANDOZ
64679094901	CLARITHROMYCIN 500 MG TAB WOCKHARDT
68382076214	CLARITHROMYCIN 500 MG TAB ZYDUS
59762374301	CLINDAMY PHOS 1 % GEL GRN STONE
59762374302	CLINDAMY PHOS 1 % GEL GRN STONE
59762372802	CLINDAMY PHOS 1 % SOL GRN STONE
59762374401	CLINDAMYCIN 1% LOTION GRN STONE
00168020230	CLINDAMYCIN PHOS 1 % GEL SANDOZ
00168020260	CLINDAMYCIN PHOS 1 % GEL SANDOZ
00168020360	CLINDAMYCIN PHOSP 1% LOTION SANDOZ
51672125903	CLOBETASOL 0.05 % OINT TARO
50383026715	CLOBETASOL 0.05 %CRM HI-TECH
50383026730	CLOBETASOL 0.05 %CRM HI-TECH
50383026745	CLOBETASOL 0.05 %CRM HI-TECH
50383026760	CLOBETASOL 0.05 %CRM HI-TECH
00781202701	CLOMIPRAMINE 25 MG CAPSULE SANDOZ

51672401106	CLOMIPRAMINE 25 MG CAPSULE TARO
00378305001	CLOMIPRAMINE 50 MG CAPSULE MYLAN
00781203701	CLOMIPRAMINE 50 MG CAPSULE SANDOZ
51672401305	CLOMIPRAMINE 75 MG CAP TARO
00378302501	CLOMIPRAMINE HCL 25MG CAP MYLAN
51672401105	CLOMIPRAMINE HCL 25MG CAP TARO
51672401205	CLOMIPRAMINE HCL 50 MG CAP TARO
51672401206	CLOMIPRAMINE HCL 50 MG CAP TARO
00378003001	CLORAZEPATE 3.75 MG TABLET MYLAN
51672404801	CLOTRIMAZOLE 1 %-0.05% CRM TARO
51672404806	CLOTRIMAZOLE 1 %-0.05% CRM TARO
51672130803	CLOTRIMAZOLE-BETAMETH LOT TARO
00472037915	CLOTRM BMETH 1 %-0.05% CRM ACTAVIS
00472037945	CLOTRM BMETH 1 %-0.05% CRM ACTAVIS
00168025815	CLOTRM BMETH 1 %-0.05% CRM SANDOZ
00168025846	CLOTRM BMETH 1 %-0.05% CRM SANDOZ
00168037030	CLOTRM BMETH 1 %-0.05% LOT SANDOZ
00555095302	D-AMPHET SULF 10 MG TAB BARR
00406895901	D-AMPHET SULF 10 MG TAB MALLINCKRODT
00472080460	DESONIDE 0.05 % CREAM - ACTAVIS
45802042235	DESONIDE 0.05 % CRM PERRIGO
45802042237	DESONIDE 0.05 % CRM PERRIGO
00472080302	DESONIDE 0.05 % LOT ACTAVIS
00472080304	DESONIDE 0.05 % LOT ACTAVIS
00168031002	DESONIDE 0.05 % LOT SANDOZ
00168031004	DESONIDE 0.05 % LOT SANDOZ
45802042337	DESONIDE 0.05 % OINT PERRIGO
51672128003	DESONIDE 0.05 %CRM TARO
45802042335	DESONIDE 0.05 %OINT PERRIGO
51672128103	DESONIDE 0.05% OINT TARO
00591079510	DICYCLOMINE 20 MG TABLET ACTAVIS
00115981103	DIGIOXIN 0.125MG TAB GLOBAL PHARM
00527132410	DIGOX 0.125MG TAB LANNETT
00527132401	DIGOXIN 125 MCG TAB LANNETT CO
00527132501	DIGOXIN 250 MCG TAB LANNETT CO
60505009400	DOXAZOSIN MESYLATE 2 MG TAB APOTEX
60505009500	DOXAZOSIN MESYLATE 4 MG TAB APOTEX
00378425010	DOXEPIN 50 MG CAPSULE MYLAN
00378641001	DOXEPIN HCL 100 MG CAP MYLAN
00378641010	DOXEPIN HCL 100 MG CAP MYLAN
00378425001	DOXEPIN HCL 50 MG CAP MYLAN

