



PROVIDER BULLETIN

No. 06-29

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TO: All Pharmacies Participating in Nebraska Medicaid

FROM: Mary Steiner, Administrator
Medicaid Division

BY: Barbara Mart, R.P., Pharmacy Consultant

RE: Quantity or High Dose Overrides

1. The Department has been implementing maximum daily dose limits for certain drugs and diagnoses, based on manufacturer reported dosing limits, in the on-line claim system. The drug reference file contains minimum and maximum doses for most oral medications. The prospective DUR edit rejects a claim for high dose when a submitted claim is over 115% of the maximum dose. The stimulants, Soma® ,and Ultram® are set at exactly the FDA recommended maximum dose and the pharmacy is not allowed to override the high dose. Drugs which have a maximum dose or quantity per prescription set by the Department require an override to allow claim payment. Recent changes have focused on treatments for ADHD and may be expanded to other diagnoses and classes of drugs. The attached form has been developed for the physician to document cases where a dosage greater than the FDA approved limit is medically necessary.

2. Changes in Co-payment levels for Medicare Part D.

Medicare dual eligible co-payments will increase effective 1-1-2007. For persons with income below 100% of federal poverty level the co-payment will be \$1 for preferred and \$3.10 for non-preferred drugs. For persons with income greater than or equal to 100% of federal poverty level the co-payment will be \$2.15 for preferred and \$5.35 for non-preferred drugs. Each Part D plan will determine drugs' preferred and non-preferred status.

The co-pay for drugs not covered by Part D and still paid by NE Medicaid will remain at \$2.

- Q. Will HHS pay the Medicare co-payment for all dual eligibles that are required to pay Medicare Part D co-payments?
- A. No. HHS will only pay the Medicare co-payment (limited to \$3.10 per prescription for those with income less than 100% of (FPL) Federal Poverty Level and \$5.35 per prescription for those with income greater than or equal to 100% of FPL) for recipients currently excluded from Medicaid co-pay. These payments will be made through the point of sale system. The claim for co-payment must be submitted with an "8" in the other payor code field which is other coverage code field 308-C8 on the NCPDP 5.1 layout. The date the claim was paid by the Part D plan must be submitted in field 443-E8, Other Payor Date. The Nebraska Medicaid payor sheet is posted on the ACS website at acspbmhipaa.com.

These co-payments will be covered for only the following:

1. Residents of assisted living facilities, centers for developmentally disabled and other alternate care arrangements.
 2. Persons receiving services through Home and Community-Based waivers.
3. Usual and customary charges.

Due to recently adopted pricing strategies announced by pharmacies such as \$3.00 or \$4.00 for a month's supply or \$15.00 for a 3 month's supply of certain medications, the pricing regulations regarding submitted charges to Medicaid are included for review. These pricing strategies meet the definition of usual and customary and must not be exceeded when billing Nebraska Medicaid.

16-005.03 PRICING INSTRUCTIONS: PHARMACISTS SHALL NOT, UNDER ANY CIRCUMSTANCES, SUBMIT CHARGES TO THE DEPARTMENT WHICH EXCEED THE PHARMACY'S USUAL AND CUSTOMARY CHARGE.

16-005.03A Pricing: Any loss leader prices, shelf prices, sale prices, cash only prices, coupon certificates, newspaper or brochure ad prices, that are in effect on the date the prescription is dispensed must be considered the pharmacy's usual and customary charge to the general public.

16-005.03B Price Matching: When a pharmacy lowers its usual and customary price for a prescription (for example: to match a competitor's price), all claims submitted to Medicaid for the same drug and quantity dispensed during that business day must also be billed at the lowered price.

4. Replacement meds.

We have experienced an increasing number of calls requesting overrides for medications destroyed due to direction changes or patient discharge. The regulations regarding duplicate medication replacement are included for review.

16-004.04B Replacement Cost: Providers shall not duplicate medication for nursing facility or ICF/MR clients at the Department's expense. The pharmacy or the facility is responsible for providing a replacement. Examples of situations which are NOT to be billed to the Department: If the client's medication is:

1. Lost;
2. Broken;
3. Misplaced;
4. Not received by the facility;
5. Destroyed:
 - a. During a client's temporary absence from the facility (e.g., during therapeutic leave days);

- b. During the 15-day bedhold period - this is the time during which the NF or ICF/MR is paid the usual rate to hold the client's bed even though the client is not in the facility;
- c. Following a change of directions; or
- d. At any time that the medication is ordered for the client, unless the medication has expired.

5. (MAC) Maximum Allowable Cost Update: The following MAC prices have been implemented since July 1, 2006.

