

**MEDICAID-PEACHCARE NOTIFICATION 03/11/2024  
OUTPATIENT FEE-FOR-SERVICE PHARMACY PROGRAM  
IMPORTANT INFORMATION**

**SYSTEM DOWNTIME**

The OptumRx claims processing system will be unavailable due to planned maintenance on Thursday, March 14, 2024, between 2:30 a.m. – 5:30 a.m. Eastern Standard Time. Claims requiring submission during this period should be held until the maintenance is completed.

**LABELER INFORMATION**

The participating status of the labelers listed below will be effective as indicated for the Medicaid Fee-For-Service Drug Rebate Program:

New Labeler		
Labeler Code	Labeler Name	Effective Date
82644	PHARMAKA GENERICS INC.	07/01/2024

## GA Medicaid FFS – OTC COVID-19 Test Kits

Effective January 15, 2022, over the counter (OTC) COVID-19 tests will be covered through the outpatient pharmacy program for GA Medicaid Fee-for-Service (FFS) members within the specified product limits. Pharmacy providers will be reimbursed up to \$12.00 per test and co-payments will not apply.

The following is a list of FDA approved OTC COVID-19 tests that are eligible for reimbursement:

Product ID	Product Name	# of Tests in Kit	Billing Unit	GMAC Unit Rate	Product Limits
08290256094	BD VERITOR AT-HOME COVID-19 TEST	2	2	\$12.00/test; \$24.00/kit	4 tests per month; maximum qty of 2 per claim; minimum day supply of 7
11877001140	BINAXNOW COVID-19 AG CARD HOME TEST	2	2	\$12.00/test; \$24.00/kit	
50010022431	CARESTART COVID-19 ANTIGEN HOME TEST	2	2	\$12.00/test; \$24.00/kit	
69978000004	CLEARDETECT COVID-19 ANTIGEN HOME TEST	2	2	\$12.00/test; \$24.00/kit	
00111070752	COVID-19 AT-HOME TEST KIT	1	1	\$12.00/test; \$12.00/kit	
50021086001	ELLUME COVID-19 HOME TEST	1	1	\$12.00/test; \$12.00/kit	
56964000000	ELLUME COVID-19 HOME TEST	1	1	\$12.00/test; \$12.00/kit	
82607066026	FLOWFLEX COVID-19 AG HOME TEST	1	1	\$12.00/test; \$12.00/kit	
82607066027	FLOWFLEX COVID-19 ANTIGEN HOME TEST	2	2	\$12.00/test; \$24.00/kit	
56362000589	IHEALTH COVID-19 ANTIGEN RAPID TEST	2	2	\$12.00/test; \$24.00/kit	
08337000158	INTELISWAB COVID-19 RAPID TEST	2	2	\$12.00/test; \$24.00/kit	
60006019166	ON/GO COVID-19 ANTIGEN SELF-TEST	2	2	\$12.00/test; \$24.00/kit	
14613033972	QUICKVUE AT-HOME COVID-19 TEST	2	2	\$12.00/test; \$24.00/kit	
56362000589	IHEALTH COVID-19 ANTIGEN RAPID TEST	2	2	\$12.00/test; \$24.00/kit	
16490002597	CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST	2	2	\$12.00/test; \$24.00/kit	
60008040780	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST	2	2	\$12.00/test; \$24.00/kit	
96852025431	GENABIO COVID-19 RAPID SELF TEST KIT	1	1	\$12.00/test; \$12.00/kit	
96852095300	GENABIO COVID-19 RAPID SELF TEST KIT	2	2	\$12.00/test; \$24.00/kit	

Per Medicaid policy, all covered OTC products require a prescription. Pharmacies may utilize a Submission Clarification Code (SCC) of 42 in NCPDP Field: 420-DK in response to a rejection regarding prescriber NPI when the prescribing NPI is the pharmacist of record and is compliant with state and federal guidance.

All prescription claims paid for OTC COVID-19 tests are subject to audit including signature log verification.

The Georgia Department of Community Health will not reimburse GA Medicaid FFS members directly for OTC COVID-19 tests.

