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Pharmacy Reimbursement Methodology Changes

On Jan. 11, 2016, the Centers for Medicare & Medicaid Services (CMS) notified the Division of Medical Assistance (DMA) that our State Plan Amendment (SPA14-047) had been reviewed and consistent with 42 CFR 430.20 was approved effective January 1, 2016.

The approved SPA proposes that the state will use an average acquisition cost (AAC) reimbursement methodology to reimburse brand and generic drug ingredient costs. The National Average Drug Acquisition Cost (NADAC) will be used to determine the AAC when NADAC is available. If NADAC pricing is not available, the state will calculate the AAC as the Wholesale Acquisition Cost (WAC) + 0%. Reimbursement methodology will continue to include the lesser of NADAC, or WAC in absence of NADAC, the State Maximum Allowable Cost (SMAC) rate on file and the usual and customary (U&C) price submitted. The amendment also proposed that the state pay pharmacies a tiered dispensing fee as follows:

- \$13.00 when 85% or more claims per quarter are for generic or preferred brand drugs,
- \$7.88 when less than 85% of claims per quarter are for generic or preferred brand drugs and
- \$3.98 for non-preferred brand drugs

DMA has posted a NADAC FAQ which may be referenced at [NADAC FAQ](#).

This reimbursement methodology IS NOT programmed in NCTracks at this time. Once programming is completed, pharmacy claims paid between Jan. 1, 2016, and when the updated reimbursement methodology is implemented into NCTracks will be reversed and rebilled according to the updated reimbursement methodology.

Until then, pharmacies will continue to be paid according to the current reimbursement methodology. Pharmacies are advised that this may result in an overpayment. Once the reverse and rebilling process is completed, any difference will be recouped against future payments.

Recredentialing Due Dates for Calendar Year 2016

DMA has posted a Special Medicaid Bulletin [Recredentialing Due Dates for Calendar Year 2016](#) on its website. In addition, DMA has posted a [spreadsheet](#) listing all active providers who are scheduled for recredentialing in 2016 (by month). It also can be found under the "Recredentialing" header of the DMA Provider Enrollment [web page](#).

Updates to NC Medicaid and Health Choice Clinical Coverage Policy No: 9

On May 1, 2016, several changes to the Medicaid and Health Choice Clinical Coverage Policy No: 9 will go into effect. Clinical Coverage Policy No: 9 provides guidance for

outpatient pharmacy related requirements and processes. The majority of changes are being made in response to legislation or as clarification of the policy. Selected changes are described in further detail below.

Section 3.2.1 (e) Medicaid Vaccine Coverage in the Pharmacy:

A new legislative mandate will allow pharmacists to administer vaccinations within the scope of their practice and pharmacies to receive reimbursement for vaccinating NC Medicaid beneficiaries. The addition of vaccinations as a covered service in Policy No. 9 is consistent with this legislative mandate. **This IS NOT programmed in NCTracks at this time.**

Section 5.5.1 Medicaid Copayment Requirements:

Language has been changed in the policy to clarify the expectations around pharmacy procedures for NC Medicaid beneficiaries who are unable to afford co-pays. Many pharmacies are willing to help recipients who find themselves without money for medication co-pays, but based on previous language, many pharmacies expressed concern over the perceived requirement to attempt collection of the co-pay indefinitely.

Medicaid beneficiaries are required to make a \$3.00 copayment for each prescription (unless they are exempt for specific criteria listed in the policy). A pharmacy provider cannot discount or waive a copayment for a Medicaid beneficiary as a business practice. However, if a Medicaid beneficiary is financially unable to pay the copayment, the pharmacy provider cannot deny services to the Medicaid beneficiary. The pharmacy provider must open an account for the beneficiary and collect the amount owed at a later date. All attempts to collect the copay are required to be documented by the pharmacy provider. The pharmacy provider may write off the charges and stop monitoring the claim if the account has not been paid within a certain timeframe that is consistent with the pharmacy's normal accounting practices.

Section 5.9.1 Use of NADAC, Generic Dispensing Rate and MAC:

Per Session Law 2015-241, changes to pharmacy reimbursement have been made as follows:

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/ByTopics/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 increase 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 and a $GDR < 85\%$ will receive a dispensing fee of \$7.88.

