



**An Information Service of the Division of Health Benefits**

**North Carolina  
Medicaid Pharmacy  
Newsletter**

*Number 306*

*August 2019*

**In This Issue...**

**[Pharmacy Compounding for Medicaid and NC Health Choice Beneficiaries](#)**

**[NC Medicaid and NC Health Choice Preferred Drug List \(PDL\) Changes](#)**

**[Influenza Vaccine and Reimbursement Guidelines for 2019-2020 for N.C. Medicaid](#)**

**[Preferred Brands with Non-Preferred Generics List](#)**

**[72-Hour Emergency Supply Available for Pharmacy Prior Authorization Drugs](#)**

**[Checkwrite Schedule for September 2019](#)**

## Pharmacy Compounding for Medicaid and NC Health Choice Beneficiaries

Compounding prescription drugs for beneficiaries based on a unique prescription is a commonly accepted and effective method of providing drug therapy for various disease states and conditions.

Pharmacy providers are reminded that all compounded prescriptions for Medicaid and Health Choice beneficiaries are only covered for medically necessary conditions and diseases and for FDA approved indications and use and evidence-based clinical standards for the each of the drugs used in the compound. Any compounded prescriptions that fall outside of these uses may be considered a non-covered benefit. Please refer to [Outpatient Pharmacy Clinical Policy 9](#), Section 3.2.1, regarding criteria of prescription drugs, including compounds.

## NC Medicaid and NC Health Choice Preferred Drug List (PDL) Changes

Effective September 1, 2019, NC Medicaid will make modifications to the [NC Medicaid and NC Health Choice Preferred Drug List](#). Below is a summary of the changes.

### ANTI-INFECTIVES - ANTIVIRALS (INFLUENZA)

- Tamiflu Suspension moving from preferred to non-preferred status
- oseltamivir phosphate suspension (generic for Tamiflu suspension) moving from non-preferred to preferred status.

### TOPICALS (IMMUNOMODULATORS - ATOPIC DERMATITIS)

- Protopic ointment moving from non-preferred to preferred status (clinical criteria continue to apply)
- Eucrisa ointment moving from preferred to non-preferred status. (clinical criteria continue to apply)

### *Attention: Immunizing Pharmacists*

## **Influenza Vaccine and Reimbursement Guidelines for 2019-2020 for N.C. Medicaid**

Effective January 1, 2016, NC Medicaid began reimbursing pharmacies for covered vaccines, including influenza vaccines, as permitted by G.S. 90-85.15B when administered to NC Medicaid beneficiaries 19 years of age and older by an immunizing pharmacist.

The Composition of the trivalent influenza vaccines for the 2019-2020 influenza season is:

- A/Brisbane/02/2018 (H1N1) pdm09-like virus (updated)
- A/Kansas/14/2017 (H3N2)-like virus (updated)
- B/Colorado/06/2017-like (Victoria lineage) virus

Quadrivalent (four-component) vaccines, which protect against a second lineage of B viruses, are recommended to contain the three recommended viruses above plus B/Phuket/3073/2013-like (Yamagata lineage) virus.

For further details on the 2019-2020 influenza vaccine, visit the Centers for Disease Control (CDC) Flu Season web page.

Influenza vaccine and administration fee rates for pharmacists are the same as for other providers. Refer to the Physician Administered Drug Program (PDP) fee schedule on [DHB's PDP web](#) page for more information.

**Table 1**  
**Billing Codes to be used by Pharmacist for Medicaid Beneficiaries 19 Years of Age or Older**

<b>Vaccine CPT Code to Report</b>	<b>CPT Code Description</b>
90653CG	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
90662CG	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90672CG	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90674CG	influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5mL dosage, for intramuscular use
90682CG	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90686CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90688CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, NOT preservative free, 0.5 mL dosage, for intramuscular use
90756CG	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular 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.

**Billing Codes to be used by Pharmacists for N.C. Medicaid Beneficiaries 19 Years of Age and Older**

<b>CPT Code(s)</b>	<b>CPT Code Description</b>
90471CG	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); <b>one vaccine</b> (single or combination vaccine/toxoid)
90472CG (add-on code)*	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); <b>each additional vaccine</b> . (Separately list the add-on code(s) for each additional single vaccine and/or combination vaccine/toxoid administered, in addition to the primary procedure)
90473CG	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid). <i>Do not report 90473 in conjunction with 90471.</i>

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.