Generic Drug Name	Drug Strength	Dosage Form	SMAC Price	SMAC Beg Dt
AHF,HUMAN RECOMBINANT	1000AHFU	VIAL	1.03700	08/01/2006
AHF,HUMAN RECOMBINANT	250AHFU	VIAL	1.03700	08/01/2006
AHF,HUMAN RECOMBINANT	500AHFU	VIAL	1.03700	08/01/2006
ALPRAZOLAM	0.5MG	TAB.SR 24H	1.45000	10/27/2006
ALPRAZOLAM	1MG	TAB.SR 24H	1.81000	10/27/2006
ALPRAZOLAM	2MG	TAB.SR 24H	2.40000	10/27/2006
ALPRAZOLAM	3MG	TAB.SR 24H	3.60000	10/27/2006
ANTIHEMOPHILIC FACTOR, HUM REC	1000(+/-)U	KIT	1.03700	08/01/2006
ANTIHEMOPHILIC FACTOR, HUM REC	1000(+/-)U	VIAL	1.03700	08/01/2006
ANTIHEMOPHILIC FACTOR, HUM REC	1000U(+/-)	VIAL	1.03700	08/01/2006
ANTIHEMOPHILIC FACTOR, HUM REC	1500(+/-)U	VIAL	1.03700	08/01/2006
ANTIHEMOPHILIC FACTOR, HUM REC	1800-2200	VIAL	1.03700	08/01/2006
ANTIHEMOPHILIC FACTOR, HUM REC	2000(+/-)U	KIT	1.03700	08/01/2006
ANTIHEMOPHILIC FACTOR, HUM REC	250 (+/-)U	KIT	1.03700	08/01/2006
ANTIHEMOPHILIC FACTOR, HUM REC	250 (+/-)U	VIAL	1.03700	08/01/2006
ANTIHEMOPHILIC FACTOR, HUM REC	250U(+/-)	VIAL	1.03700	08/01/2006
ANTIHEMOPHILIC FACTOR, HUM REC	500 (+/-)U	KIT	1.03700	08/01/2006
ANTIHEMOPHILIC FACTOR, HUM REC	500 (+/-)U	VIAL	1.03700	08/01/2006
ANTIHEMOPHILIC FACTOR, HUM REC	500U(+/-)	VIAL	1.03700	08/01/2006
APAP/CARISOPRODOL/COD PHOS	325/16/100	TABLET	1.59250	01/01/2007
APAP/PENTAZOCINE HCL	650/25	TABLET	0.75000	01/01/2007
BETHANECHOL CHLORIDE	10MG	TABLET	0.91710	10/27/2006
BETHANECHOL CHLORIDE	25MG	TABLET	1.70790	10/27/2006
BETHANECHOL CHLORIDE	5MG	TABLET	0.48890	10/27/2006
CEFPROZIL	125MG/5ML	SUSP RECON	0.40800	10/27/2006
CEFPROZIL	250MG/5ML	SUSP RECON	0.73940	10/27/2006
CEPHALEXIN MONOHYDRATE	750MG	CAPSULE	0.32000	07/01/2006
CITALOPRAM HYDROBROMIDE	10MG/5ML	SOLUTION	0.42310	10/27/2006
CLARITHROMYCIN	250MG	TABLET	2.37250	08/19/2006
CLARITHROMYCIN	500MG	TABLET	2.37250	08/19/2006
DESONIDE	0.05%	LOTION	0.54410	01/01/2007
DESOXIMETASONE	0.25%	OINT.(GM)	1.60000	08/01/2006
DICLOFENAC SOD	100MG	TABLET	2.05000	01/01/2007
DIGOXIN	0.125MG	TABLET	0.21320	08/19/2006
DIGOXIN	125MCG	TABLET	0.21320	08/19/2006
DIPYRIDAMOLE	25MG	TABLET	0.26000	01/01/2007
DIPYRIDAMOLE	50MG	TABLET	0.44000	01/01/2007
DIPYRIDAMOLE	75MG	TABLET	0.57000	01/01/2007
DISOPYRAMIDE PHOS	100MG	CAPSULE	0.52000	01/01/2007
DISOPYRAMIDE PHOS	150MG	CAPSULE	0.55000	01/01/2007
FENOPROFEN CA	600MG	TABLET	0.45000	01/01/2007
FLUVOXAMINE MALEATE	25MG	TABLET	1.05000	01/01/2007
FLUVOXAMINE MALEATE	50MG	TABLET	1.08000	01/01/2007