Both Maximum Allowable Cost (MAC) lists and NADAC are methods pharmacy payers use to estimate drug pricing when deciding on drug reimbursement rates to pharmacies. MAC list price calculations are generally proprietary and differ with each pharmacy benefit manager (each payer). The state's MAC reimbursement is based on application of a percentage factor applied to the lowest priced generic, but may be adjusted based on the cost of other generic products of the same drug. MAC lists are generally not updated as regularly and can be significantly different from actual current drug costs. NADAC is calculated by CMS and is a more transparent drug cost list that is available online to anyone. It is updated weekly using pharmacy invoice prices that surveyed pharmacies voluntarily provide from the prior week. NC Medicaid will use NADAC price for reimbursement if the drug in question is included on the NADAC list. Otherwise the state MAC list will continue to be used. **This IS NOT programmed in NCTracks at this time.**

Section 5.14 Beneficiary Management Lock-In Period Increased to Two Years:

In response to Session Law 2015-141, Section 12F.16 (1), the lock-in period has been increased from one year to two years.

All NC Medicaid beneficiaries that meet the criteria for inclusion (not changed) in the Beneficiary Management Lock-In Program, will be restricted to the use of a single prescriber and pharmacy in order to obtain opioid analgesics, benzodiazepines, and certain anxiolytics in order for the claim to pay during the two year lock-in period. **This IS NOT programmed in NCTracks at this time.**

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.*

New Pharmacy PA Enhancements in NCTracks

Medicaid and Health Choice Preferred Drug List Changes

Effective May 1, 2016, DMA changes to the N.C. Medicaid and N.C. Health Choice (NCHC) PDL will be implemented into NCTracks programming. Below are highlights of some of the changes:

- Because Victrelis is no longer manufactured the medication has been removed from the NCHC/Medicaid PDL. The trial and failure of Victrelis is no longer required for Hepatitis C Agents.
- The Angiotensin II Receptor Blocker Combinations (ex. Exforge) now require a trial and failure of an ACE INHIBITOR – unless contraindicated or history of adverse event - even when using a preferred product.
- The DPP-IV inhibitors and combinations (ex. Januvia), and the Sodium Glucose Co Transporter 2 Inhibitors and Combinations (ex. Invokana) now require a trial and failure or insufficient response to Metformin (or Metformin containing products) - unless contraindication or history of adverse event – even when using a preferred product.
- Failure of only Spiriva is required when requesting non-preferred COPD agents.
- The injectable GLP-1 Receptor Agonists (ex. Byetta) now require a trial and failure or insufficient response to Metformin (or Metformin containing products) - unless contraindication or history of adverse event – even when using a preferred product. Children 12 years of age and younger may receive Millipred and Veripred solution (two non-preferred oral Glucocorticoid steroids) without the need for prior authorization.

For more information, see the updated [NC Medicaid PDL](#) on the DMA website.

Prior Approval Requests for Select Hepatitis C Medications Now Online Only

As of May 1, 2016, Prior Approval (PA) requests for some Hepatitis C medications – including Harvoni, Olysio, Sovaldi, and Viekira Pak - can only be submitted to NCTracks using the secure provider portal. Fax and mail submission of paper forms to request PA for these Hepatitis C medications will be discontinued and the forms removed from the NC Tracks website on May 1.

Prior approval for these Hepatitis C medications can be requested via the secure provider portal using the Hep C Drug Type. The new Hep C Drug Type screens have questions that mirror the paper forms. When submitting a PA request for Hepatitis C medications via the portal, the required supporting documentation outlined below must be uploaded via the

attachment feature. Refer to the [User Guides page](#) of the provider portal for “How to Submit Prior Approval Attachments in NCTracks.”

Note: Requests for PEG-interferon and Ribavirin products are still found under the “non-preferred” drug type.

Note: Daklinza will continue to be accepted using the form currently available on the NCTracks website. When requesting Daklinza for genotype 3 HCV, be sure to also send a request for Sovaldi using the secure provider portal.

Prior Approval for Hepatitis C medications requires that the provider submit medical records and documentation of the diagnosis of chronic Hepatitis C with genotype and subtype if applicable. Specific drug requirements and needed documentation are outlined on the [Prior Approval Drugs and Criteria webpage](#) of the NCTracks website, under the Hepatitis C medications link.

