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## North Carolina Medicaid Pharmacy Newsletter

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**Attention: Clinical Pharmacist Practitioners**  
**Billing Information for Continuous Glucose Monitoring for CPPs**

Effective Feb. 1, 2022, Clinical Pharmacist Practitioner (CPP) taxonomy code 1835P0018X will be allowed to bill and be reimbursed for:

- CPT code 95249 - Ambulatory continuous glucose monitoring (CGM) of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training and printout of recording. Reimbursement rate at \$44.80.
- CPT code 95250 - Ambulatory CGM of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor and printout of recording. Reimbursement rate at \$122.63.

Both codes are used for the technical component of CGM, and covers patient training, glucose sensor placement, monitor calibration, use of a transmitter, removal of sensor and downloading of data.

ICD-10 Diagnosis Codes must accompany the claim:

E10.649 Type 1 diabetes mellitus with hypoglycemia without coma  
E10.65 Type 1 diabetes mellitus with hyperglycemia  
E10.69 Type 1 diabetes mellitus with other specified complication  
E10.8 Type 1 diabetes mellitus with unspecified complications  
E10.9 Type 1 diabetes mellitus without complications  
E11.649 Type 2 diabetes mellitus with hypoglycemia without coma  
E11.65 Type 2 diabetes mellitus with hyperglycemia  
E11.69 Type 2 diabetes mellitus with other specified complication  
E11.8 Type 2 diabetes mellitus with unspecified complications  
E11.9 Type 2 diabetes mellitus without complications  
E13.8 Other diabetes mellitus with unspecified complications  
E13.9 Other specified diabetes mellitus without complication

The [CPP Fee schedule](#) lists the reimbursement information for CPPs.

**SPECIAL BULLETIN COVID-19 #216: Pharmacies Will Cover Oral Tablets (Paxlovid and Molnupiravir)**  
***Oral tablets covered for those in a home setting***

Effective Jan. 1, 2022, NC Medicaid-enrolled pharmacies may bill for FDA/EUA-approved COVID-19 oral tablets (Paxlovid and/or Molnupiravir) dispensed for use to NC Medicaid beneficiaries in a home setting, with a prescription issued by an NC Medicaid-enrolled provider (refer to beneficiaries' managed care plan for guidance on the specific plan's implementation date).

- NC Medicaid will cover one claim per date of service per beneficiary.
- The claim must have a prescribing provider.
- Pharmacies must follow the NCPDP standard and use the NDC found on the package.

- Pharmacies will be NOT be reimbursed for the ingredient cost since the drugs are federally provided at no cost.
- Dispensing fee will apply.
- Copayment will not apply.

For more information, see FDA letters:

- [Paxlovid EUA](#)
- [Molnupiravir EUA](#)

**SPECIAL BULLETIN COVID-19 #217: Third Dose of Pfizer-BioN Tech Vaccine for Children Ages 5-11**  
***Certain immunocompromised children will qualify***

On Jan. 3, 2022, the U.S. Food and Drug Administration amended the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine to allow for a third dose in the primary series for certain immunocompromised children ages 5 through 11. This includes children who have undergone solid organ transplantation or who have been diagnosed with conditions which are considered to have an equivalent level of immunocompromise. Children ages 5 through 11 who are fully vaccinated and are not immunocompromised do not need a third dose at this time.

As of Jan. 3, 2022, Medicaid and NC Health Choice will cover a third dose of the Pfizer-BioNTech COVID-19 Vaccine primary series for immunocompromised children ages 5 through 11 for all vaccinating providers.

The new vaccine administration code assigned to the third dose of Pfizer’s pediatric COVID-19 vaccine is:

91307	SARS-CoV-2 vaccine product (tris-sucrose formulation) administered by intramuscular injection to prevent the patient from contracting COVID-19. 10 mcg/0.2 mL
0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose

All other aspects of claims billing still apply (see [COVID-19 Bulletin #196](#) for details). If you have any questions about product-specific information, please contact the Immunization Branch help desk at 877-873-6247 and press option 6.

**Ozobax and Qdolo Update**

NC Medicaid has received information that as of Jan. 1, 2022 Ozobax (baclofen) Solution and Qdolo (tramadol) Solution are no longer rebate eligible medications. Per [NC Medicaid Clinical Coverage Policy 9](#), only medications that are included in the federal Medicaid Drug Rebate Program (MDRP) are eligible for coverage unless specifically added via a Policy and State Plan Amendment update. Therefore, these medications are no longer covered in the NC Medicaid and NC Health Choice programs. As a reminder, NC Medicaid does cover compounded medications when providers use commercially available, rebate-eligible products in the compound. NC

Medicaid does not cover compounded medications when a bulk powder product is used. Please refer to Clinical Coverage Policy 9 (see link above) for more information.