## **PHARMACIST ADMINISTERED VACCINES FOR CHILDREN**

The U.S. Department of Health and Human Services (HHS) issued a third amendment to the Declaration under the Public Readiness and Emergency Preparedness Act (PREP Act) to increase access to childhood vaccines.

The amendment authorizes State-licensed pharmacists (and pharmacy interns acting under their supervision to administer vaccines, if the pharmacy intern is licensed or registered by his or her State Board of Pharmacy) to order and administer vaccines to individuals ages three through 18 years.

Effective October 15, 2020, the Department of Community Health (DCH) will begin reimbursing pharmacy providers for the administration of select childhood vaccines for GA Medicaid Fee-for-Service (FFS) members 3 – 18 years of age.

The vaccines are provided free of charge by the Vaccine for Children (VFC) program through the GA Department of Public Health.

Listed below are Vaccine for Children (VFC) program resources:

Website = <https://dph.georgia.gov/immunization-section/vaccines-children-program>

Phone = 1-800-848-3868

Email = [DPH-gavfc@dph.ga.gov](mailto:DPH-gavfc@dph.ga.gov)

The following is a list of covered childhood vaccines that are eligible for pharmacy administration reimbursement:

<b>Covered Childhood Vaccines (age 3 to 18 years) Eligible for Pharmacy Administration Reimbursement</b>		
<b>Vaccine</b>	<b>Product Name</b>	<b>Quantity Limits</b>
Diphtheria, tetanus, acellular pertussis (DTaP)	Daptacel® Infanrix®	1 dose/28 days; 5 doses maximum
Diphtheria, tetanus vaccine (DT)	No trade name	1 dose/28 days; 5 doses maximum
Haemophilus influenzae type b (Hib)	ActHIB® Hiberix® PedvaxHIB®	1 dose/28 days; 4 doses maximum
Hepatitis A (HepA)	Havrix® Vaqta®	1 dose/180 days; 2 doses maximum
Hepatitis B (HepB)	Engerix-B® Recombivax HB®	1 dose/28 days; 3 doses maximum
Human papillomavirus (HPV)	Gardasil 9®	1 dose/28 days; 3 doses maximum
Influenza vaccine (inactivated) (IIV)	Multiple	1 dose/season
Influenza vaccine (live, attenuated) (LAIV)	FluMist® Quadrivalent	1 dose/season
Measles, mumps, rubella (MMR)	M-M-R® II Priorix	1 dose/28 days; 2 doses maximum
Meningococcal serogroups A, C, W, Y	Menactra® Menveo® MenQuadfi®	1 dose/56 days; 2 doses maximum
Meningococcal serogroup B	Bexsero® Trumenba®	Bexsero-1 dose/28days; 2 doses maximum Trumenba-1 dose/180 days; 2 doses maximum

<b>Covered Childhood Vaccines (age 3 to 18 years) Eligible for Pharmacy Administration Reimbursement</b>		
<b>Vaccine</b>	<b>Product Name</b>	<b>Quantity Limits</b>
Pneumococcal 13-valent conjugate (PCV13)	Prevnar 13®	1 dose/28 days; 4 doses maximum
Pneumococcal 15-valent conjugate vaccine (PCV15)	Vaxneuvance™	1 dose maximum
Pneumococcal 20-valent conjugate vaccine (PCV20)	Prevnar 20™	1 dose maximum
Pneumococcal 23-valent polysaccharide (PPSV23)	Pneumovax® 23	1 dose maximum
Poliovirus (inactivated) (IPV)	IPOL®	1 dose/28 days; 4 doses maximum
Respiratory Syncytial Virus vaccine (RSV)	Abrysvo™	1 dose maximum
Tetanus, diphtheria, acellular pertussis (Tdap)	Adacel® Boostrix®	1 dose maximum
Tetanus and diphtheria vaccine	Tenivac® Tdvax™	1 dose maximum
Varicella (VAR)	Varivax®	1 dose/28 days; 2 doses maximum
DTaP, hepatitis B, and inactivated poliovirus (DTaP-HepB-IPV)	Pediarix®	1 dose/56 days; 3 doses maximum
DTaP, inactivated poliovirus, and Haemophilus influenzae type b (DTaP-IPV/Hib)	Pentacel®	1 dose/28 days; 4 doses maximum
DTaP and inactivated poliovirus (DTaP-IPV)	Kinrix® Quadracel®	1 dose maximum
DTaP, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B (DTaP-IPV-HibHepB)	Vaxelis®	1 dose/28 days; 3 doses maximum
Measles, mumps, rubella, and varicella (MMRV)	ProQuad®	1 dose/28 days; 2 doses maximum

