
**An Information Service of the Division of Medical Assistance**

# North Carolina
# Medicaid Pharmacy
# Newsletter

***Number 223*** ***October 2013***

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Published by CSC, fiscal agent for the North Carolina Medicaid Program
1-866-246-8505 or 919-851-8888

## Procedures for Prior Authorization of Synagis for Respiratory Syncytial Virus (RSV) Season 2013/2014

The clinical criteria utilized by N.C. Medicaid (Medicaid) for the 2013/2014 Respiratory Syncytial Virus (RSV) season are consistent with published guidelines in the *Red Book: 2012 Report of the Committee on Infectious Diseases, 29th Edition*. **Prior authorization (PA) is required** for Medicaid coverage of Synagis during the upcoming RSV season. The coverage season is November 1, 2013, through March 31, 2014. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) criteria are considered for Synagis requests.

Submit all PA requests for coverage of Synagis for the upcoming season electronically at www.documentforsafety.org. The online Synagis Program will accept requests starting on October 15, 2013. This web based tool is designed to capture all information for a PA request. When the system offers an opportunity to upload supporting documents, the most recent progress note documenting the patient's pulmonary or cardiac status is required when a specialist is involved in the care. The electronic system can automatically approve a request based on the criteria submitted and allows a provider to self-monitor the status of a request pending medical review.

For approved requests, each Synagis dose will be individually authorized to promote efficient product distribution. After the initial approval, providers must submit a "***next dose request***" to obtain an authorization for each subsequent dose up to the approved number of doses. If an infant received one or more Synagis doses prior to hospital discharge, the provider should indicate as part of the request the most recent date a dose was administered and the number of doses administered by the provider should be adjusted accordingly. Providers should ensure the previously obtained supply of Synagis is administered before submitting a next dose request.

It is important for a Synagis distributor to have the appropriate single dose authorization on hand and a paid claim prior to shipping Synagis. An individual dose authorization is required for each paid Synagis claim. The claim should not exceed the quantity indicated on the authorization. A Synagis claim will deny if a dose request was not done by the provider.

### Maximum of Five Doses

Up to five doses during the season can be authorized for chronic lung disease (CLD) and hemodynamically significant congenital heart disease (HSCHD) for infants and children less than 24 months of age.

### Chronic Lung Disease (CLD)

The diagnosis causing the long-term respiratory problems must be specific. Treatment, such as supplemental oxygen, bronchodilator, diuretic or chronic corticosteroid therapy, in the six months before the start of the season is required.

### Hemodynamically Significant Congenital Heart Disease (HSCHD)

Infants not at increased risk from RSV who generally should **not** receive immunoprophylaxis include those with hemodynamically insignificant heart disease, such as secundum atrial septal defect, small ventricular septal defect (VSD), pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, patent ductus arteriosus (PDA), lesions adequately corrected by surgery unless the infant continues on medication for congestive heart failure (CHF) or mild cardiomyopathy not requiring medication.

**Congenital Abnormalities of the Airway or Neuromuscular Disease**
Infants born on or after November 2, 2012, with compromised handling of respiratory secretions secondary to congenital abnormalities of the airway or neuromuscular disease may be eligible for prophylaxis during the first year of life. The diagnosis to justify severe neuromuscular disease or congenital airway abnormalities must be specific.

**Prematurity**
In addition to the conditions listed above, a premature infant (prematurity must be counted to the exact day) may qualify for five doses as follows:

- Born at an Estimated Gestational Age (EGA) of ≤28 weeks 6 days and Date Of Birth (DOB) is on or after November 2, 2012
- Born at an EGA of 29 weeks 0 days to 31 weeks 6 days and DOB is on or after May 2, 2013

**Five Dose Exceptions**
Coverage of Synagis for CLD and HSCHD will terminate when the recipient exceeds 24 months of age AND has received a minimum of three doses during the season. Coverage of Synagis for congenital abnormalities of the airways and severe neuromuscular disease that compromises handling of respiratory secretions will terminate when the recipient exceeds 12 months of age AND has received a minimum of three doses during the season.