00378537501	DOXEPIN HCL 75 MG CAP MYLAN
00591544050	DOXY HYCLATE 100 MG CAP ACTAVIS
00904042840	DOXY HYCLATE 100 MG CAP MAJOR
00143314205	DOXY HYCLATE 100 MG CAP WEST WARD
00143314250	DOXY HYCLATE 100 MG CAP WEST WARD
00143980305	DOXY HYCLATE 100 MG CAP WEST WARD
00591555305	DOXY HYCLATE 100 MG TAB ACTAVIS
53489012002	DOXY HYCLATE 100 MG TAB MUTUAL
53489012005	DOXY HYCLATE 100 MG TAB MUTUAL
00143211205	DOXY HYCLATE 100 MG TAB WEST WARD
53489011902	DOXY HYCLATE 100MG CAP MUTUAL
53489011905	DOXY HYCLATE 100MG CAP MUTUAL
53489011802	DOXY HYCLATE 50 MG CAP MUTUAL
00143314150	DOXY HYCLATE 50 MG CAP WEST WARD
00143211250	DOXYCYCLINE HYC 100MG TAB WEST WARD
68462010430	FLUCONAZOLE 200 MG TABLET GLENMARK
00172541360	FLUCONAZOLE 200 MG TABLET IVAX
51672125301	FLUOCINONIDE 0.05 % CRM TARO
51672125302	FLUOCINONIDE 0.05 % CRM TARO
51672125303	FLUOCINONIDE 0.05 % CRM TARO
51672125304	FLUOCINONIDE 0.05 % CRM TARO
00168013460	FLUOCINONIDE 0.05 % SOL SANDOZ
51672127304	FLUOCINONIDE 0.05 % SOL TARO
00093026292	FLUOCINONIDE 0.05% CREAM TEVA
00093026330	FLUOCINONIDE E 0.05 % CRM TEVA
00093026392	FLUOCINONIDE E 0.05 % CRM TEVA
61314063305	GENTAMICIN 0.3% EYE DROP SANDOZ
45802005611	GENTAMICIN SULF 0.1% CREAM PERRIGO
00713063986	HALOBETASOL PROP 0.05 % OINT G&M LABS
51672407401	HC BUTYRATE 0.1 % CRM TARO
45802045535	HC VALERATE 0.2 % CRM PERRIGO
45802045537	HC VALERATE 0.2 % CRM PERRIGO
45802045542	HC VALERATE 0.2 % CRM PERRIGO
51672129001	HC VALERATE 0.2 % CRM TARO
51672129003	HC VALERATE 0.2 % CRM TARO
51672129006	HC VALERATE 0.2 % CRM TARO
51672129201	HC VALERATE 0.2 % OINT TARO
51672129203	HC VALERATE 0.2 % OINT TARO
51672129206	HC VALERATE 0.2 % OINT TARO
00378034701	HCTZ PROPRANOLOL 25MG /80 MG TAB MYLAN
00781100801	HCTZ TRIAM 75 MG-50MG TAB SANDOZ

00781100805	HCTZ TRIAM 75 MG-50MG TAB SANDOZ
00378135501	HCTZ TRIAM75 MG-50TABMYLA
00378135505	HCTZ TRIAM75 MG-50TABMYLA
53746046405	IBUPROFEN 400 MG TABLET AMNEAL
00781169501	ISOSORB DINI20 MG TAB SANDOZ
00781169510	ISOSORB DINI20 MG TAB SANDOZ
00591060701	LABETALOL 300 MG TAB ACTAVIS
00591060505	LABETALOL HCL 100 MG TABLET ACTAVIS
48102010101	METHAZOLAMDE 50 MG TAB FERA
00781107101	METHAZOLAMDE 50 MG TAB SANDOZ
00555057202	METHOTREXATE 2.5 MG TAB BARR
00555057235	METHOTREXATE 2.5 MG TAB BARR
00054455015	METHOTREXATE 2.5 MG TAB ROXANE
00054455025	METHOTREXATE 2.5 MG TAB ROXANE
53014053107	METHYLPHENIDATE 5MG TAB UCB
00591588301	METHYLPHN HCL 10 MG TAB ACTAVIS
57664022988	METHYLPHN HCL 10 MG TAB CARACO
00406114401	METHYLPHN HCL 10 MG TAB MALLINCKRODT
00406114410	METHYLPHN HCL 10 MG TAB MALLINCKRODT
00781574901	METHYLPHN HCL 10 MG TAB SANDOZ
00591588401	METHYLPHN HCL 20 MG TAB ACTAVIS
57664023088	METHYLPHN HCL 20 MG TAB CARACO
00406114601	METHYLPHN HCL 20 MG TAB MALLINCKRODT
00781575301	METHYLPHN HCL 20 MG TAB SANDOZ
57664022888	METHYLPHN HCL 5 MG TAB CARACO
00406114201	METHYLPHN HCL 5 MG TAB MALLINCKRODT
00406114210	METHYLPHN HCL 5 MG TAB MALLINCKRODT
00781574801	METHYLPHN HCL 5 MG TAB SANDOZ
00603459315	METHYLPREDNISOL 4 MG TAB QUALITEST
00603459321	METHYLPREDNISOL 4 MG TAB QUALITEST
59746000103	METHYLPREDNISOLONE 4 MG TAB CADISTA
67253032010	METHYLTREXATE SODIUM 2.5 MG TAB DAVA
00591252250	METRONIDAZOL 500 MG TAB ACTAVIS
67405011045	METRONIDAZOLE 0.75 % CRM HARRIS
51672411606	METRONIDAZOLE 0.75 % GEL TARO
00168038360	METRONIDAZOLE 0.75 % LOT SANDOZ
00472091145	METRONIDAZOLE 0.75% CREAM ACTAVIS
50111033301	METRONIDAZOLE 250 MG TAB PLIVA
00591252101	METRONIDAZOLE 250 MG TABLET ACTAVIS
50111033401	METRONIDAZOLE 500 MG TAB PLIVA
50111033402	METRONIDAZOLE 500 MG TAB PLIVA