## Over-the-Counter COVID-19 Tests for Home Use

Effective Jan. 10, 2022, NC Medicaid enrolled pharmacy providers may bill POS for FDA approved OTC COVID-19 tests dispensed for use by NC Medicaid beneficiaries in a home setting. The test can be dispensed with or without a prescription issued by an active NC Medicaid enrolled provider. The implementation date for POS claims submission is Jan. 10, 2022, for NC Medicaid Direct. Refer to the managed care plan of the beneficiary for implementation date guidance.

NC Medicaid will cover one kit per claim per date of service. A maximum of eight tests is allowed every rolling 30 days. The eight total tests could be mixed and matched between one-test kits or two-test kits to get a total of eight tests.

A [State Standing Order](#) has been issued for the OTC COVID 19 test for home use.

Another option is to submit the claim using the pharmacy NPI unless the test is prescribed by a Medicaid enrolled provider.

Pharmacies must follow the NCPDP standard and use the NDC found on the package. Reimbursement is at a NDC specific SMAC. Copayment will not apply.

Covered test kits with the SMAC are listed below.

Test Name	NDC	# Tests in Kit	Billing Unit	SMAC
Quickvue At-Home Covid-19 Test	146130339 72	2	2	\$14.50/test; \$29.00/kit
Inteliswab Covid-19 Rapid Test	083370001 58	2	2	\$14.50/test; \$29.00/kit
IHEALTH Covid-19 AG Rapid Test	563620005 89	2	2	\$10.50/test; \$21.00/kit
Flowflex Covid-19 AG Home Test	826070660 27	2	2	\$12.49/test; \$24.98/kit
Flowflex Covid-19 AG Home Test	826070660 26	1	1	\$14.99/test; \$14.99/kit
Ellume Covid-19 Home Test	569640000 00	1	1	\$37.54/test; \$37.54/kit
Carestart Covid-19 AG Home Test	500100224 31	2	2	\$16.23/test; \$32.46/kit
Binaxnow Covid-19 AG Self Test	118770011 40	2	2	\$13.83/test; \$27.66/kit
Pixel Covid-19 Home Collection Kit	000420222 24	1	1	129.99/test; \$129.99/kit
Lucira Check-It Covid-19 Test	100550970 04	1	1	\$80.00/test; \$80.00/kit
Everlywell Covid-19 Home Collection Kit	510440008 42	1	1	\$114.00/test; \$114.00/kit

**Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of Jan. 31, 2022**

<b>Brand Name</b>	<b>Generic Name</b>
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	Amphetamine Salt Combo ER 10 mg
Adderall XR 15 mg	Amphetamine Salt Combo ER 15 mg
Adderall XR 20 mg	Amphetamine Salt Combo ER 20 mg
Adderall XR 25 mg	Amphetamine Salt Combo ER 25 mg
Adderall XR 30 mg	Amphetamine Salt Combo ER 30 mg
Adderall XR 5 mg	Amphetamine Salt Combo ER 5 mg
Advair 100-50 Diskus	Fluticasone-Salmeterol 100-50
Advair 250-50 Diskus	Fluticasone-Salmeterol 250-50
Advair 500-50 Diskus	Fluticasone-Salmeterol 500-50
Alphagan P 0.15% Drops	Brimonidine P 0.15% Drops
Amitiza 8 mcg Capsule	Lubiprostone 8 mcg Capsule
Amitiza 24 mcg Capsule	Lubiprostone 24 mcg Capsule
Androgel Pump	Testosterone Gel Pump
Apriso ER 0.375 Gram Capsule	Mesalamine 0.375 mg Capsule
Aptensio XR 10mg Capsule	Methylphenidate ER 10 mg Capsule
Aptensio XR 15mg Capsule	Methylphenidate ER 15 mg Capsule
Aptensio XR 20mg Capsule	Methylphenidate ER 20 mg Capsule
Aptensio XR 30mg Capsule	Methylphenidate ER 30 mg Capsule
Aptensio XR 40mg Capsule	Methylphenidate ER 40 mg Capsule
Aptensio XR 50mg Capsule	Methylphenidate ER 50 mg Capsule
Aptensio XR 60mg Capsule	Methylphenidate ER 60 mg Capsule
Bethkis 300 mg/4 ml Ampule	Tobramycin Solution 300 mg/4 ml Ampule
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
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
Canasa 1,000 mg Suppository	Mesalamine 1,000 mg Suppository
Cipro 10% Suspension	Ciprofloxacin 500 mg/5 ml Suspension

