

## M E M O R A N D U M

September 30, 2002

TO: All Pharmacies Participating in the North Dakota Medicaid Program

FROM: Brendan K. Joyce, PharmD, Administrator, Pharmacy Services

SUBJECT: Recap of Everything – New information has \*

### Smoking Cessation Products

No prior authorization required effective 7/1/02.

There is a lifetime limit of #90 nicotine patches, #1164 pieces of nicotine gum, and #180 tablets of Zyban®. These are the only products allowed for smoking cessation.

### Orlistat Coverage

Xenical® coverage requires prior authorization.

The physician must refer the patient to a dietician as part of the prior authorization process (the dietician will be responsible for obtaining the height and weight). The patient's current height and weight must be supplied on the form. ND Medicaid calculates the BMI, and if the patient has a BMI of 40 or above, coverage will initially be allowed for 6 months.

After six months, a new prior authorization with the current weight must be supplied. If there **hasn't been a significant loss of weight** (as defined by the DUR Board), coverage will be terminated and not allowed for one calendar year (lifetime limit of two unsuccessful attempts). If there **has been a significant loss of weight**, coverage will continue in six-month periods (with continued prior authorizations with current weights to confirm continued weight loss) until the BMI is <30.

Coverage will be provided for maintenance of weight loss after initial weight loss in patients who have shown weight gain while off Xenical®, provided they maintain their weight while on Xenical®. Prior authorizations including the weight are required in six-month intervals for this as well.

### Pill Splitting\*

Pharmacies may receive an additional payment of \$0.15 per pill as an incentive to split the following tablets. If you are using NCPDP version 3.x, enter a Level of Service of 17. If you are using NCPDP version 5.1, enter a Unit Dose Indicator of 4.

Zoloft® 100 mg tablets (for 50 mg doses)

Remeron® 30 mg tablets (for 15 mg doses)

Paxil® 20 mg tablets (for 10 mg doses)

Celexa® 20 or 40 mg tablets (for 10 and 20 mg doses, respectively)

If this process were maximized, savings would be in excess of \$250,000 for the ND Medicaid program. Given recent budget/reimbursement issues, it would be in everyone's best interest to maximize tablet splitting.

If the patient will do the splitting, you cannot bill us for the incentive, but you can supply a pill splitter (one per patient) by using NDC 00999-3249-01.

### **Co-pays**

The Innovator code (from First Data Bank) determines brand vs. generic for the patient co-pays. This can cause confusion when a brand priced as a generic (e.g. Septra DS®) or a generic drug (e.g. captopril 25 mg) has a co-pay (they are both considered the innovator by First Data Bank). Nothing can be done to address this. It is a limit of the data that we receive from First Data Bank. If the system says a co-pay is due, collect the co-pay.

Patients that are exempt from the co-pays are as follows.

1. Children (< 21 years of age)
2. Pregnant women
3. Patients living in a nursing home or intermediate care facility for the mentally retarded.

Basic care and group home residents are NOT EXEMPT from co-pays.

If there is doubt regarding the living arrangement or pregnancy status of the recipient, the county worker is the one to call. There is nothing that the pharmacy supplies with the claim that will impact our determination of the co-pay.

Birth control pills are exempt from co-pays.

### **Proton Pump Inhibitors\***

There is a limit of two fills per prescription number for all proton pump inhibitors. Please contact the ND Pharmaceutical Association at 701-258-4968 for excellent references regarding this issue.

### **NDC Numbers**

ND Medicaid specific numbers for DME products (e.g. blood glucose monitors, syringes, etc.) are being phased out. If the NDC number you submit is denied for being discontinued, please attempt to bill using the product NDC / modified UPC number.

### **Days Supply and Other Insurance\***

Effective September 3, the days supply limit of 34 days does not apply for patients with other insurance payment toward the claim. It will still apply if the other insurance does not pay anything towards the claim.

### **Verify (1-800-428-4140 or 701-328-2891) Abilities**

The Verify system can answer a large number of questions. Please consider using it if you have any of the following questions.

- Eligibility
- Recipient Liability
- Other insurance coverage
- Lock in

### **Early Refill**

A patient must have used 80% of the prescription prior to refilling the prescription, otherwise it will deny as an Early Refill. Please use your professional judgement to determine if this edit should be over-ridden. If you feel that the reason for the early fill is appropriate, and the product is not a controlled substance, simply enter the DUR codes as listed in the provider manual. If the product is a controlled substance and the reason for the early refill is due to a change in the directions, consider reversing the previous claim and resubmitting it with the corrected days supply, then submitting the current claim. If needed, feel free to contact provider relations.

### **Other Insurance**

If a claim is captured for other insurance and the Medicaid recipient states that they no longer have the other insurance, the insurance doesn't include drug coverage, etc., **the recipient must contact their county worker to resolve the issue.**

### **Medicare Crossovers**

Programming is still working on the Medicare crossover claim issue mentioned in a previous memo. All claims will continue to be captured and held until the issue is fixed.

### **Out of State Pharmacies\***

Effective September 3, 2002, ND Medicaid pharmacy services made the proper programming changes to allow pharmacy services to become in-line with medical services. ND Medicaid – Medical services has required that services available in-state must be provided in-state and exceptions require prior authorization. There will be no change in pharmacy services for provider pharmacies located in North Dakota and the three bordering states (MT, SD, MN). However, pharmacies that are physically located outside of this four state area will be required to file a prior authorization to justify the reason that the service is not available in-state.

### **CSHS New BIN Number\***

Children's Special Health Services claims have previously been sent through ND Medicaid by submitting a prior authorization number with the claim. During our upgrade to NDPCP version 5.1, we eliminated that process. These claims must be submitted by using the BIN number 610110. All physician and pharmacy identifiers will remain as ND Medicaid provider ID

numbers (do not use the NABP number). Overall, to submit CSHS claims, simply copy the specifications from your current ND Medicaid billing parameters to your new third party file for the above BIN number. When you submit your first claim, you will be prompted to call the switch and register for Medicaid. After you call them and provide them with your provider number, you will be able to submit claims and receive responses from Medicaid as before.

**Quantity Limits\***

The DUR Board has reviewed the quantity limitations and they have stated that no exceptions should be made. Following is a complete list of limits. If the strength is not specified, it applies for all strengths (e.g. Prevacid®). If the strength is specified, only the specified strengths are affected (e.g. Zoloft®).

All acetaminophen containing products are limited to < 4 grams of acetaminophen per day (e.g. Darvocet-N 100®).

Drug	Qty / Day	Drug	Qty / Day	Drug	Qty / Day
Aciphex	2	Detrol	2	Pepcid	2
Actos	1	Detrol LA	1	Plavix	1
Allegra 180 mg	1	Ditropan XL 10 & 15 mg	2	Prevacid	2
Allegra (others)	2	Ditropan XL 5 mg	1	Prilosec	2
Ambien 5 mg	1	Geodon	2	Protonix 20 mg	1
Aricept	1	Imdur	1	Protonix 40 mg	2
Axid	2	Lipitor	1	Remeron	1
Celebrex	2	Lisinopril	1	Serzone	3
Celexa 40 mg	1.5	Nexium	2	Singulair	1
Celexa (others)	1	Norvasc 2.5 & 5 mg	1	Ultram	8
Clarinex	1	Paxil 40 mg	2	Vioxx	2
Claritin 10 mg	1	Paxil (others)	1	Zocor 10 mg	1.5
Claritin 5 mg combinations	2	Paxil CR 25 mg	2	Zocor (others)	1
Coreg	2	Paxil CR (others)	1	Zoloft 25 & 50 mg	1