Below is a summary of the supporting documentation that ***must be uploaded and attached*** to the PA request, when it is submitted via the secure provider portal:

Attachment 1	Medical record documentation for diagnosis of chronic hepatitis C with genotype and subtype (if applicable)
Attachment 2	Medical record documentation for Fibrosis stage
Attachment 3	Actual lab results (not progress notes) showing HCV RNA levels. For initial requests, lab results must be collected in the previous 6 months. For continuation, lab results must be collected 4 or more weeks after the first prescription fill date and a subsequent PA request must be completed containing the current HCV RNA lab values.
Attachment 4	Additional information such as patient’s health status and history, treatment plan, contra-indications etc. (if applicable) The patient “readiness to treat” form is required for initial PAs, regardless of submission method, and must be signed and dated by the beneficiary and attached as well.

A new Job Aid will be available soon in SkillPort to assist providers with submitting PA requests for Hepatitis C medications using the new HepC Drug Type screens. To access the Job Aid once it is posted, logon to the secure NCTracks Provider Portal and click Provider Training to access SkillPort. Open the folder labeled **User Guides**. The course will 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.

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 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 web page](#).

NDC	NAME
43353079653	BENZTROPINE MES 1 MG TABLET/ APHENA PHARMA
10135060701	BENZTROPINE MES 1 MG TABLET/ MARLEX PHARM
11534016801	BENZTROPINE MES 1 MG TABLET/ SUNRISE PHARMAC
43353079630	BENZTROPINE MES 1 MG TABLET/ APHENA PHARMA
69097082707	BENZTROPINE MES 1 MG TABLET/ CIPLA USA
58864005506	BENZTROPINE MES 1 MG TABLET/ PD-RX PHARM
43063026790	BENZTROPINE MES 1 MG TABLET/ PD-RX PHARM
11534016803	BENZTROPINE MES 1 MG TABLET/ SUNRISE PHARMAC
64125013701	BENZTROPINE MES 1 MG TABLET/ EXCELLIUM PHARM
00603243421	BENZTROPINE MES 1 MG TABLET/ QUALITEST
50268011615	BENZTROPINE MES 1 MG TABLET/ AVPAK
66336077660	BENZTROPINE MES 1 MG TABLET / DISPENSING SOLN
00603243432	BENZTROPINE MES 1 MG TABLET/ QUALITEST
10135060710	BENZTROPINE MES 1 MG TABLET/ MARLEX PHARM
50268011611	BENZTROPINE MES 1 MG TABLET/ AVPAK
64125013710	BENZTROPINE MES 1 MG TABLET/ EXCELLIUM PHARM
52959036940	FLURAZEPAM 15 MG CAPSULE/ PHARMA PAC
33358014630	FLURAZEPAM 15 MG CAPSULE/CORE PHARMA/RXC
67544075230	FLURAZEPAM 15 MG CAPSULE/ APHENA PHARMA
33358014660	FLURAZEPAM 15 MG CAPSULE/ CORE PHARMA/RXC
52959036900	FLURAZEPAM 15 MG CAPSULE/ PHARMA PAC
60429054205	FLURAZEPAM 15 MG CAPSULE/ GSMS
52959036960	FLURAZEPAM 15 MG CAPSULE/ PHARMA PAC
00143336705	FLURAZEPAM 15 MG CAPSULE/ WEST-WARD
60429054201	FLURAZEPAM 15 MG CAPSULE/ GSMS
54868009201	FLURAZEPAM 15 MG CAPSULE/ PHYSICIANS TC