Cipro 5% Suspension	Ciprofloxacin 250 mg/5 ml Suspension
Ciprodex Otic Suspension	Ciprofloxacin/Dexamethasone Suspension
Clobex 0.005% Shampoo	Clobetasol 0.005% Shampoo
Combigan 0.2%-0.5% Eye Drops	Brimonidine-Timolol 0.2%-0.5%
Concerta 18 mg tab	Methylphenidate ER 18 mg
Concerta 27 mg tab	Methylphenidate ER 27 mg
Concerta 36 mg tab	Methylphenidate ER 36 mg
Concerta 54 mg tab	Methylphenidate ER 54 mg
Copaxone 20 mg/ml Syr	Glatiramer 20 mg/ml Syr
Copaxone 40 mg/ml Syr	Glatiramer 40 mg/ml Syr
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 10-10 DR	Doxylamine Succinate/Pyridoxine HCL 10-10 DR
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
Durezol 0.05% Eye Drops	Difluprednate 0.05% Eye Drops
E.E.S 200	Erythromycin Ethyl Succinate 200 mg/5 ml
Elidel 1% Cream	Pimecrolimus 1% Cream
Emend 80 mg Capsule	Aprepitant 80 mg Capsule
Epiduo Forte 0.3-2.5% Gel Pump	Adapalene-Bnzyl Perox 0.3-2.5%
EryPed 200 mg/5 ml Suspension	Erythromycin Ethyl Succinate 200 mg/5 ml
EryPed 400 mg/5 ml Suspension	Erythromycin Ethyl Succinate 400 mg/5 ml
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
Focalin 10 mg	Dexmethylphenidate 10 mg
Focalin 2.5 mg	Dexmethylphenidate 2.5 mg
Focalin 5 mg	Dexmethylphenidate 5 mg
Focalin XR 10 mg	Dexmethylphenidate ER 10 mg
Focalin XR 15 mg	Dexmethylphenidate ER 15 mg
Focalin XR 20 mg	Dexmethylphenidate ER 20 mg
Focalin XR 25 mg	Dexmethylphenidate ER 25 mg
Focalin XR 30 mg	Dexmethylphenidate ER 30 mg
Focalin XR 35 mg	Dexmethylphenidate ER 35 mg
Focalin XR 40 mg	Dexmethylphenidate ER 40 mg
Focalin XR 5 mg	Dexmethylphenidate ER 5 mg
Gabitril 12 mg	Tiagabine 12 mg
Gabitril 16 mg	Tiagabine 16 mg

