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In This Issue...

“Meets PA Criteria” Use when a Prior Authorization (PA) is required

Copays and Pregnant Women with Medicaid

Proper DAW Use with Narrow Therapeutic Index Drugs

**Coverage of Prescription Vitamins and Mineral Products for N.C. Medicaid
Recipients**

**Off Label Antipsychotic Safety Monitoring in Beneficiaries through Age 17
(A+KIDS) and Off Label Antipsychotic Safety (ASAP-adults) Re-instated June 5,
2015.**

New Job Aids for A+KIDS and ASAP

72-Hour Emergency Supply Available for Pharmacy Prior Authorization Drugs

Updated Federal Upper Limit Reimbursement List

Checkwrite Schedule for July 2015

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“Meets PA Criteria” Use when a Prior Authorization (PA) is required.

A prescriber may indicate “Meets PA Criteria” on the following types of prescriptions: Antipsychotics for Adults, Second Generation Anticonvulsants, Oral Inhaled Steroids, Millipred[®] Solution or Veripred[®] Solution. This may be handwritten on the face of the prescription or may also be entered in the comment block on e-prescriptions.

Pharmacist may override the prior authorization requirement at point-of-sale by entering a “1” in the PA Type Code Field or a “2” in the Submission Clarification Field.

Copays and Pregnant Women with Medicaid

Any female who is pregnant and has Medicaid should not be charged a copay. When the diagnosis of pregnancy is in NCTracks, this will automatically occur. When the diagnosis is not in NCTracks, it is up to the pharmacy to indicate this on the Point-of-Sale (POS) claim. To indicate pregnancy on a POS claim, the pharmacy must put a diagnosis of V222 on the claim AND a value of 2 in the Pregnancy Indicator Field. The pharmacy can also put a “4” in the Prior Authorization Type Code field to indicate pregnancy. This can be done on all products clearly used for pregnancy and the claim still indicates a copay.

When a patient claims she is pregnant AND the product is not clearly used in pregnancy AND the pharmacist cannot visually determine pregnancy AND the claim still indicates a copay, the prescriber may be called to verify pregnancy status.

If the prescriber indicates the patient is pregnant on the prescription in any way please override the copay requirement if the claim is requiring a copay.

Proper DAW Use with Narrow Therapeutic Index Drugs

A new prescription for a drug on the Narrow Therapeutic Index (NTI) list that is written under its brand or trade name **must be** filled with a generic version of the drug when one is available **unless** the prescriber has indicated that the brand name drug is necessary by handwriting “**medically necessary**” on the prescription order. A refill prescription order for an NTI drug written under its brand or trade name **may not** be substituted with a generic version of the drug without written or verbal consent from the prescriber.

Pharmacists **MUST** use the Dispense as Written (DAW) code “7” in field 408-D8 when it is necessary to dispense a brand name NTI drug. The DAW 7 code means that substitution is not allowed and dispensing the brand drug is mandated by law. Please use DAW 7 for ALL NTI prescriptions, even those where “medically necessary” is written on the prescription.

Narrow Therapeutic Index Drugs

Carbamazepine: all oral dosage forms

Cyclosporine: all oral dosage forms
Digoxin: all oral dosage forms
Ethosuximide
Levothyroxine sodium tablets
Lithium (including all salts): all oral dosage forms
Phenytoin (including all salts): all oral dosage forms
Procainamide
Tacrolimus: all oral dosage forms
Theophylline (including all salts): all oral dosage forms
Warfarin sodium tablets

Coverage of Prescription Vitamins and Mineral Products for N.C. Medicaid Recipients

Effective April 13, 2011, N.C. Medicaid discontinued coverage of legend vitamins and mineral products. The only exceptions are prenatal vitamins and fluoride at Point of Sale and Vitamin B-12 through a prescriber's office in the Physician's Drug Program. An error recently occurred with Vitamin D and Folic Acid, and this has been corrected. These products are no longer covered, **EXCEPT** for patients 0 to 21 years of age with a diagnosis of sickle cell disease.

Off Label Antipsychotic Safety Monitoring in Beneficiaries through Age 17 (A+KIDS) and Off Label Antipsychotic Safety (ASAP-adults) Re-instated June 5, 2015.

Effective **June 5, 2015**, the N.C. Division of Medical Assistance (DMA) re-instated the A+KIDS and ASAP programs. Providers are required to fill out an A+KIDS (for children 17 and younger) or ASAP (for adults 18 and older) prior authorization (PA) for any preferred or non-preferred antipsychotic medication. Providers are required to submit this prior authorization through the NCTracks Provider Portal or by calling CSC at 1-866-246-8505. **THERE WILL BE NO FAX FORMS.** Please refer to the [policy](#) for any questions.

Pharmacists: You can use an "11" in the Submission Clarification Field to override both types of PA requirements to ensure patients obtain their medications. Since this override can only be used **two** times per 365 days, please inform the prescriber the need for PA. In addition, "Meets PA Criteria" may be written on **adult** antipsychotic prescriptions, and you may use a "1" in the PA Type Code field or a "2" in the Submission Clarification field to override the PA edits. All non-preferred medication requests will require the non-preferred ASAP or A+KIDS PA to be processed. There is no override. Please use the 72-hour override (a "3" in the Level of Service field), to ensure no gaps in therapy.

New Job Aids for A+KIDS and ASAP

The Antipsychotic Safety Monitoring in Children through Age 17 (A+KIDS) and Adult Safety with Antipsychotic Prescribing (ASAP) programs were re-instated June 5, 2015. (For more information, see the [May 13 announcement](#).)