NDC	NAME
54569237602	FLURAZEPAM 15 MG CAPSULE/ A-S MEDICATION
52959036930	FLURAZEPAM 15 MG CAPSULE/ PHARMA PAC
63629303402	FLURAZEPAM 15 MG CAPSULE/ BRYANT RANCK PR
00378441501	FLURAZEPAM 15 MG CAPSULE/ MYLAN
52959036906	FLURAZEPAM 15 MG CAPSULE/ PHARMA PAC
00143336701	FLURAZEPAM 15 MG CAPSULE/ WEST-WARD
63629303401	FLURAZEPAM 15 MG CAPSULE/ BRYANT RANCK PR
54868007902	IBUPROFEN 400 MG TABLET/ PHYSICIANS TC
16590012440	IBUPROFEN 400 MG TABLET/ STAT RX USA
55289059016	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
55289059030	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
42291033730	IBUPROFEN 400 MG TABLET/ AVKARE
55289059060	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
53746046401	IBUPROFEN 400 MG TABLET/ AMNEAL PHARMACE
43353038960	IBUPROFEN 400 MG TABLET/ APHENA PHARMA
55289059010	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
43353038974	IBUPROFEN 400 MG TABLET/ APHENA PHARMA
54569028505	IBUPROFEN 400 MG TABLET/ A-S MEDICATION
66267011640	IBUPROFEN 400 MG TABLET/ NUCARE PHARMACE
42254008960	IBUPROFEN 400 MG TABLET/ PHYSICIAN PARTN
66267011630	IBUPROFEN 400 MG TABLET/ NUCARE PHARMACE
66267011620	IBUPROFEN 400 MG TABLET/ NUCARE PHARMACE
58864028560	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
49999009728	IBUPROFEN 400 MG TABLET/ QUALITY CARE
33358018615	IBUPROFEN 400 MG TABLET/ CORE PHARMA/RXC
16590012420	IBUPROFEN 400 MG TABLET/ STAT RX USA
55111068205	IBUPROFEN 400 MG TABLET/ DR. REDDY'S LAB
21695006660	IBUPROFEN 400 MG TABLET/ PHYSICIAN PARTN
43353038992	IBUPROFEN 400 MG TABLET/ APHENA PHARMA
55289059090	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
69512040090	IBUPROFEN 400 MG TABLET/ ALVIO MEDICAL
54569382002	IBUPROFEN 400 MG TABLET/ A-S MEDICATION
68084065811	IBUPROFEN 400 MG TABLET/ AHP
60429021920	IBUPROFEN 400 MG TABLET/ GSMS, INC
42254008990	IBUPROFEN 400 MG TABLET/PHYSICIAN PARTN
52959007520	IBUPROFEN 400 MG TABLET/PHARMA PAC
54569028501	IBUPROFEN 400 MG TABLET/ A-S MEDICATION
42254008915	IBUPROFEN 400 MG TABLET/PHYSICIAN PARTN
58864028556	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
33358018660	IBUPROFEN 400 MG TABLET/ CORE PHARMA/RXC
60429021905	IBUPROFEN 400 MG TABLET/ GSMS, INC
63739067201	IBUPROFEN 400 MG TABLET/ MCKESSON

NDC	NAME
66267011615	IBUPROFEN 400 MG TABLET/ NUCARE PHARMACE
43353038980	IBUPROFEN 400 MG TABLET/ APHENA PHARMA
55289059020	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
16590012430	IBUPROFEN 400 MG TABLET/ STAT RX USA
21695006640	IBUPROFEN 400 MG TABLET/ PHYSICIAN PARTN
42291033790	IBUPROFEN 400 MG TABLET/ AVKARE
54868007907	IBUPROFEN 400 MG TABLET/ PHYSICIANS TC
52959007590	IBUPROFEN 400 MG TABLET/ PHARMA PAC
21695006630	IBUPROFEN 400 MG TABLET/ PHYSICIAN PARTN
60429021930	IBUPROFEN 400 MG TABLET/ GSMS, INC
43063030806	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
55289059021	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
49999009720	IBUPROFEN 400 MG TABLET/ QUALITY CARE
55289059015	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
66267011690	IBUPROFEN 400 MG TABLET/ NUCARE PHARMACE
69238110105	IBUPROFEN 400 MG TABLET/ AMNEAL PHARMACE
49999009718	IBUPROFEN 400 MG TABLET/ QUALITY CARE
53746046400	IBUPROFEN 400 MG TABLET/ AMNEAL PHARMACE
68084065801	IBUPROFEN 400 MG TABLET/ AHP
52605012101	IBUPROFEN 400 MG TABLET/ POLYGEN PHARMAC
33358018630	IBUPROFEN 400 MG TABLET/ CORE PHARMA/RXC
54569028506	IBUPROFEN 400 MG TABLET/ A-S MEDICATION
21695006620	IBUPROFEN 400 MG TABLET/ PHYSICIAN PARTN
42291033750	IBUPROFEN 400 MG TABLET/ AVKARE
00440162620	IBUPROFEN 400 MG TABLET/ LIBERTY PHARM
67877029401	IBUPROFEN 400 MG TABLET/ ASCEND
54868007904	IBUPROFEN 400 MG TABLET/ PHYSICIANS TC
10544062540	IBUPROFEN 400 MG TABLET/ BLENHEIM
49483060201	IBUPROFEN 400 MG TABLET/ TIME-CAP LABS
55289059040	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
52959007530	IBUPROFEN 400 MG TABLET/ PHARMA PAC
00904585360	IBUPROFEN 400 MG TABLET/ MAJOR
66336043060	IBUPROFEN 400 MG TABLET/ DISPENSING SOLN
52959007521	IBUPROFEN 400 MG TABLET/ PHARMA PAC
54569028503	IBUPROFEN 400 MG TABLET/ A-S MEDICATION
52959007540	IBUPROFEN 400 MG TABLET/ PHARMA PAC
55289059012	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
66336043030	IBUPROFEN 400 MG TABLET/ DISPENSING SOLN
54569028509	IBUPROFEN 400 MG TABLET/ A-S MEDICATION
55289059036	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
49999009730	IBUPROFEN 400 MG TABLET/ QUALITY CARE
49999009760	IBUPROFEN 400 MG TABLET/ QUALITY CARE
54569028500	IBUPROFEN 400 MG TABLET/ A-S MEDICATION

