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In This Issue...

Pharmacy Pricing Changes

72-hour Emergency Supply Available for Pharmacy Prior Authorization Drugs

Updated Federal Upper Limit Reimbursement List

Checkwrite Schedule for December 2015

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Pharmacy Pricing Changes

Effective with a date of service of **January 1, 2016**, DMA will be making the following changes to pricing of medications per Session Law 2015-241, <http://www.ncga.state.nc.us/Sessions/2015/Bills/House/PDF/H97v9.pdf>. **This pricing model IS NOT programmed at this time.** Although this is not yet effective, reimbursement will be made according to these parameters once DMA has approval from the Centers for Medicare & Medicaid Services (CMS) and programming is completed in NCTracks.

The current State Plan Amendment follows, but is subject to change depending on CMS approval:

1. Medications will be paid at the National Average Drug Acquisition Cost (NADAC) or Usual and Customary (U&C) price submitted by the pharmacy if they are less than the NADAC price. NADAC is the Center for Medicare & Medicaid Services, (CMS) survey on drug prices, <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Survey-of-Retail-Prices.html>. NADAC has two prices, a brand NADAC price for branded products and a generic NADAC price for products that are generic or a brand that has generic equivalents. Brand NADAC prices will be paid for all preferred brands, brands that do not have a generic equivalent, and for brands where the physician indicated 'medically necessary' on the prescription, and the pharmacy submits a DAW1. The generic NADAC prices will be used in all other cases.
2. If a price is not found on NADAC, the product will be priced at the lesser of Wholesale Acquisition Cost (WAC), State Maximum Allowable Cost (SMAC) or U&C.
3. Dispensing fees will change to \$3.98 for non-preferred brand product listed on the preferred drug list (PDL) or brands not listed on the PDL. Preferred brands and generics will be paid a rate according to the individual pharmacy's generic dispensing rate (GDR). A GDR \geq 85% will receive a dispensing fee of \$13.00; <85% will receive a dispensing fee of \$7.88.
4. Federal Upper Limits, (FULs) will no longer be used in the pricing logic.
5. Claims paid between January 1, 2016, and when NCTracks is updated will be reversed and rebilled according to the new pricing logic. Until then, pharmacies will continue to be paid according to the old logic. Be aware that this may result in an overpayment once the reverse and rebilling process is completed. Any difference will be held against future payments.

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 ***DAWI*** 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 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.

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

NDC	NAME
49884046663	CHOLESTYRAMINE LIGHT PACKET/PAR
68084070301	IBUPROFEN 600 MG TABLET/AHP
65162110205	IBUPROFEN 600 MG TABLET/AMNEAL
53746046500	IBUPROFEN 600 MG TABLET/AMNEAL
53746046501	IBUPROFEN 600 MG TABLET/AMNEAL
53746046505	IBUPROFEN 600 MG TABLET/AMNEAL
53746046550	IBUPROFEN 600 MG TABLET/AMNEAL
53746046560	IBUPROFEN 600 MG TABLET/AMNEAL
53746046590	IBUPROFEN 600 MG TABLET/AMNEAL
69238110205	IBUPROFEN 600 MG TABLET/AMNEAL

55111068350	IBUPROFEN 600 MG TABLET/DR. REDDY'S
55111068301	IBUPROFEN 600 MG TABLET/DR. REDDY'S
55111068305	IBUPROFEN 600 MG TABLET/DR. REDDY'S
55111068388	IBUPROFEN 600 MG TABLET/DR. REDDY'S
60429022001	IBUPROFEN 600 MG TABLET/GSMS
60429022005	IBUPROFEN 600 MG TABLET/GSMS
68645022159	IBUPROFEN 600 MG TABLET/LEGACY
68645047559	IBUPROFEN 600 MG TABLET/LEGACY
00904585440	IBUPROFEN 600 MG TABLET/MAJOR
00904585460	IBUPROFEN 600 MG TABLET/MAJOR
00904585461	IBUPROFEN 600 MG TABLET/MAJOR
63739068401	IBUPROFEN 600 MG TABLET/MCKESSON
63739068410	IBUPROFEN 600 MG TABLET/MCKESSON
00591555701	PROPRANOLOL 80 MG TAB/ACTAVIS
00591555705	PROPRANOLOL 80 MG TAB/ACTAVIS
23155011401	PROPRANOLOL 80 MG TAB/HERITAGE
23155011405	PROPRANOLOL 80 MG TAB/HERITAGE
00378018501	PROPRANOLOL 80 MG TAB/MYLAN
00378018505	PROPRANOLOL 80 MG TAB/MYLAN
16714002511	PROPRANOLOL 80 MG TAB/NORTHSTAR
50111047101	PROPRANOLOL 80 MG TAB/PLIVA
50111047102	PROPRANOLOL 80 MG TAB/PLIVA
00603548621	PROPRANOLOL 80 MG TAB/QUALITEST
00603548628	PROPRANOLOL 80 MG TAB/QUALITEST
00228277911	PROPRANOLOL ER 80 MG CAP/ACTAVIS
00228277950	PROPRANOLOL ER 80 MG CAP/ACTAVIS
68084050401	PROPRANOLOL ER 80 MG CAP/AHP
68084050411	PROPRANOLOL ER 80 MG CAP/AHP
51991081801	PROPRANOLOL ER 80 MG CAP/BRECKENRIDGE
51991081805	PROPRANOLOL ER 80 MG CAP/BRECKENRIDGE
00245008510	PROPRANOLOL ER 80 MG CAP/UPSHER SMITH
00245008511	PROPRANOLOL ER 80 MG CAP/UPSHER SMITH
00591034801	TRIAMTERENE-HCTZ 75-50 MG TAB/ACTAVIS
00591034805	TRIAMTERENE-HCTZ 75-50 MG TAB/ACTAVIS
00591034810	TRIAMTERENE-HCTZ 75-50 MG TAB/ACTAVIS
60505265701	TRIAMTERENE-HCTZ 75-50 MG TAB/APOTEX
60505265705	TRIAMTERENE-HCTZ 75-50 MG TAB/APOTEX
68001021500	TRIAMTERENE-HCTZ 75-50 MG TAB/BLUEPOINT
68001021503	TRIAMTERENE-HCTZ 75-50 MG TAB/BLUEPOINT

51079043301	TRIAMTERENE-HCTZ 75-50 MG TAB/MYLAN
51079043320	TRIAMTERENE-HCTZ 75-50 MG TAB/MYLAN

Electronic Cut-off Schedule

November 27, 2015
December 4, 2015
December 11, 2015
December 25, 2015

Checkwrite Schedule

December 1, 2015
December 8, 2015
December 15, 2015
December 29, 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 and 2016 DMA checkwrite schedules are under **Quick Links** on the NCTracks [Provider Portal home page](#).

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