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Upcoming PDL changes for Hepatitis C Treatments

Effective October 1, 2016, Harvoni, Epclusa (for genotypes 2 and 3), Technivie (for genotype 4), Viekira Pak, Viekira XR, and Zepatier will have preferred status on the Preferred Drug List (PDL).

Daklinza, Epclusa (for genotypes 1, 4, 5, and 6), Olysio, and Sovaldi will be non-preferred.

Clinical criteria will continue to apply for all Hepatitis C treatments.

ANTI-INFECTIVES-SYSTEMIC	
ANTIVIRALS	
Hepatitis C Agents	
Preferred	Non-Preferred
Clinical criteria apply	
Harvoni® Tablet	Daklinza® Tablet (for genotype 3) (must request Sovaldi® in addition to Daklinza® with a separate PA)
Epclusa® Tablet (for genotype 2 and 3)	Epclusa® Tablet (for genotype 1,4,5 and 6)
Technivie® Dose Pack (for genotype 4)	Olysio® Capsule
Viekira® Pak	Sovaldi® Tablet
Viekira® XR Tablet	
Zepatier® Tablet	

Upcoming PDL changes for Abilify and aripiprazole

Effective October 1, 2016, aripiprazole Tablets will be moved to preferred status on the PDL. Abilify Tablets will remain preferred until December 31, 2016, to allow pharmacies to exhaust their inventory. Effective January 1, 2017, Abilify Tablets will move to non-preferred status on the PDL. These changes only apply to Abilify Tablets. Abilify Discmelt and Abilify Solution will remain preferred and aripiprazole ODT and Solution will remain non-preferred on the PDL. These changes are illustrated in the table below.

BEHAVIORAL HEALTH	
ATYPICAL ANTIPSYCHOTICS	
Oral	
Preferred	Non-Preferred
Effective 10/01/2016-12/31/2016	

Abilify® Discmelt / Solution / Tablet	aripiprazole ODT / Solution
aripiprazole Tablet	
Effective 01/01/2017	
Abilify® Discmelt / Solution	Abilify® Tablet
aripiprazole Tablet	aripiprazole ODT / Solution

Automatic Refills and Shipments

Medication adherence is very important in achieving successful outcomes from medication therapy. While section 5.7 of Outpatient Pharmacy Clinical Coverage Policy #9 (see below) does not allow automatic refills, it does not prohibit a pharmacy from using refill reminders to encourage a beneficiary's adherence to their medication regimen, as long as the reminders are for medications the beneficiary is currently receiving.

5.7 Automatic refills and automatic shipments are not allowed. Medicaid and NCHC do not pay for any prescription (original or refill) based on a provider's auto refill policy. Medicaid and NCHC do not pay for any prescription without an explicit request from a beneficiary or the beneficiary's responsible party, such as a caregiver, for each refilling event. The pharmacy provider shall not contact the beneficiary in an effort to initiate a refill unless it is part of a good faith clinical effort to assess the beneficiary's medication regimen. The possession, by a provider, of a prescription with remaining refills authorized does not in itself constitute a request to refill the prescription. Beneficiaries or providers cannot waive the explicit refill request and enroll in an electronic automatic refill program. Any prescriptions filled without a request from a beneficiary or their responsible party will be subject to recovery. Any pharmacy provider with a policy that includes filling prescriptions on a regular date or any type of cyclical procedure will be subject to audit, claim recovery or possible suspension or termination of their provider agreement.

2016-2017 Pharmacist Administrated Vaccine and Reimbursement Guidelines for N.C. Medicaid

Information about rules and regulations regarding pharmacist-administrated vaccinations can be found on the [N.C. Board of Pharmacy webpage](#). The specific text of the statute can be found on [House Bill 832](#).

Effective January 1, 2016, NC Medicaid will reimburse pharmacies for covered vaccines as permitted by G.S. 90-85.15B (see below) when administered to NC Medicaid beneficiaries 19 years of age and older by an immunizing pharmacist.

- Herpes zoster vaccine
- Hepatitis B vaccine

- Influenza vaccine
- Meningococcal polysaccharide or meningococcal conjugate vaccines
- Pneumococcal polysaccharide or pneumococcal conjugate vaccines
- Tetanus toxoid vaccine/tetanus-diphtheria/tetanus-diphtheria-pertussis/tetanus-diphtheria-acellular pertussis vaccines

NC Division of Public Health has determined that **pharmacies are ineligible to enroll in the Vaccines for Children (VFC) program** (a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay). Pharmacies who administer privately purchased vaccines to VFC eligible NC Medicaid beneficiaries will **NOT** be reimbursed for the vaccine and **CANNOT** bill the beneficiary for that cost. Only the administration fee(s) will be reimbursed. For this reason, immunizing pharmacists should only administer vaccinations to NC Medicaid beneficiaries 19 years of age and older, as these beneficiaries are not eligible for the VFC program (the Herpes zoster vaccine will only be reimbursed for beneficiaries 60 years of age and older).

Professional claims for covered vaccinations administered to NC Medicaid beneficiaries 19 years of age and older should be billed by pharmacies according to the guidelines stated in Tables 1 and 2 below and submitted electronically through the NCTracks website using the professional claim format ([CMS 1500 form](#)) or an [837P electronic batch transaction](#). NCTracks has instructor-led and computer-based training on “How to File a Professional Claim” that can be found in the secure NCTracks Provider Portal. NDC’s **should not** be listed on the claim for vaccine reimbursements; only vaccine and administration CPT codes are required. Any claim submitted for vaccine reimbursement with a NDC listed will deny reimbursement in the system.