Gabitril 2 mg	Tiagabine 2 mg
Gabitril 4 mg	Tiagabine 4 mg
Humalog 100 units/ml Vial	Insulin Lispro 100 units/ml Vial
Humalog Kwikpen 100 units/ml	Insulin Lispro 100 units/ml
Humalog Jr Kwikpen 100 units/ml	Insulin Lispro Jr 100 units/ml
Humalog Kwikpen Mix 75-25	Insulin Lispro Mix 75-25
Kitabis Pak 300 mg/5 ml	Tobramycin Pak 300 mg/5 ml
Letairis 10 mg Tablet	Ambrisentan 10 mg Tablet
Letairis 5 mg Tablet	Ambrisentan 5 mg Tablet
Lialda 1.2 gm Tablet	Mesalamine 1.2 gm Tablet
Lotemax 0.5% Eye Drops	Loteprednol 0.5% Eye Drops
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
Mitigare 0.6 mg capsules	Colchicine 0.6 mg capsules
Natroba 0.9% Topical Susp	Spinosad 0.9% Topical Susp
Nexium DR 10 mg Packet	Esomeprazole DR 10 mg Packet
Nexium DR 20 mg Packet	Esomeprazole DR 20 mg Packet
Nexium DR 40 mg Packet	Esomeprazole DR 40 mg Packet
Niaspan ER 1000 mg Tablets	Niacin ER 1000 mg Tablets
Niaspan ER 500 mg Tablets	Niacin ER 500 mg Tablets
Niaspan ER 750 mg Tablets	Niacin ER 750 mg Tablets
Novolog 100 U/ml Cartridge	Insulin Aspart 100 U/ml Cartridge
Novolog 100 U/ml FlexPen	Insulin Aspart 100 U/ml Pen
Novolog 100 U Vial	Insulin Aspart 100 U Vial
Novolog Mix 70-30 FlexPen	Insulin Aspart Pro Mix 70-30 Pen
Novolog Mix 70-30 Vial	Insulin Aspart Pro Mix 70-30 Vial
Nuvigil 150 MG Tabs	Armodafinil 150 mg tabs
Nuvigil 200 MG Tabs	Armodafinil 200 mg tabs
Nuvigil 250 MG Tabs	Armodafinil 250 mg tabs
Nuvigil 50 MG Tabs	Armodafinil 50 mg tabs
ProAir HFA Inhaler	Albuterol HFA Inhaler
Protopic 0.03% Oint	Tacrolimus 0.03% Oint
Protopic 0.1% Oint	Tacrolimus 0.1% Oint
Protonix 40 mg Suspension	Pantoprazole 40 mg Suspension
Provigil 100 mg	Modafinil 100 mg
Provigil 200 mg	Modafinil 200 mg
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
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%
Retin-A Micro 0.04% Gel	Tretinoin Micro 0.04% Gel
Retin-A Micro 0.1% Gel	Tretinoin Micro 0.1% Gel
Retin-A Micro Pump 0.04% Gel	Tretinoin Micro Pump 0.04% Gel
Retin-A Micro Pump 0.1% Gel	Tretinoin Micro Pump 0.1% Gel
Sabril 500 mg Powder Packet	Vigabatrin 500 mg Powder Packet
Saphris 2.5 mg Tab Sublingual	Asenapine 2.5 mg Tablet SL
Saphris 5 mg Tab Sublingual	Asenapine 5 mg Tablet SL
Saphris 10 mg Tab Sublingual	Asenapine 10 mg Tablet SL
Suboxone 12-3 mg Film	Buprenorphine/Naloxone 12-3 mg Film
Suboxone 2-0.5 mg Film	Buprenorphine/Naloxone 2-0.5 mg Film
Suboxone 4-1 mg Film	Buprenorphine/Naloxone 4-1 mg Film
Suboxone 8 mg-2 mg Film	Buprenorphine/Naloxone 8mg-2mg Film
Symbicort 160-4.5 mcg Inhaler	Budesonide-Formoterol 160-4.5 mcg Inhaler
Symbicort 80-4.5 mcg Inhaler	Budesonide-Formoterol 80-4.5 mcg Inhaler
Symbyax 3-25	Olanzapine-fluoxetine 3-25
Symbyax 6-25	Olanzapine-fluoxetine 6-25
Tecfidera DR 120 mg Capsule	Dimethyl Fumarate 120 mg Capsule
Tecfidera DR 240 mg Capsule	Dimethyl Fumarate 240 mg Capsule
Tecfidera Starter Pack	Dimethyl Fumarate Starter Pack
Tegretol 100 mg/5 ml Susp	Carbamazepine 100 mg/5 ml Susp
Tegretol 200 mg Tab	Carbamazepine 200 mg Tab
Tegretol XR 100 mg Tab	Carbamazepine ER 100 mg Tab
Tegretol XR 200 mg Tab	Carbamazepine ER 200 mg Tab
Tegretol XR 400 mg Tab	Carbamazepine ER 400 mg Tab
Tekturna 150 mg Tablet	Aliskiren 150 mg Tablet
Tekturna 300 mg Tablet	Aliskiren 300 mg Tablet
TobraDex Eye Drops	Tobramycin-Dexamethasone Drops
Tracleer 125 mg Tablet	Bosentan 125 mg tablet
Tracleer 62.5 mg Tablet	Bosentan 62.5 mg tablet
Transderm-Scop 1.5 mg/3 day	Scopolamine 1 mg/3 Day Patch
Travatan Z 0.004% Eye Drop	Travoprost 0.004% Eye Drop
Vagifem 10 mcg Vaginal Tab	Estradiol 10 mcg Vaginal Insert
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 March 2022

### Electronic Cutoff Schedule

Feb. 24, 2022  
 March 3, 2022  
 March 10, 2022  
 March 17, 2022  
 March 24, 2022

### Checkwrite Date

March 1, 2022  
 March 8, 2022  
 March 15, 2022  
 March 22, 2022  
 March 29, 2022

*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 2022 checkwrite schedules for both NC Medicaid and DMH/DPH/ORH can be found under the Quick Links on the right side of the [NCTracks Provider Portal](#) home page.

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