**Maximum of Three Doses; Last Dose Administered at Three Months of Age (90 Days of Life)**
Infants meeting clinical criteria as follows may be approved for up to three doses of Synagis during the season:

- Born at an EGA of 32 weeks 0 days to 34 weeks 6 days, and DOB is on or after August 2, 2013, and has at least one of the two following defined risk factors:
  - ♦ Attends child care [defined as a home or facility where care is provided for any number of infants or young toddlers (toddler age is up to the third birthday)]. The name of the day care facility must be submitted with the request.
  - ♦ Has a sibling younger than five years of age living permanently in the same household. Multiple births do not qualify as fulfilling this risk factor.

Generally, the following diagnoses do not singularly justify medical necessity for Synagis prophylaxis:

- a positive RSV episode during the current season
- repeated pneumonia
- sickle cell
- multiple birth with approved sibling
- apnea or respiratory failure of newborn

**Submitting a Request to Exceed Policy**
For doses exceeding policy or for Synagis administration outside the defined coverage period, the provider should use the **Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age** to request Synagis. The form is available on DMA's website at http://www.ncdhhs.gov/dma/epsdt/. A medical necessity review will be done under EPSDT

(see http://www.ncdhhs.gov/dma/epsdt/index.htm). If the information provided justifies medical need, the request will be approved.

**Pharmacy Distributor Information**

Synagis claims processing will begin on October 29, 2013 to allow sufficient time for pharmacies to provide Synagis by November 1, 2013. Payment of Synagis claims with date of service prior to October 29, 2013 and after March 31, 2014 will not be allowed. Point of sale claims should not be submitted by the pharmacy distributor prior to the first billable date of service for the season. Pharmacy providers should always indicate an accurate day's supply when submitting claims to Medicaid. Claims for Synagis doses that include multiple vial strengths must be submitted as a single compound drug claim. Synagis doses that require multiple vial strengths that are submitted as individual claims will be subject to recoupment by DMA Program Integrity. Physicians and pharmacy providers are subject to audits of recipient records by DMA Program Integrity.

Providers will fax each single dose authorization to the pharmacy distributor of choice. Single dose vial specific authorizations, up to the maximum number of doses approved for the recipient, will be issued by Medicaid. Please ensure the appropriate authorization is received before submitting a claim to Medicaid. The authorizations should be maintained in accordance with required record keeping time frames.

**Provider Information**

Providers without internet access should contact the Medicaid Outpatient Pharmacy Program at 919-855-4300 to facilitate submission of a PA request for Synagis. More information about the Synagis program is available at: www.documentforsafety.org.

**Technical Support**

Technical support is available from 8 a.m. to 5 p.m. by calling 1-855-272-6576 (local: 919-657-8843). Technical support can assist with provider registration, user name and password issues, recipient searches and other registry functions.

## Synagis Authorizations and Coverage Quantity

Medicaid grants single dose authorizations for Synagis. The medical provider will submit a single dose authorization for an approved recipient to the pharmacy distributor of choice. Claims for Synagis should be submitted to Medicaid only when an authorization has been received by the pharmacy. The medical provider will generate an authorization to send to the pharmacy for the next dose only after the supply on hand is administered. The pharmacy should keep each authorization on file and retrievable for audit purposes.

The quantity of drug Medicaid will cover is indicated on each single dose authorization. A pharmacy should not submit a claim for Synagis that exceeds the authorized quantity. The pharmacy should contact the medical provider immediately when wanting to dispense a quantity that exceeds the authorized amount. Medicaid will accept a request to increase the coverage quantity from the prescribing provider only. Providers should call 919.855.4306 to request the dose adjustment.

The single dose authorizations have effective time periods. Pharmacies should take note of these start and end dates. The drug must be dispensed within the indicated time period for the claim to be paid.

## 72-Hour Emergency Supply Available for Pharmacy PA 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 of medically necessary medications.