\*Providers *may* bill more than one unit of 90472 as appropriate.

Detailed information about the regulations regarding pharmacist immunization can be found at [Pharmacist Administrated Vaccine and Reimbursement Guidelines](#) published in the October 2016 Medicaid Bulletin.

**Table 3**  
**CPT and NDC codes for the 2019-2020 Influenza Vaccine Products**

CPT Codes	NDC codes
90653	Fluad: 70461-0019-03, 70461-0019-04
90662	Fluzone High-Dose: 49281-0405-65, 49281-0405-88
90672	FluMist Quadrivalent: 66019-0306-01, 66019-0306-10
90674	Flucelvax Quadrivalent: 70461-0319-03, 70461-0319-04
90682	Flublok Quadrivalent: 49281-0719-10, 49281-0719-88
90686	Afluria Quadrivalent: 33332-0319-01, 33332-0319-02 Fluarix Quadrivalent: 58160-0896-41, 58160-0896-52 FluLaval Quadrivalent: 19515-0906-41, 19515-0906-52 Fluzone Quadrivalent syringe: 49281-0419-50, 49281-0419-88 Fluzone Quadrivalent vial: 49281-0419-10, 49281-0419-58
90688	Afluria Quadrivalent: 33332-0419-10, 33332-0419-11 FluLaval Quadrivalent: 19515-0897-01, 19515-0897-11 Fluzone Quadrivalent: 49281-0631-15, 49281-0631-78
90756	Flucelvax Quadrivalent: 70461-0419-10, 70461-0419-11

### Preferred Brands with Non-Preferred Generics List

*Current as of September 1, 2019*

Brand Name	Generic Name
Actiq 1200 mcg Lozenges	fentanyl citrate 1200 mcg lozenges
Actiq 1600 mcg Lozenges	fentanyl citrate 1600 mcg lozenges
Actiq 200 mcg Lozenges	fentanyl citrate 200 mcg lozenges
Actiq 400 mcg Lozenges	fentanyl citrate 400 mcg lozenges
Actiq 600 mcg Lozenges	fentanyl citrate 600 mcg lozenges
Actiq 800 mcg Lozenges	fentanyl citrate 800 mcg lozenges
Adderall XR 10 mg Capsule	amphetamine salt combo ER 10 mg capsule
Adderall XR 15 mg Capsule	amphetamine salt combo ER 15 mg capsule
Adderall XR 20 mg Capsule	amphetamine salt combo ER 20 mg capsule
Adderall XR 25 mg Capsule	amphetamine salt combo ER 25 mg capsule