00713063415	MOMETASONE 0.1 % CRM G&M LABS
00093423501	NADOLOL 20 MG TAB TEVA
00781118101	NADOLOL 20MG CAP SANDOZ
00378117110	NADOLOL 40 MG TAB MYLAN
00781118201	NADOLOL 40 MG TAB SANDOZ
00093423601	NADOLOL 40 MG TAB TEVA
61314063136	NEO POL DEXA 3.5-10 OINT SANDOZ
61314064610	NEO POLYMX HCL 3.5-10% SOL SANDOZ
24208079535	NEOMYC-POLYM-DEXAMET EYE OINT VALEANT
00591578701	NORTRPTYLINE HCL 25 MG CAP ACTAVIS
00591578705	NORTRPTYLINE HCL 25 MG CAP ACTAVIS
00591578710	NORTRPTYLINE HCL 25 MG CAP ACTAVIS
00168008160	NYST TRIAMC 100000 CRM SANDOZ
00168008130	NYST TRIAMCI 100000 CRM SANDOZ
51672126301	NYST TRIAMCIN 100000 CRM TARO
51672126302	NYST TRIAMCIN 100000 CRM TARO
51672126303	NYST TRIAMCIN 100000 CRM TARO
51672127201	NYST TRIAMCIN 100000 OINT TARO
51672127202	NYST TRIAMCIN 100000 OINT TARO
51672127203	NYST TRIAMCIN 100000 OINT TARO
00168005430	NYSTATIN 100,000 UNIT/GM CRM SANDOZ
45802005911	NYSTATIN 100000 UNIT CREAM PERRIGO
00472016315	NYSTATIN 100000/G CRM ACTAVIS
00472016330	NYSTATIN 100000/G CRM ACTAVIS
00603781874	NYSTATIN 100000/G CRM QUALITEST
00603781878	NYSTATIN 100000/G CRM QUALITEST
51672128901	NYSTATIN 100000/G CRM TARO
51672128902	NYSTATIN 100000/G CRM TARO
00472016615	NYSTATIN 100000/G OINT ACTAVIS
00472016630	NYSTATIN 100000/G OINT ACTAVIS
45802004811	NYSTATIN 100000/G OINT PERRIGO
45802004835	NYSTATIN 100000/G OINT PERRIGO
00093092401	OXAPROZIN 600MG TAB TEVA
00228206710	OXAZEPAM 10 MG CAP ACTAVIS
00228206910	OXAZEPAM 15 MG CAP ACTAVIS
00781281001	OXAZEPAM 15 MG CAPSULE SANDOZ
50111045602	OXYBUTYNIN 5 MG TABLET PLIVA
00832003810	OXYBUTYNIN 5 MG TABLET UPSHER SMITH
50111045603	OXYBUTYNIN 5MG TAB PLIVA
00603497521	OXYBUTYNIN CHLORIDE 5MG TABLET QUALITEST
00603497528	OXYBUTYNIN CHLORIDE 5MG TABLET QUALITEST