The system will bypass the prior authorization requirement if an emergency supply is indicated. A "***3***" in the Level of Service field (418-DI) should be used to indicate that the transaction is an emergency fill. ***Please Note: Co-payments 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.***

## Waiving of Required Recipient Co-payments

All eligible Medicaid recipients who receive prescribed drugs are required to make a co-payment of **$3.00** for each prescription received unless they are exempt for one of the reasons outlined in North Carolina Division of Medical Assistance (NC DMA) Clinical Coverage Policy No: 9. Currently, these exemptions include recipients under the age of 21; recipients residing in nursing homes, intermediate care facilities for individuals with mental retardation (ICF/MR) or mental health hospitals; recipients that are pregnant; recipients classified as Community Alternatives Program (CAP) recipients; and drugs that are classified as family planning (birth control medication). The exemptions may be found in Subsection 5.5.2 and Attachment B of this policy at http://www.ncdhhs.gov/dma/mp/9pharmacy.pdf.

NC DMA policy continues to be that a provider may not deny services to any Medicaid or NC Health Choice (NCHC) recipient because of the individual's inability to pay a deductible, coinsurance, or co-payment amount. An individual's inability to pay shall not eliminate his or her liability for the cost sharing charge. The provider may open an account for the patient and collect the amount owed at a later date.

The federal law in Section 1128A(a)(5) of the Social Security Act and the federal regulation in 42 CFR 1003.102(a)(13) prohibit the offering of remuneration to Medicare or Medicaid recipients where the person offering the remuneration knows or should know that the remuneration is likely to influence the recipient to order or receive items or services from a particular provider. Section 1128A(a)(5) of the Social Security Act may be found at http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm. 42CFR 1003.102(a)(13) may be found at http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol5/pdf/CFR-2011-title42-vol5-sec1003-102.pdf.

Furthermore, the Office of Inspector General (OIG) August 2002 Special Advisory Bulletin describes the elements of the prohibition. It states that the "should know" standard is met if a provider acts with deliberate ignorance or reckless disregard. No proof of specific intent is required. The "inducement" element of the offense is met by any offer of valuable goods (i.e.,

not inexpensive) and services as part of a marketing or promotional activity, regardless of whether the marketing or promotional activity is active or passive.

For example, even if a provider does not directly advertise or promote the availability of a benefit to recipients, there may be indirect marketing or promotional efforts or informal channels of information dissemination, such as "word of mouth" promotion by practitioners or patient support groups. In addition, the OIG considers the provision of free goods or services to existing customers who have an ongoing relationship with a provider likely to influence those customers' future purchases." The OIG August 2002 Special Advisory Bulletin may be found at http://oig.hhs.gov/fraud/docs/alertsandbulletins/SABGiftsandInducements.pdf.

Federal regulations, specifically **42 CFR § 1003.101, define remuneration to include** the waiver of coinsurance and deductible amounts (or any part thereof) and transfers of items or services for free or for other than fair market value. The term "remuneration" does not include the waiver of coinsurance and deductible amounts by a person, if the waiver is not offered as part of any advertisement or solicitation or if the person does not routinely waive coinsurance or deductible amounts. It does not include cases where the person waives coinsurance and deductible amounts after determining in good faith that the individual is in financial need or failure by the person to collect coinsurance or deductible amounts after making reasonable collection efforts. **42 CFR § 1003.101 may be found at** http://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vol5/pdf/CFR-2010-title42-vol5-sec1003-101.pdf.

The North Carolina Session Law 2013-145 (SL2013-145) that became effective on October 1, 2013, states that no pharmacy provider shall waive the collection of co-payments owed by recipients of Medicaid and NCHC, as required by the respective program, with the intent to induce recipients to purchase, lease, or order items or services from the permitted provider. SL2013-145 applies to in-state and out-of-state pharmacies that are issued pharmacy permits by the North Carolina Board of Pharmacy. Pharmacies that are exempt from SL2013-145 include:

1) Pharmacies that are owned or operated by the State of North Carolina, or
2) Pharmacies that are part of health care facilities regulated and licensed pursuant to NC G.S. 131E or 122C, which includes hospital-based pharmacies.

North Carolina Session Law 2013-145 may be found at http://www.ncleg.net/Sessions/2013/Bills/Senate/HTML/S137v5.html.