Adderall XR 30 mg Capsule	amphetamine salt combo ER 30 mg capsule
Adderall XR 5 mg Capsule	amphetamine salt combo ER 5 mg capsule
Advair Diskus 100-50	fluticasone-salmeterol 100-50
Advair Diskus 250-50	fluticasone-salmeterol 250-50
Advair Diskus 500-50	fluticasone-salmeterol 500-50
Aggrenox Capsule	aspirin-dipyridamole ER capsule
Alphagan P 0.15% Drops	brimonidine P 0.15% Drops
AndroGel 1.62% Gel Pump	testosterone 1.62% gel pump
Astepro 0.15% Nasal Spray	azelastine 0.15% nasal spray
Butrans 10 mcg/hr patch	buprenorphine 10 mcg/hr patch
Butrans 15 mcg/hr patch	buprenorphine 15 mcg/hr patch
Butrans 20 mcg/hr patch	buprenorphine 20 mcg/hr patch
Butrans 5 mcg/hr Patch	buprenorphine 5 mcg/hr patch
Butrans 7.5 mcg/hr Patch	buprenorphine 7.5 mcg/hr patch
Canasa 1,000 mg Suppository	mesalamine 1,000 mg suppository
Catapres-TTS 1 Patch	clonidine 0.1 mg/day patch
Catapres-TTS 2 Patch	clonidine 0.2 mg/day patch
Catapres-TTS 3 Patch	clonidine 0.3 mg/day patch
Cipro 10% Suspension	ciprofloxacin 500 mg/5 ml suspension
Cipro 5% Suspension	ciprofloxacin 250 mg/5 ml suspension
Clobex 0.005% Shampoo	clobetasol 0.005% shampoo
Concerta 18 mg Tablet	methylphenidate ER 18 mg tablet
Concerta 27 mg Tablet	methylphenidate ER 27 mg tablet
Concerta 36 mg Tablet	methylphenidate ER 36 mg tablet
Concerta 54 mg Tablet	methylphenidate ER 54 mg tablet
Copaxone 20 mg/ml Syringe	glatiramer 20 mg/ml syringe
Copaxone 40 mg/ml Syringe	glatiramer 40 mg/ml syringe
Derma-Smoothe-FS Body Oil	fluocinolone 0.01% body oil
Derma-Smoothe-FS Scalp Oil	fluocinolone 0.01% scalp oil
Dermotic Otic Drops	fluocinolone 0.01% otic drops
Diastat 2.5 mg Pedi System	diazepam 2.5 mg rectal gel system
Diastat Acudial 12.5-15-20	diazepam 20 mg rectal gel system
Diastat Acudial 5-7.5-10	diazepam 10 mg rectal gel system
Diclegis Tablet	doxylamine succinate/pyridoxine hcl tablet
Differin 0.1% Cream	adapalene 0.1% cream
Differin 0.3% Gel Pump	adapalene 0.3% gel pump
Dovonex 0.005% Cream	calcipotriene 0.005% cream
E.E.S 200	erythromycin ethyl succinate 200 mg/5 ml
Elidel 1% Cream	pimecrolimus 1% cream
Emend 125 mg Capsule	aprepitant 125 mg capsule
Emend 40 mg Capsule	aprepitant 40 mg capsule
Emend 80 mg Capsule	aprepitant 80 mg capsule
Epiduo Gel	adapalene/benzoyl peroxide gel

Eryped 400mg/5ml suspension	erythromycin 400mg/5ml suspension
Exelon 13.3 mg/24 hr Patch	rivastigmine 13.3 mg/24 hr patch
Exelon 4.6 mg/24 hr Patch	rivastigmine 4.6 mg/24 hr patch
Exelon 9.5 mg/24 hr Patch	rivastigmine 9.5 mg/24 hr patch
Fazaclo 100 mg ODT	clozapine 100 mg ODT
Fazaclo 12.5 mg ODT	clozapine 12.5 mg ODT
Fazaclo 150 mg ODT	clozapine 150 mg ODT
Fazaclo 200 mg ODT	clozapine 200 mg ODT
Fazaclo 25 mg ODT	clozapine 25 mg ODT
Focalin 10 mg Tablet	dexmethylphenidate 10 mg tablet
Focalin 2.5 mg Tablet	dexmethylphenidate 2.5 mg tablet
Focalin 5 mg Tablet	dexmethylphenidate 5 mg tablet
Focalin XR 5 mg Capsule	dexmethylphenidate ER 5 mg capsule
Focalin XR 10 mg Capsule	dexmethylphenidate ER 10 mg capsule
Focalin XR 15 mg Capsule	dexmethylphenidate ER 15 mg capsule
Focalin XR 20 mg Capsule	dexmethylphenidate ER 20 mg capsule
Focalin XR 25 mg Capsule	dexmethylphenidate ER 25 mg capsule
Focalin XR 30 mg Capsule	dexmethylphenidate ER 30 mg capsule
Focalin XR 35 mg Capsule	dexmethylphenidate ER 35 mg capsule
Focalin XR 40 mg Capsule	dexmethylphenidate ER 40 mg capsule
Gabitril 12 mg Tablet	tiagabine 12 mg tablet
Gabitril 16 mg Tablet	tiagabine 16 mg tablet
Gabitril 2 mg Tablet	tiagabine 2 mg tablet
Gabitril 4 mg Tablet	tiagabine 4 mg tablet
Glyset 100 mg Tablet	miglitol 100 mg tablet
Glyset 25 mg Tablet	miglitol 25 mg tablet
Glyset 50 mg Tablet	miglitol 50 mg tablet
Kitabis Pak 300 mg/5 ml	tobramycin pak 300 mg/5 ml
Letairis 5mg Tablet	ambrisentan 5mg tablet
Letairis 10mg Tablet	ambrisentan 10mg tablet
Lialda 1.2 gm Tablet	mesalamine 1.2 gm tablet
Lotemax 0.5% eye drops	loteprednol etabonate eye drops
Lovenox 300 mg/3 ml Vial	enoxaparin 300 mg/3 ml vial
Makena 1,250 mg/5 ml Vial	hydroxyprogesterone 1,250 mg/5 ml vial
Methylin 10 mg/5 ml Solution	methylphenidate 10 mg/5 ml solution
Methylin 5 mg/5 ml Solution	methylphenidate 5 mg/5 ml solution
MetroCream 0.75% Cream	metronidazole 0.75% cream
Metrogel Topical 1% Gel	metronidazole topical 1% gel
Metrogel Topical 1% Pump	metronidazole topical 1% gel
MetroLotion 0.75% Lotion	metronidazole 0.75% lotion
Mitigare 0.6 mg capsule	colchicine 0.6 mg capsule
Natroba 0.9% Topical Suspension	spinosad 0.9% topical suspension
Niaspan ER 1000 mg Tablet	niacin ER 1000 mg tablet