00603497532	OXYBUTYNIN CHLORIDE 5MG TABLET QUALITEST
68462034737	OXYCODON HCL 20 MG/ML CONC GLENMARK
00527142635	OXYCODON HCL 20 MG/ML CONC LANNETT
00527142636	OXYCODON HCL 20 MG/ML CONC LANNETT
66689002530	OXYCODON HCL 20MG/ML CONC. VISTA
68308014501	OXYCODONE 5 MG CAPSULE – MIDLOTHIAN LAB
68462020401	OXYCODONE 5 MG CAPSULE- GLENMARK
68084035401	OXYCODONE HCL 5 MG TAB AHP
68084035411	OXYCODONE HCL 5 MG TAB AHP
47781026301	OXYCODONE HCL 5 MG TAB ALVOGEN
13107005501	OXYCODONE HCL 5 MG TAB AUROBINDO
10702001801	OXYCODONE HCL 5 MG TAB KVK-TECH
00406055201	OXYCODONE HCL 5 MG TAB MALLINCKRODT
00406055223	OXYCODONE HCL 5 MG TAB MALLINCKRODT
00406055262	OXYCODONE HCL 5 MG TAB MALLINCKRODT
68308050547	OXYCODONE HCL 5 MG TAB MIDLOTHIAN LAB
00603499021	OXYCODONE HCL 5 MG TAB QUALITEST
00603499028	OXYCODONE HCL 5 MG TAB QUALITEST
68382079301	OXYCODONE HCL 5 MG TAB ZYDUS
00591216039	PHENADOZ 12.5 MG SUP ACTAVIS
00574723612	PHENADOZ 12.5MG SUP WATSON
00574723412	PHENADOZ 25 MG SUP WATSON
00591216139	PHENADOZ 25MG SUP ACTAVIS
29033001301	PIROXICAM 20 MG CAP NOSTRUM LAB
29033001305	PIROXICAM 20 MG CAP NOSTRUM LAB
00093075701	PIROXICAM 20 MG CAP TEVA
00093075705	PIROXICAM 20 MG CAP TEVA
62037071001	POTASSIUM CL ER 10 MEQ TAB ACTAVIS
00093720298	PRAVASTATIN 40MG TAB - TEVA
61314063705	PREDNISOLONE ACET 1 % DRP SANDOZ
61314063710	PREDNISOLONE ACET 1 % DRP SANDOZ
00603533832	PREDNISON 10 MG TABLET
00054001725	PREDNISON 10 MG TABLET ROXANE
00054001829	PREDNISON 20 MG TABLET ROXANE
45802075830	PROMETHAZINE 12.5 MG SUPPOS PERRIGO
00713053612	PROMETHEGAN 12.5 MG SUP G&M LABS
00713052612	PROMETHEGAN 25 MG SUPP.RECT - G & W LABS
00591081046	SILVER SULFA DIAZ 1 % CRM ACTAVIS
00591081055	SILVER SULFA DIAZ 1 % CRM ACTAVIS
00591081085	SILVER SULFA DIAZ 1 % CRM ACTAVIS
67877012440	SILVER SULFADIAZINE CREAM ASCEND

67877012450	SILVER SULFADIAZINE CREAM ASCEND
43598021040	SSD 1 % CRM DR. REDDY
43598021050	SSD 1 % CRM DR. REDDY
43598021055	SSD 1% CREAM DR.REDDY'S LAB
43598021085	SSD CREAM - DR. REDDY'S
24208067004	SULFACETA NA10 % DRP VALEANT
61314070101	SULFACETAMIDE NA 10 % DRP SANDOZ
61314064305	TOBRAMYCIN SULF 0.3 % DRP SANDOZ
45802006405	TRIAMCIN ACET 0.1 % CRM PERRIGO
45802006435	TRIAMCIN ACET 0.1 % CRM PERRIGO
45802006436	TRIAMCIN ACET 0.1 % CRM PERRIGO
51672128202	TRIAMCIN ACET 0.1 % CRM TARO
45802006535	TRIAMCIN ACET 0.5 % CRM PERRIGO
67877025180	TRIAMCINOLOLNE ACET 0.1% CREAM ASCEND
45802005536	TRIAMCINOLONE 0.1% OINTMENT PERRIGO
00168000315	TRIAMCINOLONE ACET 0.025% CRM SANDOZ
00168000380	TRIAMCINOLONE ACET 0.025% CRM SANDOZ
00168000415	TRIAMCINOLONE ACET 0.1 % CRM SANDOZ
00168000416	TRIAMCINOLONE ACET 0.1 % CRM SANDOZ
00168000480	TRIAMCINOLONE ACET 0.1 % CRM SANDOZ
00168000615	TRIAMCINOLONE ACET 0.1 % OINT SANDOZ
00168000616	TRIAMCINOLONE ACET 0.1 % OINT SANDOZ
00168000680	TRIAMCINOLONE ACET 0.1 % OINT SANDOZ
00168000215	TRIAMCINOLONE ACET 0.5 % CRM SANDOZ
59762371704	TRIAZOLAM 0.125 MG TABLET GREENSTONE
00054485929	TRIAZOLAM 0.25 MG TABLET ROXANE
16571016111	TRIHXYPHENIDYL 5 MG TABLET PACK

Electronic Cut-Off Schedule

Checkwrite Schedule

March 28, 2014
 April 4, 2014
 April 11, 2014
 April 18, 2014
 April 25, 2014

April 1, 2014
 April 8, 2014
 April 15, 2014
 April 22, 2014
 April 29, 2014

POS Claims must be transmitted and completed by 11:59 p.m. on the day of the electronic cut-off date to be included in the next checkwrite.

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