To summarize, all North Carolina pharmacies may not engage in any activity to market, promote or offer to waive a Medicaid or NCHC co-payment, regardless of whether that activity is active or passive. A pharmacy that is subject to SL 2013-145, as outlined above, shall be considered engaged in the regular business practice of waiving co-payments if the pharmacy holds itself out to recipients as waiving required co-payments. If a Medicaid or NCHC recipient has not paid their designated cost sharing co-payment and the pharmacy has documented its good-faith effort to collect the co-payment amount, but the pharmacy's reasonable collection efforts fail, then the pharmacy provider shall document, for each co-payment:

a) how the pharmacy determined that the collection of the co-payment would create a substantial financial hardship for the recipient, or
b) that at the time of service, the recipient is exempt based on the criteria outlined in NC DMA Policy.

All documentation related to unpaid co-payments shall be readily retrievable for inspection, in accordance with existing Medicaid and NCHC Policy and the Provider Participation Agreement.

For enforcement purposes, a pharmacy that waives a co-payment owed by a recipient of Medicaid or NCHC is in violation of SL2013-145 regardless of the monetary amount that is waived by the permitted provider. Violations of SL2013-145 shall result in a pharmacy's participation in Medicaid and NCHC being suspended or terminated in accordance with 10A NCAC 22F.

## Updated Federal Upper Limit Reimbursement List

There are certain drugs that have been identified for which the Federal Upper Limit (FUL) reimbursement rate does not cover the cost of the drug. Medicaid pharmacy programs are required to reference this reimbursement information when pricing drug claims. In order to receive adequate reimbursement, pharmacy providers may use the DAW1 override to override 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 ***DAW1*** override code is being 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.

| NDC | DRUG NANE |
|---|---|
| 00054003721 | CLARITHROMYCIN 500 MG TABLET |
| 00054302802 | ACETYLCYSTEINE 20% VIAL |
| 00093026330 | FLUOCINONE 0.05 % CREAM |
| 00093026392 | FLUOCINONE 0.05 % CREAM |
| 00093075701 | PIROXICAM 20 MG CAPSULE |
| 00093075705 | PIROXICAM 20 MG CAPSULE |
| 00093092401 | OXAPROZIN 600MG TABLET |
| 00093423601 | NADOLOL 40 MG TAB |
| 00143211205 | DOXYCYCLINE HYCLATE 100 MG TABS |
| 00143314150 | DOXYCYCLINE HYCLATE 50 MG CAPS |
| 00143314205 | DOXYCYCLINE HYCLATE 100 MG CAPS |
| 00143314250 | DOXYCYCLINE HYCLATE 100 MG CAPS |
| 00143980305 | DOXYCYCLINE HYCLATE 100 MG CAPS |
| 00168000215 | TRIAMCINOLONE 0.5% CREAM |
| 00168000315 | TRIAMCINOLONE 0.025% CREAM |
| 00168000380 | TRIAMCINOLONE 0.025% CREAM |
| 00168000415 | TRIAMCINOLONE 0.1% CREAM |
| 00168000416 | TRIAMCINOLONE 0.1% CREAM |

