

## CHAPTER FOURTEEN

# Drug Coverage

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The PDCS Drug Coverage Inquiry Screens provide access to all Client drug coverage information for each plan based on an input National Drug Code (NDC). *The Drug Coverage Subsystem is not intended to replace the submission of pharmacy claims.* Even though the drug coverage screen shows that the Client covers a particular NDC, it does not mean that a pharmacy claim for the particular drug will pay. The Drug Coverage screen simply displays specific drug coverage information without taking into consideration a recipient's eligibility, plan file limitations, cap limits, pharmacy network enrollment, etc.

### DRUG COVERAGE KEY PANEL

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1: mainframe - TN3270 Plus
Host Edit View Setup Macros Internet Help
↑ ↓ ↻ ↵ ⌂ 📄 📁 🗑️ 🖨️ F F F F 1 2 3 4 5 6 7 8 9

TRAINING CLIENT
DRUG COVERAGE KEY PANEL

Group:

NDC:

PA1=Return

Connected to mainframe port 23 00:00.801 06,33 IBM-3278-2 NUM
```

### PDCS Drug Coverage Key Panel

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## **Input**

1. **GROUP:** Enter the applicable Group Number for the Client.
2. **NDC:** Enter the 11-digit National drug Code (NDC) for the drug on which you are inquiring.

## **Options**

**PA1** Returns the user to the Main Menu.

## DRUG COVERAGE INQUIRY SCREEN

```

11/26/2003                TRAINING CLIENT
                          DRUG COVERAGE SCREEN
Group: 0100      NDC: 00591 0349 01  Drug Name: HYDROCODONE/APAP 5/500 TAB
Class:          F  FED LEGEND          Category: 0  UNSPECIFIE
Generic Code: 70331                    Thera Class: H3A  NARCOTIC A
Desi Drug:     2  NON-DESI              Product Ind: 1  GENERIC DRUG
Eff Date:     07012002 Sex:           B    Route Code: 1  ORAL
Rebate Date/Signed: 03292001 Y    04011999 N    01011991 Y
C PLAN-----NAME-----CVR-RETAIL-COPAY-IND--CVR--MAIL--COPAY-IND
N 100 EMPLOYEES SELF FUNDED PROGRAM C  $ .50  0.00% N C  $5.00  0.00% N

                          DRUG COVERAGE AND COPAY AMOUNTS ARE SUBJECT TO HARD CODING, PLAN LIMITATIONS &
                          ELIGIBILITY. PLEASE SUBMIT A CLAIM TO DETERMINE CLAIM PAY/DENIAL STATUS.
                          PA1=RETURN
    
```

PDCS Drug Coverage Screen

### Description

1. **GROUP:** Enter the appropriate Group number for the Client.
2. **NATIONAL DRUG CODE:** This is the Drug's 11-digit identifier that was keyed on the Drug Coverage Key Panel.
3. **DRUG NAME:** This is the name of the drug associated with the 11-digit NDC.
4. **CLASS:** Indicates whether the drug requires a prescription ("F" - Federal Legend). Over-the-Counter (OTC) drugs and products are marked with an "O." First DataBank maintains this field.



5. **CATEGORY:** A code classifying the drug into a broad grouping. (This field is maintained by First DataBank):

- **A** indicates anti-anxiety agents
- **B** indicates fertility agents
- **C** indicates contraceptives, oral
- **D** indicates diagnostics
- **E** indicates fluoride preparations (excluding vitamin combinations)
- **F** indicates antiobesity drugs
- **G** indicates antacids
- **H** indicates hematinics
- **I** indicates insulins
- **J** indicates smoking deterrents
- **K** indicates AIDS related drugs
- **L** indicates laxatives
- **M** indicates reusable needles
- **N** indicates disposable needles
- **O** indicate reusable syringes with / without needles (non-insulin)
- **P** indicates disposable syringes with / without needles (non-insulin)
- **Q** indicates reusable syringes with / without needles (insulin)
- **R** indicates disposable syringes with / without needles (insulin)
- **S** indicates diabetic supplies, miscellaneous
- **T** indicates contraceptives, topical
- **U** indicates cosmetic products
- **V** indicates vitamins
- **W** indicates contraceptives, implantable
- **Y** indicates ostomy supplies
- **Z** indicates Attention Deficit Disorder
- **0** indicates unspecified
- **1** indicates drug to treat impotency

6. **GENERIC CODE:** The five-digit Generic Code Number assigned to this drug record. The fifth digit corresponds to the product's strength. Duplicate checking is based on the first four digits of the Generic Code Number. This field maintained by First DataBank.

7. **THERA CLASS:** This is the drug's primary Specific Therapeutic Class code. When the prospective DUR Therapeutic Duplication edit is performed, two drugs with the same pri-

mary Specific Therapeutic Class code will cause the therapeutic duplication edit to post. First DataBank maintains this field.

8. **DESI DRUG:** A DESI indicator of "1," "5" or "6" indicates a less-than-effective drug according to the Centers for Medicare and Medicaid Services (CMS). The effective date of this DESI designation is also shown (see EFF DATE below). First DataBank maintains this field.

**NOTE:** Medicaid programs do not cover these drugs.

9. **PRODUCT IND:** This field indicates whether this drug record is priced as a generic (value "1"), branded (value "2"), multi-source (value "3") or non-drug item (value "0"). "Multi-source" in this field has a different meaning than that for Generic Indicator. Multi-source in this field indicates a product with two or more brand manufacturers—when a product is dually licensed or cross licensed. First DataBank maintains this field.

10. **EFF DATE:** The effective date associated with the DESI drug indicator above (indicates when the drug became classified as a DESI or non-DESI drug).

11. **ROUTE CODE:** This indicator lists the method by which the drug is administered. (This field is maintained by First DataBank)

Codes include:

- **A** indicates intravenous (only)
- **B** indicates buccal
- **C** indicates intramuscular (only; repository, etc.)
- **D** indicates dental
- **E** indicates epidural
- **F** indicates perfusion
- **G** indicates subcutaneous
- **H** indicates inhalation
- **I** indicates intracavernosal
- **J** indicates intraarterial
- **K** indicates intraarticular
- **L** indicates translingual
- **M** indicates miscellaneous (medical supplies, other non-drug items)
- **N** indicates implantation
- **O** indicates intrathecal
- **P** indicates intraperitoneal
- **R** indicates irrigation (bladder, wounds, etc.)

- **S** indicates sublingual
- **T** indicates transdermal
- **U** indicates urethral
- **V** indicates vaginal
- **1** indicates oral
- **2** indicates injection (IM, IV, SQ, etc.)
- **3** indicates rectal
- **4** indicates mucous-membrane (topical mouth and throat)
- **5** indicates topical (hair, nails, skin)
- **6** indicates ophthalmic (eye-ear preps are categorized using this route code)
- **7** indicates nasal
- **8** indicates otic
- **9** indicates intradermal

12. **REBATE DATE/SIGNED:** This field indicates the date that a rebate agreement was signed with the manufacturer. First DataBank maintains this field.

**NOTE:** Medicaid programs only pay for drugs with current signed rebates on file.

13. **C:** This indicates whether or not there is a custom record for this drug on the plan file. Valid values are Y or N.

14. **PLAN:** The ID of the Plan coverage displayed.

15. **NAME:** The name of the Plan coverage displayed.

16. **COVER:** Indicates if the NDC is Covered (C), Prior Authorized (P), or Not Covered (N) for the Plan displayed.

## Input

None; Drug Coverage Screen is inquiry-only.

## Options

**PA1** Returns the user to the Drug Coverage Key Panel.