Niaspan ER 500 mg Tablet	niacin ER 500 mg tablet
Niaspan ER 750 mg Tablet	niacin ER 750 mg tablet
Nuvigil 150 MG Tablet	armodafinil 150 mg tablet
Nuvigil 200 MG Tablet	armodafinil 200 mg tablet
Nuvigil 250 MG Tablet	armodafinil 250 mg tablet
Nuvigil 50 MG Tablet	armodafinil 50 mg tablet
Oxycontin 10 mg Tablet	oxycodone ER 10 mg tablet
Oxycontin 15 mg Tablet	oxycodone ER 15 mg tablet
Oxycontin 20 mg Tablet	oxycodone ER 20 mg tablet
Oxycontin 30 mg Tablet	oxycodone ER 30 mg tablet
Oxycontin 40 mg Tablet	oxycodone ER 40 mg tablet
Oxycontin 60 mg Tablet	oxycodone ER 60 mg tablet
Oxycontin 80 mg Tablet	oxycodone ER 80 mg tablet
Pataday 0.2% Drops	olopatadine 0.2% drops
ProAir HFA/Proventil HFA	albuterol HFA inhaler
Provigil 100 mg tablet	modafinil 100 mg tablet
Provigil 200 mg tablet	modafinil 200 mg tablet
Pulmicort 0.25 mg/2 ml	budesonide 0.25 mg/2 ml
Pulmicort 0.5 mg/2 ml	budesonide 0.5 mg/2 ml
Pulmicort 1 mg/2 ml	budesonide 1.0 mg/2 ml
Ranexa ER 500mg Tablet	ranolazine ER 500mg tablet
Ranexa ER 1000mg Tablet	ranolazine ER 1000mg tablet
Renagel 400mg Tablet	sevelamer 400mg tablet
Renagel 800mg Tablet	sevelamer 800mg tablet
Renvela 0.8 gm powder pkt	sevelamer 0.8 gm powder pkt
Renvela 2.4 gm powder pkt	sevelamer 2.4 gm powder pkt
Retin-A 0.025% Cream	tretinoin 0.025% cream
Retin-A 0.05% Cream	tretinoin 0.05% cream
Retin-A 0.1% Cream	tretinoin 0.1% cream
Retin-A Gel 0.01%	tretinoin gel 0.01%
Retin-A Gel 0.025%	tretinoin gel 0.025%
Sabril Powder Pack	vigabatrin powder pack
Suboxone 2 mg-0.5 mg Film	buprenorphine/naloxone 2mg-0.5mg film
Suboxone 4 mg-1 mg Film	buprenorphine/naloxone 4mg-1mg film
Suboxone 8 mg-2 mg Film	buprenorphine/naloxone 8mg-2mg film
Suboxone 12 mg-3 mg Film	buprenorphine/naloxone 12mg-3mg film
Suprax 100 mg/5 ml Suspension	cefixime 100 mg/5 ml suspension
Suprax 200 mg/5 ml Suspension	cefixime 200 mg/5 ml suspension
Supraz 400 mg Capsule	cefixime 400 mg capsule
Symbyax 12-25 Capsule	olanzepine-fluoxetine 12-25 capsule
Symbyax 12-50 Capsule	olanzepine-fluoxetine 12-50 capsule
Symbyax 3-25 Capsule	olanzepine-fluoxetine 3-25 capsule
Symbyax 6-25 Capsule	olanzepine-fluoxetine 6-25 capsule