### **Billing and Reimbursement**

- All claims should be submitted through the Pharmacy Point of Sale System using the product ID of the vaccine that's being administered by the pharmacy
- An administration fee of \$10.00 will be paid to pharmacy providers that submit claims for covered childhood vaccines for GA Medicaid Fee-for-Service (FFS) members 3 – 18 years of age
- Pharmacy providers will not be reimbursed an ingredient cost for VFC Program Vaccination, and will receive an administration fee only

## **PHARMACIST ADMINISTERED ADULT VACCINES**

Effective November 1, 2020, the Department of Community Health (DCH) will begin reimbursing pharmacy providers through the Pharmacy Point of Sale System on select vaccines for GA Medicaid Fee-for-Service (FFS) members 19 years of age and older.

As a reminder, pharmacists must enter the patient's vaccination information in the Georgia Registry of Immunization Transactions and Services (“GRITS”).

The following is a list of covered adult vaccines that are eligible for pharmacy administration and reimbursement:

<b>Covered Adult Vaccines (19 years and older) Eligible for Pharmacy Administration and Reimbursement</b>		
<b>Vaccine</b>	<b>Product Name</b>	<b>Quantity Limits</b>
Haemophilus influenzae type b (Hib)	ActHIB® Hiberix® PedvaxHIB®	1 dose/28 days; 3 doses maximum
Hepatitis A (HepA)	Havrix® Vaqta®	1 dose/180 days; 2 doses maximum
Hepatitis A and hepatitis B vaccine (HepA-HepB)	Twinrix®	1 dose/7 days; 4 doses maximum
Hepatitis B (HepB)	Engerix-B® Heplisav-B® PreHevbrio® Recombivax HB®	1 dose/28 days; 4 doses maximum
Human papillomavirus (HPV)	Gardasil 9®	1 dose/28 days; 3 doses maximum
Influenza vaccine (inactivated) (IIV)	Many Brands	1 dose/season
Influenza vaccine (live, attenuated) (LAIV)	FluMist® Quadrivalent	1 dose/season
Influenza vaccine (recombinant) (RIV)	Flublok® Quadrivalent	1 dose/season
Measles, mumps, rubella (MMR)	M-M-R® II Priorix	1 dose/28 days; 2 doses maximum
Meningococcal serogroups A, C, W, Y (MenACWY)	Menactra® Menveo® MenQuadfi®	1 dose/56 days; 2 doses maximum
Meningococcal serogroup B (MenB-4C, MenB-FHbp)	Bexsero® Trumenba®	Bexsero-1 dose/28days; 2 doses maximum Trumenba-1 dose/180 days; 2 doses maximum
Pneumococcal 15-valent conjugate vaccine (PCV15)	Vaxneuvance™	1 dose maximum
Pneumococcal 20-valent conjugate vaccine (PCV20)	Prevnar 20™	1 dose maximum
Pneumococcal 23-valent polysaccharide (PPSV23)	Pneumovax® 23	1 dose maximum

<b>Covered Adult Vaccines (19 years and older) Eligible for Pharmacy Administration and Reimbursement</b>		
<b>Vaccine</b>	<b>Product Name</b>	<b>Quantity Limits</b>
Poliovirus (inactivated) (IPV)	IPOL®	1 dose/28 days; 3 doses maximum
Respiratory Syncytial Virus vaccine (RSV)	Arexvy®	1 dose maximum
	Abrysvo™	
Tetanus, diphtheria, acellular pertussis (Tdap)	Adacel®	1 dose/28 days; 9 doses maximum
	Boostrix®	
Tetanus and diphtheria vaccine	Tenivac®	1 dose/28 days; 9 doses maximum
	Tdvax™	
Varicella (VAR)	Varivax®	1 dose/28 days; 2 doses maximum
Zoster vaccine, recombinant (RZV)	Shingrix®	1 dose/28 days; 2 doses maximum