NDC	NAME
49483060250	IBUPROFEN 400 MG TABLET/ TIME-CAP LABS
00904585340	IBUPROFEN 400 MG TABLET/ MAJOR
60429009290	IBUPROFEN 400 MG TABLET/ GSMS, INC
54569028504	IBUPROFEN 400 MG TABLET/ A-S MEDICATION
63739013501	IBUPROFEN 400 MG TABLET/ MCKESSON
00904585361	IBUPROFEN 400 MG TABLET/ MAJOR
55111068201	IBUPROFEN 400 MG TABLET/ DR. REDDY'S LAB
10544020140	IBUPROFEN 400 MG TABLET/ BLENHEIM
55111068299	IBUPROFEN 400 MG TABLET/ DR. REDDY'S LAB
54569382000	IBUPROFEN 400 MG TABLET/ A-S MEDICATION
60429009230	IBUPROFEN 400 MG TABLET/ GSMS, INC
68645047490	IBUPROFEN 400 MG TABLET/ LEGACY PHARMACE
60429021901	IBUPROFEN 400 MG TABLET/ GSMS, INC
16590012460	IBUPROFEN 400 MG TABLET/ STAT RX USA
68645022090	IBUPROFEN 400 MG TABLET/ LEGACY PHARMACE
33358018620	IBUPROFEN 400 MG TABLET/ CORE PHARMA/RXC
52959007560	IBUPROFEN 400 MG TABLET/ PHARMA PAC
54569028507	IBUPROFEN 400 MG TABLET/ A-S MEDICATION
66267011660	IBUPROFEN 400 MG TABLET/ NUCARE PHARMACE
58864028530	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
33358018690	IBUPROFEN 400 MG TABLET/ CORE PHARMA/RXC
35356070030	IBUPROFEN 400 MG TABLET/ QUALITY CARE
55289059008	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
16590012490	IBUPROFEN 400 MG TABLET/ STAT RX USA
54868007905	IBUPROFEN 400 MG TABLET/ PHYSICIANS TC
52959007500	IBUPROFEN 400 MG TABLET/ PHARMA PAC
63739067210	IBUPROFEN 400 MG TABLET/ MCKESSON
33358018601	IBUPROFEN 400 MG TABLET/ CORE PHARMA/RXC
55289059093	IBUPROFEN 400 MG TABLET/ PD-RX PHARM
52959007502	IBUPROFEN 400 MG TABLET/ PHARMA PAC
67877029405	IBUPROFEN 400 MG TABLET/ ASCEND
49999009716	IBUPROFEN 400 MG TABLET/ QUALITY CARE
33358018640	IBUPROFEN 400 MG TABLET/ CORE PHARMA/RXC
42254008930	IBUPROFEN 400 MG TABLET/ PHYSICIAN PARTN
49999009790	IBUPROFEN 400 MG TABLET/ QUALITY CARE
49999009750	IBUPROFEN 400 MG TABLET/ QUALITY CARE
21695006690	IBUPROFEN 400 MG TABLET/ PHYSICIAN PARTN
54569028502	IBUPROFEN 400 MG TABLET/ A-S MEDICATION
54569028508	IBUPROFEN 400 MG TABLET/ A-S MEDICATION
00378181901	LEVOTHYROXINE 200 MCG TABLET/ MYLAN
00378181910	LEVOTHYROXINE 200 MCG TABLET/ MYLAN
00527135101	LEVOTHYROXINE 200 MCG TABLET/ LANNET CO.

