 nc department of health and human services

An Information Service of the Division of Medical Assistance

North Carolina

Medicaid Pharmacy

Newsletter

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Pharmacy Prior Authorization and/or Claim Inquiries

Inquiries regarding pharmacy prior authorization may be made by only the provider, patient, or the networks of Community Care of North Carolina (CCNC) on behalf of the patient or provider. Inquiries regarding pharmacy claims may be made by only the prescriber, pharmacy, patient or CCNC. This information will not be shared with other vendors working on behalf of a provider as neither North Carolina Medicaid nor its fiscal agent, CSC, can verify the relationship.

Pharmacy prior authorizations made using a service outside of NCTracks will not be accepted and will be voided. Prior authorizations must be initiated by the prescriber and must use proper forms, or be submitted using the NCTracks provider portal. Forms received through outside services will be voided as the information is often incorrect or the wrong form is used.

Calcitriol coverage

Calcitriol is covered for the following conditions:

Predialysis Patients

Rocaltrol (calcitriol) is indicated in the management of secondary hyperparathyroidism and resultant metabolic bone disease in patients with moderate to severe chronic renal failure (Ccr 15 to 55 mL/min) not yet on dialysis. In children, the creatinine clearance value must be corrected for a surface area of 1.73 square meters. A serum iPTH level of ≥ 100 pg/mL is strongly suggestive of secondary hyperparathyroidism.

Dialysis Patients

Rocaltrol (calcitriol) is indicated in the management of hypocalcemia and the resultant metabolic bone disease in patients undergoing chronic renal dialysis. In these patients, Rocaltrol (calcitriol) administration enhances calcium absorption, reduces serum alkaline phosphatase levels, and may reduce elevated parathyroid hormone levels and the histological manifestations of osteitis fibrosa cystica and defective mineralization.

Hypoparathyroidism Patients

Rocaltrol (calcitriol) also is indicated in the management of hypocalcemia and its clinical manifestations in patients with postsurgical hypoparathyroidism, idiopathic hypoparathyroidism, and pseudohypoparathyroidism.

Ergocalciferol continues to be non-covered except for patients with N.C. Health Choice or who are under the age of 21 with N.C. Medicaid.

Myers and Stauffer: New Pharmacy Actuary and Pricing Specialist

Myers and Stauffer is the new pharmacy actuary and pricing specialist for North Carolina Medicaid. For State Maximum Allowable Cost (SMAC) inquires please use the form found at http://www2.ncdhhs.gov/dma/pharmacy/smacpricing_0815.pdf. SMAC inquires may be sent via email to ncpharmacy@mslc.com using this form or via the web at www.mslc.com/northcarolina.

Please visit the N.C. DHHS Outpatient Pharmacy webpage at http://www2.ncdhhs.gov/dma/pharmacy/index.htm under What's New - "Myers and Stauffer - Pricing and Contact Information" for more details.

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 *DAW1* 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
00378268501	AMITRIPTYLINE 100 MG TAB/MYLAN
16729017501	AMITRIPTYLINE 100 MG TAB/ACCORD
16714045001	AMITRIPTYLINE 100 MG TAB/NORTHSTAR RX

Electronic Cut-off Schedule   **Checkwrite Schedule**

July 31, 2015   August 4, 2015
August 7, 2015   August 11, 2015
August 14, 2015   August 18, 2015
August 21, 2015   August 25, 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 schedule is under **Quick Links** on the NCTracks Provider Portal home page.

John Stancil, R.Ph.
Director, Pharmacy and Ancillary Services
Division of Medical Assistance
NC Department of Health and Human Services

Rick Paderick, R.Ph.
Pharmacy Director
NCTracks
CSC

Jason Swartz, R.Ph, MBA
Pharmacy Program Manager
Division of Medical Assistance
NC Department of Health and Human Services

Lori Landman
Deputy Executive Account Director
NCTracks
CSC

Sandra Terrell, RN
Director of Clinical
Division of Medical Assistance
NC Department of Health and Human Services

Paul Guthery
Executive Account Director
NCTracks
CSC

Dave Richard
Deputy Secretary for Medical Assistance
Division of Medical Assistance
NC Department of Health and Human Services

Nancy Henley, MD
Chief Medical Officer
Division of Medical Assistance
NC Department of Health and Human Services