Generic Drug Name	Drug Strength	Dosage Form	SMAC Price	SMAC Beg Dt
FLUVOXAMINE MALEATE	100MG	TABLET	1.17500	01/01/2007
GLYBURIDE/METFORMIN HCL	5MG-500MG	TABLET	1.00260	08/19/2006
HYDROCHLOROTHIAZIDE	12.5MG	CAPSULE	0.02500	09/01/2006
HYDROCORTISONE	2.5%	CREAM(GM)	0.16500	07/15/2006
HYDROCORTISONE ACETATE	1%	OINT.(GM)	0.16500	07/15/2006
LEVOTHYROXINE SODIUM	0.15MG	TABLET	0.36000	08/19/2006
LEVOTHYROXINE SODIUM	0.1MG	TABLET	0.29850	08/19/2006
LEVOTHYROXINE SODIUM	0.2MG	TABLET	0.44180	08/19/2006
LEVOTHYROXINE SODIUM	0.3MG	TABLET	0.60230	08/19/2006
LEVOTHYROXINE SODIUM	100MCG	TABLET	0.29850	08/19/2006
LEVOTHYROXINE SODIUM	112MCG	TABLET	0.34430	08/19/2006
LEVOTHYROXINE SODIUM	125MCG	TABLET	0.34950	08/19/2006
LEVOTHYROXINE SODIUM	150MCG	TABLET	0.36000	08/19/2006
LEVOTHYROXINE SODIUM	175MCG	TABLET	0.42750	08/19/2006
LEVOTHYROXINE SODIUM	200MCG	TABLET	0.44180	08/19/2006
LEVOTHYROXINE SODIUM	25MCG	TABLET	0.23180	08/19/2006
LEVOTHYROXINE SODIUM	300MCG	TABLET	0.60230	08/19/2006
LEVOTHYROXINE SODIUM	50MCG	TABLET	0.26330	08/19/2006
LEVOTHYROXINE SODIUM	75MCG	TABLET	0.29100	08/19/2006
LEVOTHYROXINE SODIUM	88MCG	TABLET	0.29550	08/19/2006
MELOXICAM	15MG	TABLET	0.28500	10/21/2006
MELOXICAM	7.5MG	TABLET	0.21000	10/21/2006
METOLAZONE	2.5MG	TABLET	0.83000	01/01/2007
METOLAZONE	5MG	TABLET	1.06000	01/01/2007
METOLAZONE	10MG	TABLET	1.32000	01/01/2007
MIDAZOLAM HCL	2MG/ML	SYRUP	0.80000	01/01/2007
MINOCYCLINE HCL	75MG	CAPSULE	1.95750	10/27/2006
NEFAZODONE HCL	100MG	TABLET	0.50000	07/01/2006
NEFAZODONE HCL	150MG	TABLET	0.50000	07/01/2006
NEFAZODONE HCL	200MG	TABLET	0.50000	07/01/2006
NEFAZODONE HCL	250MG	TABLET	0.50000	07/01/2006
NEFAZODONE HCL	50MG	TABLET	0.50000	07/01/2006
PRAVASTATIN SOD	10MG	TABLET	0.75000	01/01/2007
PRAVASTATIN SOD	20MG	TABLET	0.76000	01/01/2007
PRAVASTATIN SOD	40MG	TABLET	1.01000	01/01/2007
PRIMIDONE	250MG	TABLET	0.80550	10/27/2006
PSYLLIUM SEED/ASPARTAME		POWDER	0.02100	07/01/2006
PSYLLIUM SEED/DEXTROSE		POWDER	0.02100	07/01/2006
PSYLLIUM/ASPARTAME		POWDER	0.02100	07/01/2006
PSYLLIUM/DEXTROSE		POWDER	0.02100	07/01/2006
RESOR/BALSAM/BIS SG(PTV)/ZNOX		SUPP.RECT	0.16500	07/15/2006
RESOR/BALSAM/BIS SG/ZNOX		SUPP.RECT	0.16500	07/15/2006
RESOR/BALSAM/BISM/ZNOX		SUPPOS.	0.16500	07/15/2006
SILVER SULFADIAZINE	1%	CREAM(GM)	0.05500	01/01/2007
STARCH	51%	SUPP.RECT	0.16500	07/15/2006
SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160MG	TABLET	0.26000	10/28/2006
THEOPHYLLINE ANHYDROUS	200MG	TAB.SR 12H	0.20000	10/27/2006
THEOPHYLLINE ANHYDROUS	300MG	TAB.SR 12H	0.25000	10/27/2006
ZIDOVUDINE	300MG	TABLET	3.65030	08/19/2006