All NC Medicaid covered vaccines are reimbursed according to the [Physicians Drug Program \(PDP\) vaccine fee schedule](#) and administration rates as per the [Physician’s Services Fee Schedule](#). Medicaid will reimburse immunizing pharmacists (vaccine rate and administration fee) same as all other providers.

According to NC Board of Pharmacy rules, within 72 hours of administering any vaccine, the immunizing pharmacist must notify the patient’s identified primary care provider and the N.C. Immunization Registry. The N.C. Association of Pharmacists has an [Immunization Registry Pharmacy User Webinar](#) that contains useful information.

Table 1
Billing Codes for Medicaid Beneficiaries 19 Years of Age or Older

CPT Code	Vaccine
90746CG*	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use
90630CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use

90656CG	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, for intramuscular use
90658CG	Influenza virus vaccine, trivalent (IIV3), split virus, for intramuscular use
90674CG**	Influenza virus vaccine, quadrivalent (IIV4), split vaccine, for intramuscular use
90686CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intramuscular use
90688CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, for intramuscular use
90620CG	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use
90621CG	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, for intramuscular use
90733CG	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
90734CG	Meningococcal conjugate vaccine, serogroups A, C, Y, W-135, quadrivalent (MenACWY) for intramuscular use
90670CG	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
90732CG	Pneumococcal Polysaccharide Vaccine, 23-valent, for subcutaneous or intramuscular use
90714CG	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use
90715CG	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
90736CG	Zoster (shingles) vaccine (HZV), live, for subcutaneous use

*The CG modifier must be appended to every vaccine and vaccine administration CPT code used to bill vaccines by pharmacists. The CG modifier identifies a Pharmacy Provider in NCTracks for vaccine claims billing purposes. Additionally, NDCs should not be included in the claim as they will deny in NCTracks. Vaccines do not have a rebate nor fall under 340B rules and, therefore, must not contain NDCs.

**Available only after 10/15/2016

[CDC’s Advisory Committee on Immunization Practices \(ACIP\)](#) voted that live attenuated influenza vaccine (LAIV), also known as the “nasal spray” flu vaccine, should **not** be used during the 2016-2017 flu season. **As a result, the nasal flu vaccine will not be reimbursed nor will the administration cost be covered for any NC Medicaid beneficiary.**

N.C. Division of Medical Assistance (DMA) does not expect that providers will be vaccinating beneficiaries with the 2016-2017 influenza season’s vaccine after date of service June 30, 2017.

Table 2
Billing Codes for N.C. Medicaid Beneficiaries 19 Years of Age and Older

CPT Code(s)	CPT Code Description
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90471CG*	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472CG (add-on code)**	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine . (Separately list the add-on code(s) for each additional single vaccine and/or combination vaccine/toxoid administered, in addition to the primary procedure)

*The CG modifier must be appended to every vaccine and vaccine administration CPT code used to bill vaccines by pharmacists. The CG modifier identifies a Pharmacy Provider in NCTracks for vaccine claims billing purposes. Additionally, NDCs should not be included in the claim as they will deny in NCTracks. Vaccines do not have a rebate nor fall under 340B rules and, therefore, must not contain NDCs.

**Providers *may* bill more than one unit of 90472 as appropriate (see examples below).

Example of billing a single vaccine for an adult:

Vaccines Provided	Administration Codes	CPT Vaccine Codes
Influenza, quadrivalent, split virus	90471CG	90686CG

Coding required on the claim for proper reimbursement:

90471CG	1 unit	There would be a billed amount.
90686CG	1 unit	There would be a billed amount.

Example of billing multiple vaccines for an adult:

Vaccines Provided	Administration Codes	CPT Vaccine Codes
Zoster	90471CG	90736CG
PCV13	90472CG	90670CG
Influenza, quadrivalent, split virus	90472CG	90686CG

Coding required on the claim for proper reimbursement:

90471CG	1 unit	There would be a billed amount.
90472CG	2 units	There would be a billed amount.
90736CG	1 unit	There would be a billed amount.
90670CG	1 unit	There would be a billed amount.

Pharmacists can verify beneficiary eligibility in NCTracks using the [provider portal](#), the [Automated Voice Response System \(AVRS\)](#), or a [270/271 X12](#) transaction. Verification of eligibility does not ensure payment since some Medicaid programs do not provide full Medicaid coverage and therefore, would not provide coverage for vaccinations (e.g. MAF-D (Family Planning), MQB (Medicare Dual Eligible); and if the 4th character of the recipient’s program classification code is F, H, O or R). Medicaid for Pregnant Women (MPW) only provides limited coverage for conditions that affect the pregnancy; related vaccinations are covered prior to delivery.

Beneficiaries should not be charged a copay associated with pharmacist administered vaccines. Pharmacies may submit claims to NCTracks as per their preferred frequency

(daily, weekly, etc.) and call the CSRA pharmacy call center (1-866-246-8505) for any claims related issues or questions. Reimbursement should be expected as per the established weekly electronic cutoff and checkwrite schedules.

72-hour Emergency Supply Available for Pharmacy Prior Authorization 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 to medically necessary medications.

The system will bypass the prior authorization requirement if an emergency supply is indicated. Use a "3" in the Level of Service field (418-DI) to indicate that the transaction is an emergency fill. ***Note: Copayments 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.***

Electronic Cutoff Schedule

September 30, 2016
 October 7, 2016
 October 14, 2016
 October 21, 2016

Checkwrite Schedule

October 4, 2016
 October 12, 2016
 October 18, 2016
 October 25, 2016

POS claims must be transmitted and completed by 11:59 p.m. on the day of the electronic cutoff date to be included in the next checkwrite.

The 2016 and 2017 DMA checkwrite schedules are posted under **Quick Links** on the [NCTracks Provider Portal home page](#).

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