New A+KIDS and ASAP job aids for pharmacists and prescribers are in Skillport, the NCTracks Learning Management System. The job aids provide instruction on accessing the online A+KIDS and ASAP drug type forms via the NCTracks secure provider portal, as well as changes in the NC Medicaid and NC Health Choice Prior Approval (PA) Criteria. **A+KIDS and ASAP paper fax forms have been discontinued.** The job aids can be viewed online, printed or downloaded.

To access the new job aids, log on to the secure NCTracks Provider Portal and click Provider Training to access SkillPort. Open the folder labeled User Guides (reference library). The job aids can be found in the sub-folder labeled Reference Documents. Refer to the [Provider Training page](#) of the public Provider Portal for specific instructions on how to use SkillPort. The Provider Training page also includes a quick reference regarding Java, which is required for the use of SkillPort.

Direct questions to the NCTracks Pharmacy PA Unit at 1-866-246-8505.

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. Use a "3" in the Level of Service field (418-DI) to indicate that the transaction is an emergency fill. ***Note: Copayments 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

The Federal Upper Limit (FUL) reimbursement rate does not cover the cost of certain drugs. Medicaid pharmacy programs are required to reference this reimbursement information when pricing drug claims. To receive adequate reimbursement, pharmacy providers may use the DAW1 override to disregard 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.

The list below are **ONLY NEW ADDITIONS** since the previous month. The full list is available [here](#).

NDC	NAME
00472082902	FLUOCINONIDE 0.05% SOL/ACTAVIS
43199003120	FLUOCINONIDE 0.05% SOL/COUNTY LINE
43199003160	FLUOCINONIDE 0.05% SOL/COUNTY LINE
51672127302	FLUOCINONIDE 0.05% SOL/TARO
00378117101	NADOLOL 40 MG TAB/MYLAN
00781118210	NADOLOL 40 MG TAB/SANDOZ
00781118292	NADOLOL 40 MG TAB/SANDOZ
51079081301	NADOLOL 40 MG TAB/MYLAN
51079081320	NADOLOL 40 MG TAB/MYLAN
59762081101	NADOLOL 40 MG TAB/GREENSTONE
68001022000	NADOLOL 40 MG TAB/BLUEPOINT
68001022008	NADOLOL 40 MG TAB/BLUEPOINT
68084076321	NADOLOL 40 MG TAB/AHP
00093423701	NADOLOL 80 MG TAB/TEVA
00378113201	NADOLOL 80 MG TAB/MYLAN
00378113210	NADOLOL 80 MG TAB/MYLAN
00781118301	NADOLOL 80 MG TAB/SANDOZ
00781118310	NADOLOL 80 MG TAB/SANDOZ
00781118392	NADOLOL 80 MG TAB/SANDOZ
59762081201	NADOLOL 80 MG TAB/GREENSTONE
68001021900	NADOLOL 80 MG TAB/BLUEPOINT
00781118110	NADOLOL 20 MG TAB/SANDOZ
00781118192	NADOLOL 20 MG TAB/SANDOZ
51079081201	NADOLOL 20 MG TAB/MYLAN
51079081220	NADOLOL 20 MG TAB/MYLAN
59762081001	NADOLOL 20 MG TAB/GREENSTONE
68001022100	NADOLOL 20 MG TAB/BLUEPOINT
68084075521	NADOLOL 20 MG TAB/AHP
00093423401	BUMETANIDE 2 MG TAB/TEVA
00093423410	BUMETANIDE 2 MG TAB/TEVA

00591252105	METRONIDAZOLE 250 MG TAB/ACTAVIS
00591252125	METRONIDAZOLE 250 MG TAB/ACTAVIS
23155006401	METRONIDAZOLE 250 MG TAB/HERITAGE
23155006405	METRONIDAZOLE 250 MG TAB/HERITAGE
29300022601	METRONIDAZOLE 250 MG TAB/UNICHEM
29300022605	METRONIDAZOLE 250 MG TAB/UNICHEM
29300022652	METRONIDAZOLE 250 MG TAB/UNICHEM
50111033302	METRONIDAZOLE 250 MG TAB/PLIVA
50111033306	METRONIDAZOLE 250 MG TAB/PLIVA
51079021620	METRONIDAZOLE 250 MG TAB/MYLAN
68001022900	METRONIDAZOLE 250 MG TAB/BLUEPOINT
68001022903	METRONIDAZOLE 250 MG TAB/BLUEPOINT
68001022913	METRONIDAZOLE 250 MG TAB/BLUEPOINT
10544057890	HYDROXYCHLOROQUINE 200 MG TAB/BLENHEIM
63304029601	HYDROXYCHLOROQUINE 200 MG TAB/RANBAXY
63304029605	HYDROXYCHLOROQUINE 200 MG TAB/RANBAXY
68084026901	HYDROXYCHLOROQUINE 200 MG TAB/AHP
68084026911	HYDROXYCHLOROQUINE 200 MG TAB/AHP

Electronic Cut-off Schedule

Checkwrite Schedule

July 3, 2015
 July 10, 2015
 July 17, 2015
 July 24, 2015

July 7, 2015
 July 14, 2015
 July 21, 2015
 July 28, 2015

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.

The 2015 checkwrite schedules are under **Quick Links** on the NCTracks [Provider Portal home page](#).

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