NDC	NAME
00527135110	LEVOTHYROXINE 200 MCG TABLET/ LANNET CO.
00781518992	LEVOTHYROXINE 200 MCG TABLET/ SANDOZ
16590098030	LEVOTHYROXINE 200 MCG TABLET/ STAT RX
21695075830	LEVOTHYROXINE 200 MCG TABLET/ PHYSICIAN PARTN
21695075890	LEVOTHYROXINE 200 MCG TABLET/ PHYSICIAN PARTN
51138004830	LEVOTHYROXINE 200 MCG TABLET/ MED-HEALTH
51138017030	LEVOTHYROXINE 200 MCG TABLET/ MED-HEALTH
54868089002	LEVOTHYROXINE 200 MCG TABLET/ PHYSICIANS TC
54868089005	LEVOTHYROXINE 200 MCG TABLET/ PHYSICIANS TC
55289015401	LEVOTHYROXINE 200 MCG TABLET/ PD-RX PHARM
55289015430	LEVOTHYROXINE 200 MCG TABLET/ PD-RX PHARM
55289015490	LEVOTHYROXINE 200 MCG TABLET/ PD-RX PHARM
55700001030	LEVOTHYROXINE 200 MCG TABLET/ QUALITY CARE
63629269701	LEVOTHYROXINE 200 MCG TABLET/ BRYANT RANCH
63629269702	LEVOTHYROXINE 200 MCG TABLET/ BRYANT RANCH
68084082311	METHYLPHENIDATE 10 MG TABLET/ AHP
43386057401	METHYLPHENIDATE 10 MG TABLET/ GAVIS
54868073300	METHYLPHENIDATE 10 MG TABLET/ PHYSICIANS TC.
55289082960	METHYLPHENIDATE 10 MG TABLET/ PD-RX PHARM
55289082930	METHYLPHENIDATE 10 MG TABLET/ PD-RX PHARM
60429057701	METHYLPHENIDATE 10 MG TABLET/ GSMS
00603457721	METHYLPHENIDATE 10 MG TABLET/ QUALITEST
55289082990	METHYLPHENIDATE 10 MG TABLET/ PD-RX PHARM
54868073303	METHYLPHENIDATE 10 MG TABLET/ PHYSICIANS TC.
54868073306	METHYLPHENIDATE 10 MG TABLET/ PHYSICIANS TC.
64720023810	METHYLPHENIDATE 10 MG TABLET/ COREPHARMA
60429057710	METHYLPHENIDATE 10 MG TABLET/ GSMS
54868073301	METHYLPHENIDATE 10 MG TABLET/ PHYSICIANS TC.
49999084330	METHYLPHENIDATE 10 MG TABLET/ QUALITY CARE
54868073304	METHYLPHENIDATE 10 MG TABLET/ PHYSICIANS TC.
54868073302	METHYLPHENIDATE 10 MG TABLET/ PHYSICIANS TC.
65580053001	METHYLPHENIDATE 10 MG TABLET/ UPSTATE PHARMA
49999015080	TRIAMCINOLONE 0.1% CREAM/ QUALITY CARE
00713022531	TRIAMCINOLONE 0.1% CREAM/ G & W LABS
21695018980	TRIAMCINOLONE 0.1% CREAM/ PHYSICIAN PARTN
55045124105	TRIAMCINOLONE 0.1% CREAM/ DISPENSING SOLN
55700006730	TRIAMCINOLONE 0.1% CREAM/ QUALITY CARE
33358034830	TRIAMCINOLONE 0.1% CREAM/ CORE PHARMA/RXC
66267093380	TRIAMCINOLONE 0.1% CREAM/ NUCARE PHARMACE
52959009600	TRIAMCINOLONE 0.1% CREAM/ PHARMA PAC
00603786278	TRIAMCINOLONE 0.1% CREAM/ QUALITEST