Symbyax 6-50 Capsule	olanzepine-fluoxetine 6-50 capsule
Protopic 0.03% Ointment	tacrolimus 0.03% ointment
Protopic 0.1% Ointment	tacrolimus 0.1% ointment
Tamiflu 30 mg Capsule	oseltamivir 30 mg capsule
Tamiflu 45 mg Capsule	oseltamivir 45 mg capsule
Tamiflu 75 mg Capsule	oseltamivir 75 mg capsule
Tegretol 100 mg/5 ml Suspension	carbamazepine 100 mg/5 ml suspension
Tegretol 200 mg Tablet	carbamazepine 200 mg tablet
Tegretol XR 100 mg Tablet	carbamazepine ER 100 mg tablet
Tegretol XR 200 mg Tablet	carbamazepine ER 200 mg tablet
Tegretol XR 400 mg Tablet	carbamazepine ER 400 mg tablet
Tekturna 150mg Tablet	aliskiren 150mg tablet
Tekturna 300mg Tablet	aliskiren 300mg tablet
TobraDex Eye Drops	tobramycin-dexamethasone drops
Tracleer 125mg Tablet	bosentan 125 mg tablet
Tracleer 62.5mg Tablet	bosentan 62.5 mg tablet
Transderm-Scop 1.5 mg/3 day	scopolamine 1 mg/3 day patch
Vagifem 10 mcg Vaginal Tablet	estradiol 10 mcg vaginal insert
Vesicare 5 mg Tablet	solifenacin succinate 5 mg tablet
Vesicare 10mg Tablet	solifenacin succinate 10 mg tablet
Vigamox 0.5% Eye Drops	moxifloxacin 0.5% eye drops
Voltaren 1% Gel	diclofenac 1% gel
Xenazine 12.5 mg Tablet	tetrabenazine 12.5 mg tablet
Xenazine 25 mg Tablet	tetrabenazine 25 mg tablet
Zovirax 5% Cream	acyclovir 5% cream
Zovirax 5% Ointment	acyclovir 5% ointment

As a reminder, if a brand is Preferred with a Non-Preferred generic equivalent, “medically necessary” is NOT needed on the face of the prescription in order for the brand product to be covered. Claims for preferred brands with non-preferred generics will be reimbursed with a generic product dispensing fee. Claims for preferred brands with no generic or preferred brands with preferred generics will be reimbursed with a brand dispensing fee.

When a PDL class has a preferred brand with a non-preferred generic, providers requesting prior approval for the non-preferred generic should give a clinical reason why the beneficiary cannot use the brand.

## 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 approval. **Federal law requires that this emergency supply be available to Medicaid beneficiaries for drugs requiring prior approval** (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 approval 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.

## Checkwrite Schedule for September 2019

### Electronic Cutoff Schedule

August 30, 2019  
 September 6, 2019  
 September 13, 2019  
 September 20, 2019

### Checkwrite Date

September 4, 2019  
 September 10, 2019  
 September 17, 2019  
 September 24, 2019

*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 2019 checkwrite schedules for both DHB and DMH/DPH/ORH can be found under the Quick Links on the right side of the [NCTracks Provider Portal](#) home page.

**John C. Stancil, Jr., R.Ph.**  
 Director, Pharmacy and DMEPOS Programs  
 Division of Health Benefits  
 N.C. Department of Health and Human Services

**Rick Paderick, R.Ph.**  
 Pharmacy Director  
 NCTracks  
 GDIT

**Blake Cook, R.Ph.**  
 Outpatient Pharmacy Program Manager  
 Division of Health Benefits  
 N.C. Department of Health and Human Services

**Lori Landman**  
 Deputy Executive Account Director  
 NCTracks  
 GDIT

**Sandra Terrell, MS, RN**  
 Director of Clinical  
 Division of Health Benefits  
 N.C. Department of Health and Human Services

**Paul Guthery**  
 Executive Account Director  
 NCTracks  
 GDIT

**Dave Richard**  
 Deputy Secretary for NC Medicaid  
 Division of Health Benefits  
 N.C. Department of Health and Human Services

**Nancy Henley, MD**  
 Chief Medical Officer  
 Division of Health Benefits  
 N.C. Department of Health and Human Services