



An Information Service of the Division of Health Benefits

**North Carolina
Medicaid Pharmacy
Newsletter**

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Generic Miralax (Polyethylene Glycol 3350) Moves To OTC Only

As of November 2, 2018, the Federal Drug Administration (FDA) has [officially withdrawn approval](#) for certain prescription PEG-3350 products that have been deemed to have no ‘meaningful difference’ with available over the counter (OTC) products.

At this time, OTC Miralax and PEG-3350 products are not covered by Medicaid. A service not covered under the NC Medicaid State Plan may be covered for recipients under 21 years of age if the service is listed at 1905(a) of the Social Security Act and if all EPSDT criteria are met.

To submit a pharmacy EPSDT request, providers will need to complete two forms. The *Non-Covered State Medicaid Plan Services Requisition Form for Recipients under 21 years old* must be submitted with the *Pharmacy PA Standard Drug Request Form* available in the NCTracks Provider Portal or on the [NCTracks Pharmacy Services page](#).

NC Medicaid is working through the policy process to add coverage for OTC PEG-3350 products that meet criteria outlined in the Outpatient Pharmacy Policy 9.

NADAC Rate Update Process

Pharmacy providers anticipate drug manufacturer price increases in January and July each year and the Division of Health Benefits (DHB) has received questions from pharmacy providers regarding the process used to update the National Average Drug Acquisition Cost (NADAC) rates.

- NADAC rates are updated based on manufacturer pricing changes (i.e. Wholesale Acquisition Cost (WAC)).
- Myers and Stauffer LC, the Centers for Medicare and Medicaid (CMS) contractor, receives weekly files from First Databank (FDB) and implements any price changes on the next NADAC file.

Changes in the NADAC rates due to WAC changes will receive the effective date of the WAC change. Therefore, these NADAC rates will appear backdated as long as the effective date of the WAC change does not cross the previous effective date.

For example, a WAC update for drug A has an effective date of Jan. 4, 2018 and is received on the weekly FDB file on Jan. 6, 2018. Myers and Stauffer LC would apply the update to the rate for drug A to the NADAC file published by CMS on Jan. 11, 2018 and the NADAC effective date would be Jan. 4, 2018, not Jan. 11, 2018. Myers and Stauffer LC then collects January invoices beginning Feb. 1, 2018 and would implement the rates reflective of January purchases prices in March unless they receive a help desk call that warrants an increase or decrease to the NADAC rate.

It is the responsibility of the pharmacy provider to access all NADAC rate changes and reprocess pharmacy claims, when appropriate, to receive the updated reimbursement rate.

NC pharmacy providers may contact the **NADAC Help Desk** for any questions related to the NADAC survey process or if they have questions or concerns with a specific NADAC rate, such as those related to recent large price increases or drug shortages. Myers and Stauffer LC will operate the NADAC help desk Monday through Friday from 8 a.m. to 8 p.m. EST.

Email: survey@mslcrps.com

Phone: 855-457-5264

Fax: 844-860-0236

Please note that the NADAC Help Desk will not address pharmacy inquiries into specific NC Medicaid claim reimbursement related questions or concerns.

Opioid Dependence Maximum Daily Dosage Edit

A maximum daily dose edit for opioid dependence treatment medications is currently in place in NCTracks. A pharmacist may override the edit at point-of-sale after consulting the prescriber to determine the clinical need for the higher dose.

Documentation must be made in the NCPDP pharmacy system or on the original prescription. Bypassing the edit will require an override (submission clarification code 10) that should be used by the pharmacist when the prescriber provides clinical rationale for the therapy issue alerted by the edit.

A prescriber may proactively document the clinical rationale with issuance of the prescription. The concise documentation may provide information about the patient's situation, history, therapy goals and outcome. Documentation solely of a diagnosis code is not legitimate justification. The adequacy of proactive documentation is the professional judgement of the pharmacist. Questions can be directed to the NCTracks Call Center at 866-246-8505.

| Medication | Maximum Dose Edit | Override available |
|---|--------------------------|---------------------------|
| Suboxone and buprenorphine/naloxone | 16mg/day | up to 24mg/day |
| Zubsolv | 11.4mg/day | up to 17.1mg/day |
| Bunavail | 8.4mg/day | up to 12.6mg/day |
| Buprenorphine single ingredient product | 16mg/day | up to 24mg/day |

List of Providers Due for Re-verification Jan. - June 2019 Now Available

A list of providers scheduled for re-verification between January and June 2019 is available on the [NCTracks Provider Re-credentialing and Re-verification page](#) under Quick Links. Providers can use this resource to determine their re-verification due date and which month to begin the re-verification process. Organizations and systems with multiple providers may download this list, which includes National Provider Identifier (NPI) numbers and provider names, to compare with their provider list.

2019 Checkwrite Schedules Posted

The 2019 checkwrite schedules for both DHB and DMH/DPH/ORH are posted on the NCTracks website. They can be found under the Quick Links on the right side of the provider portal home page at <https://www.nctracks.nc.gov/content/public/providers.html>.

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 approval. **Federal law requires that this emergency supply be available to Medicaid beneficiaries for drugs requiring prior approval** (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 approval 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.

Checkwrite Schedule for January 2019

Electronic Cutoff Schedule

Dec. 28, 2018
Jan. 4, 2019
Jan. 11, 2019
Jan. 18, 2019
Jan. 25, 2019

Checkwrite Schedule

Jan. 3, 2019
Jan. 8, 2019
Jan. 15, 2019
Jan. 23, 2019
Jan. 29, 2019

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

The 2019 checkwrite schedules for both DHB and DMH/DPH/ORH can be found under the Quick Links on the right side of the [NCTracks Provider Portal](#) home page.

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