### **Billing and Reimbursement**

- All claims should be submitted through the Pharmacy Point of Sale System using the product ID of the vaccine that is being administered by the pharmacy
- In lieu of a dispensing fee, an administration fee of \$10.00 will be paid to pharmacy providers that submit claims for covered vaccines for GA Medicaid Fee-for-Service (FFS) members 19 years of age and older.
- Ingredient cost will be reimbursed in accordance with the existing Medicaid reimbursement methodology.

\*\*Please note that effective November 1, 2020, pharmacist administered vaccines will no longer be reimbursed when processed by Gainwell Technologies (f.k.a. DXC Technology) through the Georgia Medicaid Management Information System (GAMMIS) for category of service (COS) 300. \*\*

**WEBSITE UPDATE – PHARMACY DOCUMENTS**

Website	Web Location	Information
<a href="http://www.mmis.georgia.gov">www.mmis.georgia.gov</a>	Pharmacy → Pharmacy Notices	<b>Banner Messages:</b> Pharmacy provider banners updated weekly.
	Pharmacy → Pricing List	<b>Full GMAC List:</b> Full Georgia Maximum Allowable Cost List (GMAC) updated quarterly.
		<b>GMAC Additions:</b> Intra-quarter additions to the Georgia Maximum Allowable Cost List (GMAC)
		<b>GMAC Increases:</b> Intra-quarter increases to the Georgia Maximum Allowable Cost List (GMAC)
		<b>GMAC Decreases:</b> Intra-quarter decreases to the Georgia Maximum Allowable Cost List (GMAC)
	<b>GMAC Suspensions:</b> Intra-quarter suspensions to the Georgia Maximum Allowable Cost List (GMAC)	
	<b>Georgia Estimated Acquisition Cost (GEAC) and Specialty Pharmacy Rates (SSPR):</b> Specialty Pharmacy Drug List with current rates.	
Pharmacy → Other Documents	<b>PDL:</b> Monthly preferred drug lists (PDL) displayed by Drug Name and Therapeutic Category.	
	<b>Cough &amp; Cold PDL:</b> Preferred drug list (PDL) specific to Cough and Cold products. Coverage for these products applies to member’s less than 21 years of age.	
	<b>QLL:</b> Georgia Medicaid Quantity Level Limits (QLL)	
<b>Vaccine Coverage List:</b> Covered Pharmacist Administered Vaccines for Children and Adults		
<a href="http://www.dch.georgia.gov/pharmacy">www.dch.georgia.gov/pharmacy</a>	Preferred Drug Lists	<b>PDL:</b> Medicaid Fee for Service Outpatient Pharmacy Program represents the preferred and non-preferred drug products as well as drugs requiring prior approval, quantity level limits, and therapy limits.
	Drug Utilization Review Board	<b>DURB:</b> The Georgia Drug Utilization Review Board (DURB) was established under the authority of Section 1903(3) A of the Omnibus Budget Reconciliation Act of 1990 (OBRA). The Board reviews drug therapy, drug studies and utilization information, thus enabling the Department to identify the most cost-effective policies for its members.
	Prior Authorization Process and Criteria	<b>PA Process and Criteria:</b> The Georgia Department of Community Health establishes the guidelines for drugs requiring a Prior Authorization (PA) in the Georgia Medicaid Fee-for-Service/PeachCare for Kids® Outpatient Pharmacy Program.
	Pharmacy Links	<b>Pharmacy Links:</b> This section contains links to various resources specific to the Georgia Medicaid Fee-for-Service (FFS) Pharmacy Program.
<a href="https://ga-providerportal.optum.com">https://ga-providerportal.optum.com</a>	OptumRx GA Provider Portal	<b>OptumRx GA Provider Portal:</b> Requires registration with Optum Rx. This site contains valuable resources for enrolled GA Medicaid providers that include weekly pharmacy banners, PA process guide, member information (including Rx history), PDLs, provider resources, and access to remittance summaries online.