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|---|---|
| 00168000480 | TRIAMCINOLONE 0.1% CREAM |
| 00168000615 | TRIAMCINOLONE 0.1% OINTMENT |
| 00168000616 | TRIAMCINOLONE 0.1% OINTMENT |
| 00168000680 | TRIAMCINOLONE 0.1% OINTMENT |
| 00168004046 | BETAMETHASONE VA 0.1% CREAM |
| 00168005515 | BETAMETHASONE DP 0.05% CREAM |
| 00168005546 | BETAMETHASONE DP 0.05% CREAM |
| 00168008130 | TRIAMCI 100000 CREAM SANDOZ |
| 00168008160 | NYST TRIAMC 100,000 CREAM |
| 00168013460 | FLUOCINONIDE 0.05% SOLUTION |
| 00168020230 | CLINDAMYCIN PH 1% GEL |
| 00168020260 | CLINDAMYCIN PH 1% GEL |
| 00168025815 | CLOTRIMAZOLE-BETAMETHASONE CREAM |
| 00168025846 | CLOTRIMAZOLE-BETAMETHASONE CREAM |
| 00168031002 | DESONIDE 0.05% LOTION |
| 00168031004 | DESONIDE 0.05% LOTION |
| 00168037030 | CLOTRIMAZOLE-BETAMETHASONE 1 % LOTION |
| 00168038360 | METRONIDAZOLE 0.75% LOTION |
| 00185072401 | CARISOPRODOL COMPOUND TAB |
| 00185072405 | CARISOPRODOL COMPOUND TAB |
| 00228206710 | OXAZEPAM 10 MG CAPSULE |
| 00228206910 | OXAZEPAM 15 MG CAPSULE |
| 00378135501 | TRIAMTERENE-HCTZ 75-50 |
| 00378135505 | TRIAMTERENE-HCTZ 75-50 |
| 00378302501 | CLOMIP HCL 25MG CAPSEL |
| 00378425001 | DOXEPIN 50 MG CAPSULE |
| 00378537501 | DOXEPIN 75 MG CAPSULE |
| 00378641001 | DOXEPIN HCL 100 MG CAPSEL |
| 00378641010 | DOXEPIN HCL 100 MG CAPSEL |
| 00406114201 | METHYLPHNHCL 5 MG TABLET |
| 00406114210 | METHYLPHNHCL 5 MG TABLET |
| 00406114401 | METHYLPHNHCL10 MG TABLET |
| 00406114410 | METHYLPHNHCL10 MG TABLET |
| 00406114601 | METHYLPHNHCL20 MG TABLET |
| 00406147301 | METHYLPHNHCL20 MG TABLET |
| 00406895901 | DEXTROAMPHETAMINE 10 MG TAB |
| 00472016315 | NYSTAIN 100,000 UNIT/GM CREAM |

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|---|---|
| 00472016330 | NYSTAIN 100,000 UNIT/GM CREAM |
| 00472016615 | NYSTAIN 100,000 UNIT 15GMS |
| 00472016630 | NYSTAIN 100,000 UNITS 30GMS |
| 00472037915 | CLOTRIMAZOLE-BETAMETHASONE CRM |
| 00472037945 | CLOTRIMAZOLE-BETAMETHASONE CRM |
| 00472080302 | DESONIDE LOTION 0.05% |
| 00472080304 | DESONIDE 0.05% LOTION |
| 00527142635 | OXYCODONE CONC 20 MG/ML SOLN |
| 00527142636 | OXYCODONE CONC 20 MG/ML SOLN |
| 00555095302 | DEXTROAMPHETAMINE 10 MG TAB |
| 00574723412 | PHENADOZ 25 MG SUPPOSITORY |
| 00574723612 | PHENADOZ 12.5MG SUPPOSITORY |
| 00591060701 | LABETALOL 300 MGTABWATS |
| 00591081046 | SILVER SULFADIAZINE 1 % CREAM |
| 00591081055 | SILVER SULFADIAZINE 1% CREAM |
| 00591081085 | SILVER SULFADIAZINE 1% CREAM |
| 00591216139 | PHENADOZ 25MG SUP |
| 00591544050 | DOXYCYCLINE HYCLATE 100 MG CAPS |
| 00591555305 | DOXYCYCLINE HYCLATE 100 MG TABS |
| 00591578701 | NORTRIPTYLINE 25MG CAP |
| 00591578705 | NORTRIPTYLINE HCL 25 MG CAP |
| 00591578710 | NORTRIPTYLINE HCL 25 MG CAP |
| 00591588301 | METHYLPREDNISOLONE 10 MG TABLET |
| 00591588401 | METHYLPREDNISOLONE 20 MG TALET |
| 00603459315 | METHYLPREDNISOLONE 4MG D/P |
| 00603459321 | METHYLPREDNISOLONE 4 MG TABL |
| 00603497521 | OXYBUTYNIN 5 MG TABLET |
| 00603497528 | OXYBUTYNIN 5 MG TABLET |
| 00603497532 | OXYBUTYNIN 5 MG TABLET |
| 00603781874 | NYSTATIN 100,000 |
| 00603781878 | NYSTATIN 100,000 UNIT/GM CREAM |
| 00713053612 | PROMETHEGAN 12.5 MG SUPPOS |
| 00713063986 | HALOBETASOL PROP 0.05% OINTM |
| 00781100801 | TRIAMTERENE-HCTZ 75-50 |
| 00781100805 | TRIAMTERENE-HCTZ 75-50 |
| 00781107101 | METHAZOLAMIDE 50 MG TABLET |
| 00781118101 | NADOLOL 20 MG CAPS |

