



August 28, 2020

Web Announcement 2293

## DHCFP Issues Stop Coverage on Non-Rebate Products Effective August 28, 2020

The Division of Health Care Financing and Policy (DHCFP), Nevada Medicaid, reimburses pharmacies and practitioners for prescription pharmaceuticals dispensed or administered to Medicaid recipients.

Per Federal Statute (CFR 42 U.S.C. 1396r-8 - Payment for Covered Outpatient Drugs) and Medicaid Services Manual (MSM) Chapter 1200, Prescribed Drugs, pharmaceuticals must be manufactured by companies participating in the Federal Medicaid Drug Rebate Program and approved by the Food and Drug Administration (FDA) in order to receive coverage. The DHCFP has determined that the following products are not included in the drug rebate program.

- Effective July 17, 2020, Nevada Medicaid announced an immediate stop coverage on DermacinRx products.
- Effective August 21, 2020, Nevada Medicaid announced an immediate stop coverage on Empricaine II.
- Effective August 28, 2020, Nevada Medicaid is announcing an immediate stop coverage on the following additional products as these products are not included in the Federal Medicaid Drug Rebate Program:

NDC	Product Name	Date Effective
69067-0105-30	Folic-K	8/28/20
59088-0371-07	Lidotral®	8/28/20
51021-0164-06	Lidozion®	8/28/20
59088-0706-00	Nuvakaan	8/28/20
59088-0757-00	Prizotral	8/28/20
59088-0738-00	Gabacaine Kit	8/28/20
59088-0083-00	Migranow®	8/28/20
<b>Previously Excluded Products:</b>		
59088-0759-00	Empricaine II	8/21/20
59088-0353-00	DermacinRx Surgical Pharmapak	7/17/20
59088-0343-00	DermacinRx Lexitral® Pharmapak	7/17/20
59088-0392-00	DermacinRx Ticanase® Pak	7/17/20
59088-0090-54	DermacinRx PureFolix®	7/17/20
59088-0810-00	DermacinRx Empricaine	7/17/20