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In This Issue...

Pharmacy Pricing Changes

Price Increase on Six Roche Accu-Check Products Effective Feb. 1, 2016

72-hour Emergency Supply Available for Pharmacy Prior Authorization Drugs

Updated Federal Upper Limit Reimbursement List

Checkwrite Schedule for January 2016

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Pharmacy Pricing Changes

Effective with a date of service of **Jan. 1, 2016**, DMA will make the following medication pricing changes 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.

Price Increase on Six Roche Accu-Chek Products Effective Feb. 1, 2016

On Feb. 1, 2016, Roche Diabetes Care will have a price increase on six Accu-Chek products that are currently on the NC Medicaid Diabetic Supplies program. The Provider Rebate for these six products will increase to offset the increased list cost. The following chart outlines Accu-Chek products covered by North Carolina Medicaid along with the specific reimbursement/rebate amounts:

Product	NDC #	Roche list price effective 2/1/16	NC Medicaid SMAC	Effective 2/1/2016 Roche Provider Rebate amount
ACCU-CHEK® AVIVA PLUS 50 ct test strips	65702-0407-10	\$ 78.07	\$29.46	\$50.17
ACCU-CHEK® SMARTVIEW 50 ct test strips	65702-0492-10	\$ 78.07	\$29.46	\$50.17
ACCU-CHEK® COMPACT 51 ct test strips	50924-0988-50	\$ 80.11	\$29.46	\$52.21
SOFTCLIX LANCING DEVICE KIT (BLUE)	50924-0957-01	\$ 22.50	\$17.55	\$5.08
SOFTCLIX LANCING DEVICE KIT (BLACK)	65702-0400-10	\$ 22.50	\$17.55	\$5.08
FASTCLIX LANCING DEVICE KIT	65702-0481-10	\$ 9.99	\$17.55	\$0.00
MULTICLIX LANCING DEVICE KIT	50924-0446-01	\$ 22.50	\$17.55	\$5.08
ACCU-CHEK® Multiclix 102 ct Lancets	50924-0450-01	\$ 14.99	\$10.69	\$4.99
ACCU-CHEK® Softclix 100 ct Lancets	50924-0971-10	\$ 11.99	\$10.69	\$3.24
ACCU-CHEK® Fastclix 102 ct Lancets	65702-0288-10	\$ 12.99	\$10.69	\$2.99
ACCU-CHEK® Aviva glucose control solution (2 levels)	65702-0107-10	\$ 7.00	\$11.13	\$0.00
ACCU-CHEK® Compact Plus glucose control solution (2 levels)	65702-0369-10	\$ 7.00	\$11.13	\$0.00
ACCU-CHEK® Compact Plus clear glucose control solution (2 levels)	65702-0468-10	\$ 7.00	\$11.13	\$0.00

ACCU-CHEK® SmartView glucose control solution (1 level)	65702-0488- 10	\$ 4.25	\$11.13	\$0.00
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* List Price subject to wholesaler mark-ups

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 on the DMA Outpatient Pharmacy Services webpage [here](#).

NDC	NAME
00591505201	PREDNISONE 5 MG TAB/ACTAVIS
00591505210	PREDNISONE 5 MG TAB/ACTAVIS
60687012201	PREDNISONE 5 MG TAB/AHP
60687012211	PREDNISONE 5 MG TAB/AHP

59746017206	PREDNISON 5 MG TAB/CADISTA
59746017210	PREDNISON 5 MG TAB/CADISTA
63739051810	PREDNISON 5 MG TAB/MCKESSON
63739020710	PREDNISON 5 MG TAB/MCKESSON
00054472825	PREDNISON 5 MG TAB/ROXANE
00054472831	PREDNISON 5 MG TAB/ROXANE
00054872425	PREDNISON 5 MG TAB/ROXANE
00143147501	PREDNISON 5 MG TAB/WEST-WARD
00143147510	PREDNISON 5 MG TAB/WEST-WARD
00143974001	PREDNISON 5 MG TAB/WEST-WARD
00143974010	PREDNISON 5 MG TAB/WEST-WARD
16729017301	AMITRIPTYLINE 50 MG TAB/ACCORD
16729017317	AMITRIPTYLINE 50 MG TAB/ACCORD
00904020261	AMITRIPTYLINE 50 MG TAB/MAJOR
00378265001	AMITRIPTYLINE 50 MG TAB/MYLAN
00378265010	AMITRIPTYLINE 50 MG TAB/MYLAN
51079013301	AMITRIPTYLINE 50 MG TAB/MYLAN
51079013320	AMITRIPTYLINE 50 MG TAB/MYLAN
51079013363	AMITRIPTYLINE 50 MG TAB/MYLAN
00168035550	HALOBETASOL 0.05% CREAM/FOUGERA
00713064015	HALOBETASOL 0.05% CREAM/G&W
00713064086	HALOBETASOL 0.05% CREAM/G&W
45802012932	HALOBETASOL PROP 0.05% CREAM/PERRGIO
45802012935	HALOBETASOL PROP 0.05% CREAM/PERRGIO
51672132101	HALOBETASOL PROP 0.05% CREAM/TARO
51672132103	HALOBETASOL PROP 0.05% CREAM/TARO
00185013001	BUMETANIDE 2 MG TABLET/SANDOZ
00185013005	BUMETANIDE 2 MG TABLET/SANDOZ
42799012101	BUMETANIDE 2 MG TABLET/EDENBRIDGE
42799012102	BUMETANIDE 2 MG TABLET/EDENBRIDGE

Electronic Cut-off Schedule

January 1, 2016
January 8, 2016
January 15, 2016
January 22, 2016

Checkwrite Schedule

January 5, 2016
January 12, 2016
January 20, 2016
January 26, 2016

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 2016 DMA checkwrite schedule is under **Quick Links** on the NCTracks [Provider Portal home page](#).

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