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|---|---|
| 00781118201 | NADOLOL 40 MG TABS |
| 00781169501 | ISOSORBIDE DN 20 MG TABLET |
| 00781169510 | ISOSORBIDE DN 20 MG TABLET |
| 00781196160 | CLARITHROMYCIN 250 MG TABLET |
| 00781196260 | CLARITHROMYCIN 500 MG TABLET |
| 00781574801 | METHYLPHN HCL 5 MG TABLET |
| 00781574901 | METHYLPHN HCL 10 MG TABLET |
| 00781575301 | METHYLPHN HCL 20 MG TABLET |
| 00904042840 | DOXYCYCLINE HYCLATE 100 MG CAP |
| 17478028310 | GENTAK 3 MG/ML EYE DROPS |
| 24208058060 | GENTAMICIN OPTH SOLN |
| 24208058064 | GENTAMICIN 3 MG/ML EYE DROPS |
| 24208067004 | SULFACETAMIDE 10% EYE DROPS |
| 29033001301 | PIROXICAM 20 MG CAPSULE |
| 29033001305 | PIROXICAM 20 MG CAPSULE |
| 43538051012 | GENADUR NAIL LACQUER |
| 43598021040 | SSD 1% CREAM |
| 43598021050 | SSD 1% CREAM |
| 45802002146 | BETAMETHASONE DP 0.05% LOT |
| 45802004811 | NYSTATIN |
| 45802004835 | NYSTATIN OINTMENT |
| 45802006405 | TRIAMCINOLONE 0.1% CREAM |
| 45802006435 | TRIAMCINOLONE 0.1% CREAM |
| 45802006436 | TRIAMCINOLONE 0.1% CREAM |
| 45802006535 | TRIAMCINOLONE 0.5% CREAM |
| 45802042235 | DESONIDE 0.05% CREAM |
| 45802042237 | DESONIDE 0.05% CREAM |
| 45802042335 | DESONIDE 0.05 % OINT PERRIGO NYST |
| 45802042337 | DESONIDE 0.05 % OINT PERRIGO |
| 48102010101 | METHAZOLAMIDE 50 MG TABLET |
| 49884024601 | CARISOPRODOL COMPOUND TABLET |
| 49884024605 | CARISOPRODOL COMPOUND TABLET |
| 50111033301 | METRONIDAZOLE 250 MG TABLET |
| 50111033401 | METRONIDAZOLE 500 MG TABLET |
| 50111033402 | METRONIDAZOLE 500 MG TABLET |
| 50383026760 | CLOBETASOL 0.05% CREAM |
| 51672125301 | FLUOCINONIDE 0.05% CREAM |

