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Second Booster Dose Authorization for Pfizer-BioNTech COVID-19 and Moderna COVID-19 Vaccine

On March 29, 2022, the Food and Drug Administration approved a second booster dose of the Pfizer-BioNTech COVID-19 and Moderna COVID-19 Vaccine to be administered to individuals who:

- are 50 or older and received the first booster shot at least FOUR months ago
- are 12 or older and have a [compromised immune system](#) and received first booster at least FOUR months ago
- received a total of two shots of the Johnson & Johnson vaccine at least FOUR months ago

Effective March 29th, 2022, NC Medicaid will reimburse providers for the administration of a second booster dose of the Pfizer-BioNTech or the Moderna COVID-19 vaccine to any qualifying beneficiary.

Pfizer-BioNTech 2nd Booster Vaccine should be billed as is currently accepted practice for booster doses and until further notice of code changes per the American Medical Association or Center for Medicare and Medicaid Services (CMS).

Code 91300 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use

Code 0004A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose

OR

Code 91305 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use.

Code 0054A - 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, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose

Moderna COVID-19 2nd Booster Vaccine should be billed with CPT code 91309 and Administration code 0094A as recommended by [CMS](#).

Code 91309 - Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use

Code 0094A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, booster dose

Update as of April 26, 2022 – providers may use either the Moderna Booster Vaccine “Red Top” (Code 90306 and 0064A) if the “Blue Top” (Code 90309 and 0094A) vials are difficult to obtain.

Code 91306 - Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use

Code 0064A - Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose

For Medicaid and NC Health Choice Billing

- The ICD-10-CM diagnosis code required for billing is: Z23 - Encounter for immunization
- Providers must bill with HCPCS code
- Claims must have appropriate NDCs, which correspond to the vaccine used for administration and corresponding CPT code
- Claims must contain both administration codes and vaccine codes to pay
- Vaccine codes should be reported as \$0.00
- Medicaid and NC Health Choice does not allow copays to be charged for COVID-19 immunization or administrations
- COVID-19 vaccines are exempt from the Vaccines for Children (VFC) program
- TJ modifier should be used for NC Health Choice claims (age 6 through 18 years)
- EP modifier should be used for all non-NC Health Choice (only Medicaid beneficiaries) younger than 21 years of age
- CG modifier should be used for claims submitted by a pharmacy participating in the immunization program for both the vaccine and administration codes

Other resources and links

[Moderna EUA](#)

[NCDHHS Special Covid bulletins](#)

[NC Medical Health Director's updated standing order for Pfizer-BioNtech](#)

[NC Medical Health Director's updated standing order for Moderna](#)

Over the Counter COVID-19 Tests for Home Use Pharmacy POS Coverage

NC Medicaid-enrolled pharmacy providers are reminded point-of-sale (POS) billing for FDA-authorized over-the-counter (OTC) COVID-19 tests dispensed for use by NC Medicaid beneficiaries in a home setting became effective Jan. 10, 2022. The test can be dispensed with or without a prescription issued by an active NC Medicaid enrolled provider. Implementation of POS claim submission for OTC COVID-19 tests started Jan. 10, 2022 for NC Medicaid Direct. All five managed care plans have implemented POS coverage of the tests mirroring the coverage of Medicaid Direct. POS claims submission start dates varied across the plans.

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 National Provider Identifier (NPI) unless the test is prescribed by a Medicaid-enrolled provider.

Pharmacies must follow the National Council for Prescription Drug Programs (NCPDP) standard and use the National Drug Code (NDC) found on the package. Reimbursement is at an NDC-specific State Maximum Allowable Cost (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	14613033 972	2	2	\$14.50/test; \$29/kit
Inteliswab COVID-19 Rapid Test	08337000 158	2	2	\$14.50/test; \$29/kit
IHEALTH COVID-19 AG Rapid Test	56362000 589	2	2	\$10.50/test; \$21/kit
Flowflex COVID-19 AG Home Test	82607066 027	2	2	\$12.49/test; \$24.98/kit
Flowflex COVID-19 AG Home Test	82607066 026	1	1	\$14.99/test; \$14.99/kit
Ellume COVID-19 Home Test	56964000 000	2	2	\$18.77/test; \$37.54/kit
Carestart COVID-19 AG Home Test	50010022 431	2	2	\$16.23/test; \$32.46/kit
Binaxnow COVID-19 AG Self-Test	11877001 140	2	2	\$13.83/test; \$27.66/kit
Pixel COVID-19 Home Collection Kit	00042022 224	1	1	129.99/test; \$129.99/kit
Lucira Check-It COVID-19 Test	10055097 004	1	1	\$80/test; \$80/kit
Everlywell COVID-19 Home Collection Kit	51044000 842	1	1	\$114/test; \$114/kit

Preferred Brands with Non-Preferred Generics on the Preferred Drug List (PDL) Current as of April 27, 2022

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	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
BiDil 20mg-37.5mg Tablet	Isosorbide DN 20mg/Hydralazine 37.5mg
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
Invega ER 1.5 mg tablet	Paliperidone ER 1.5 mg tablet
Invega ER 3 mg tablet	Paliperidone ER 3 mg tablet
Invega ER 6 mg tablet	Paliperidone ER 6 mg tablet

Invega ER 9 mg tablet	Paliperidone ER 9 mg tablet
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
OxyContin ER 10mg Tablet	Oxycodone ER 10mg Tablet
OxyContin ER 15mg Tablet	Oxycodone ER 15mg Tablet
OxyContin ER 20mg Tablet	Oxycodone ER 20mg Tablet
OxyContin ER 30mg Tablet	Oxycodone ER 30mg Tablet
OxyContin ER 40mg Tablet	Oxycodone ER 40mg Tablet
OxyContin ER 60mg Tablet	Oxycodone ER 60mg Tablet
OxyContin ER 80mg Tablet	Oxycodone ER 80mg Tablet
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
Restasis 0.05% Eye Emulsion	Cyclosporine 0.05% Eye Emulsion
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.

Checkwrite Schedule for June 2022

Electronic Cutoff Schedule

May 26, 2022
 June 2, 2022
 June 9, 2022
 June 16, 2022
 No checkwrite week of June 27

Checkwrite Date

June 1, 2022
 June 7, 2022
 June 14, 2022
 June 22, 2022
 No checkwrite week of June 27

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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