NDC	NAME
16590023430	TRIAMCINOLONE 0.1% CREAM/ STAT RX USA
42254004230	TRIAMCINOLONE 0.1% CREAM/ PHYSICIAN PARTN
52959009645	TRIAMCINOLONE 0.1% CREAM/ PHARMA PAC
42254024180	TRIAMCINOLONE 0.1% CREAM/ PHYSICIAN PARTN
52959009603	TRIAMCINOLONE 0.1% CREAM/ PHARMA PAC
42254004280	TRIAMCINOLONE 0.1% CREAM/ PHYSICIAN PARTN
54868084301	TRIAMCINOLONE 0.1% CREAM/ PHYSICIAN TC
21695018915	TRIAMCINOLONE 0.1% CREAM/ PHYSICIAN PARTN
61919023415	TRIAMCINOLONE 0.1% CREAM/ DIRECT RX
54569076500	TRIAMCINOLONE 0.1% CREAM/ A-S MEDICATION
21695018930	TRIAMCINOLONE 0.1% CREAM/ PHYSICIAN PARTN
54868084303	TRIAMCINOLONE 0.1% CREAM/ PHYSICIAN TC
51672128208	TRIAMCINOLONE 0.1% CREAM/ TARO
68387062501	TRIAMCINOLONE 0.1% CREAM/ DISPENSING SOLN
42254024115	TRIAMCINOLONE 0.1% CREAM/ PHYSICIAN PARTN
49999015030	TRIAMCINOLONE 0.1% CREAM/ QUALITY CARE
52959009601	TRIAMCINOLONE 0.1% CREAM/ PHARMA PAC
54569108400	TRIAMCINOLONE 0.1% CREAM/ A-S MEDICATION
00603786290	TRIAMCINOLONE 0.1% CREAM/ QUALITEST
67877025115	TRIAMCINOLONE 0.1% CREAM/ ASCEND
51672128201	TRIAMCINOLONE 0.1% CREAM/ TARO
35356075330	TRIAMCINOLONE 0.1% CREAM/ QUALITY CARE
63187002515	TRIAMCINOLONE 0.1% CREAM/ PROFICIENT RX
63187005315	TRIAMCINOLONE 0.1% CREAM/ PROFICIENT RX
16590023415	TRIAMCINOLONE 0.1% CREAM/ STAT RX USA
55045124109	TRIAMCINOLONE 0.1% CREAM/ DISPENSING SOLN
00713022580	TRIAMCINOLONE 0.1% CREAM/ G & W LABS
35356065880	TRIAMCINOLONE 0.1% CREAM/ QUALITY CARE
00603786274	TRIAMCINOLONE 0.1% CREAM/ QUALITEST
50436084301	TRIAMCINOLONE 0.1% CREAM/ UNIT DOSE SERVI
49999015015	TRIAMCINOLONE 0.1% CREAM/ QUALITY CARE
33358034815	TRIAMCINOLONE 0.1% CREAM/ CORE PHARMA/RXC
55700006715	TRIAMCINOLONE 0.1% CREAM/ QUALITY CARE
67877025145	TRIAMCINOLONE 0.1% CREAM/ ASCEND
00713022515	TRIAMCINOLONE 0.1% CREAM/ G & W LABS
54868084302	TRIAMCINOLONE 0.1% CREAM/ PHYSICIANS TC
42254004215	TRIAMCINOLONE 0.1% CREAM/ PHYSICIAN PARTN
66267093430	TRIAMCINOLONE 0.1% CREAM/ NUCARE PHARMACE
66267093515	TRIAMCINOLONE 0.1% CREAM/ NUCARE PHARMACE
67877025130	TRIAMCINOLONE 0.1% CREAM/ ASCEND
54569478100	TRIAMCINOLONE 0.1% CREAM/ A-S MEDICATION

Electronic Cut-off Schedule

April 29, 2016
May 6, 2016
May 13, 2016
May 20, 2016

Checkwrite Schedule

May 3, 2016
May 10, 2016
May 17, 2016
May 24, 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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