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|---|---|
| 51672125302 | FLUOCINONIDE 0.05% CREAM |
| 51672125303 | FLUOCINONIDE 0.05% CREAM |
| 51672125304 | FLUOCINONIDE 0.05% CREAM |
| 51672125903 | CLOBETASOL 0.05% OINTMENT |
| 51672126301 | NYSTATIN-TRIAMCINOLONE CREAM |
| 51672126302 | NYSTATIN-TRIAMCINOLONE CREAM |
| 51672126303 | NYSTATIN-TRIAMCINOLONE CREAM |
| 51672127201 | NYSTATIN-TRIAMCINOLONE OINT |
| 51672127202 | NYSTATIN-TRIAMCINOLONE OINTM |
| 51672127203 | NYSTATIN-TRIAMCINOLONE OINTM |
| 51672127304 | FLUOCINONIDE 0.05% SOLUTION |
| 51672128003 | DESONIDE 0.05% CREAM |
| 51672128103 | DESONIDE 0.05% OINTM |
| 51672128202 | TRIAMCINOLONE 0.1% CREAM |
| 51672128901 | NYSTATIN 100,000 UNIT/GM CREAM |
| 51672128902 | NYSTATIN 100,000 UNIT/GM CREAM |
| 51672129201 | HYDROCORTISONE VAL 0.2% OINT |
| 51672129203 | HYDROCORTISONE VAL 0.2% OINT |
| 51672129206 | HYDROCORTISONE VAL 0.2% OINT |
| 51672401105 | CLOMIP HCL 25MG CAP |
| 51672401205 | CLOMIPR HCL 50 MG CAPTARO |
| 51672401206 | CLOMIP HCL 50MG CAP |
| 51672404709 | CARBAMAZEPINE 100 MG/5 ML SU |
| 51672404801 | CLOTRIMAZOLE-BETAMETHASONE CREAM |
| 51672404806 | CLOTRIMAZOLE-BETAMETHASONE CREAM |
| 51672407401 | HYDROCORTIDONE BUTYRATE 0.1 % CREAM |
| 51672411606 | METRONIDAZOLE TOPICAL 0.75% GEL |
| 53489011802 | DOXYCYCLINE HYCLATE 50 MG CAP |
| 53489011902 | DOXYCYCLINE HYCLATE 100MG CAP |
| 53489011905 | DOXYCYCLINE HYCLATE 100 MG CAP |
| 53489012002 | DOXYCYCLINE HYCLATE 100 MG TAB |
| 53489012005 | DOXYCYCLINE HYCLATE 100 MG TAB |
| 53489017701 | ALBUUTER SULF 4MG TAB |
| 57664022888 | METHYLPHNHCL5 MG TAB |
| 57664022988 | METHYLPHNHCL10 MG TAB |
| 57664023088 | METHYLPHNHCL20 MG TAB |
| 59746000103 | METHYLPREDNISOLONE 4 MG DOSE |

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| 59762372802 | CLINDAMYCIN PH 1% SOLUTION |
| 59762374301 | CLINDAMY PHO1 % GELGRN1 |
| 59762374302 | CLINDAMY PHO 1 % GEL |
| 59762374401 | CLINDAMYCIN LOTION |
| 60758018805 | GENTAMICIN 3 MG/ML EYE DROPS |
| 61314063136 | NEOMYC-POLYM-DEXAMET EYE OINTMENT |
| 61314063305 | GENTAMICIN 3MG/ML EYE DROPS (3%) |
| 61314064305 | TOBRAMYCIN 0.3% EYE DROPS |
| 61314064610 | NEOMYCIN-POLYMYXIN-HC EAR SOL |
| 61314070101 | SULFACETAMIDE 10% EYE DROPS |
| 64679094901 | CLARITHROMYCIN 500 MG TABLET |
| 66689002530 | OXYCODON HCL 20MG/ML CONC. |
| 67253032010 | MTREX SODIUM 2.5 MG TAB |
| 67405011045 | METRONIDAZOLE 0.75% CREAM |
| 68382076214 | CLARITHROMYCIN 500 MG TABLET |
| 68462034737 | OXYCODONE CONC 20 MG/ML SOLN |

## Checkwrite Schedule

| | | |
|---|---|---|
| October 8, 2013 | November 5, 2013 | December 10, 2013 |
| October 15, 2013 | November 13, 2013 | December 17, 2013 |
| October 22, 2013 | November 19, 2013 | December 31, 2013 |
| October 29, 2013 | November 26, 2013 | |
| | December 3, 2013 | |

## Electronic Cut-Off Schedule

| | | |
|---|---|---|
| October 4, 2013 | November 1, 2013 | December 6, 2013 |
| October 11, 2013 | November 8, 2013 | December 13, 2013 |
| October 18, 2013 | November 15, 2013 | December 27, 2013 |
| October 25, 2013 | November 22, 2013 | |
| | November 29, 2013 | |

*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*.

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