

**MEDICAID-PEACHCARE NOTIFICATION 10/23/2023
OUTPATIENT FEE-FOR-SERVICE PHARMACY PROGRAM
IMPORTANT INFORMATION**

SYSTEM DOWNTIME

The OptumRx claims processing system will be unavailable due to planned maintenance on Thursday, October 26, 2023, 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
49591	Kamada Ltd.	01/01/2024

PHARMACIST ADMINISTERED COMMERCIALY AVAILABLE COVID-19 VACCINES

Effective September 16, 2023, the Department of Community Health (DCH) will reimburse pharmacy providers for COVID-19 vaccines that are now available through commercial channels.

- All claims should be submitted through the Pharmacy Point of Sale System using the product ID of the COVID-19 vaccine that is being administered by the pharmacy.
- In lieu of a dispensing fee, an administration fee of \$40.00 will be paid to pharmacy providers that submit claims for COVID-19 vaccines for GA Medicaid Fee-for-Service (FFS) members.
- Ingredient cost will be reimbursed in accordance with the existing Medicaid reimbursement methodology.
- 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.

GMAC CHANGES

Please be aware of the following changes to the Georgia Maximum Allowable Cost (GMAC) list. A summary of these changes is listed in the tables below, but for a complete list of GMAC prices please refer online under www.mmis.georgia.gov → Pharmacy → Pricing List → GMAC List.

Georgia Maximum Allowable Cost (GMAC)			
Effective October 01, 2023			
Product Name	Price	Product Name	Price
ACARBOSE TAB 100 MG	0.25110	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG	0.51361
ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML	Suspend	BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG	0.23650
ACETAMINOPHEN W/ CODEINE TAB 300-15 MG	0.15050	BUSPIRONE HCL TAB 5 MG	0.02155
ACETAMINOPHEN W/ CODEINE TAB 300-30 MG	0.12561	BUSPIRONE HCL TAB 7.5 MG	0.15805
ACETAMINOPHEN W/ CODEINE TAB 300-60 MG	0.23160	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-325-40-30 MG	0.81230
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	0.83807	BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML	12.68700
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	1.09073	CALCIUM CARBONATE (ANTACID) CHEW TAB 500 MG	Suspend
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	1.30000	CHLORPROMAZINE HCL TAB 10 MG	0.35170
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	2.16460	CHLORPROMAZINE HCL TAB 100 MG	1.11469
ALPRAZOLAM TAB ER 24HR 0.5 MG	0.13260	CHLORPROMAZINE HCL TAB 200 MG	1.25160
ALPRAZOLAM TAB ER 24HR 1 MG	0.16400	CHLORPROMAZINE HCL TAB 25 MG	0.49850
ALPRAZOLAM TAB ER 24HR 2 MG	0.20460	CHLORPROMAZINE HCL TAB 50 MG	0.92315
ALPRAZOLAM TAB ER 24HR 3 MG	0.23690	CLINDAMYCIN HCL CAP 150 MG	0.09128
ANASTROZOLE TAB 1 MG	0.12360	CLINDAMYCIN HCL CAP 300 MG	0.21890
ARIPIRAZOLE ORAL SOLUTION 1 MG/ML	0.95000	CLINDAMYCIN HCL CAP 75 MG	0.29100
ARIPIRAZOLE ORALLY DISINTEGRATING TAB 10 MG	17.35000	CLORAZEPATE DIPOTASSIUM TAB 15 MG	1.08000
ARIPIRAZOLE ORALLY DISINTEGRATING TAB 15 MG	14.15360	CLOZAPINE TAB 100 MG	0.55160
ARIPIRAZOLE TAB 10 MG	0.12950	CLOZAPINE TAB 50 MG	0.49260
ARIPIRAZOLE TAB 15 MG	0.15610	DANAZOL CAP 50 MG	2.14310
ARIPIRAZOLE TAB 2 MG	0.12000	DAPTOMYCIN FOR IV SOLN 350 MG	29.00000
ARIPIRAZOLE TAB 20 MG	0.23480	DAPTOMYCIN FOR IV SOLN 500 MG	30.00000
ARIPIRAZOLE TAB 30 MG	0.21560	DIAZEPAM TAB 5 MG	0.02419
ARIPIRAZOLE TAB 5 MG	0.13000	DIAZOXIDE SUSP 50 MG/ML	6.76885
BACITRACIN INTRAMUSCULAR FOR SOLN 50000 UNIT	Suspend	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG	0.98140
BUPRENORPHINE HCL SL TAB 2 MG	0.42360	DISULFIRAM TAB 250 MG	1.46000
BUPRENORPHINE HCL SL TAB 8 MG	0.74000	DISULFIRAM TAB 500 MG	Suspend
BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG	4.15236	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	Suspend

**Georgia Maximum Allowable Cost (GMAC)
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Product Name	Price	Product Name	Price
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	Suspend	FENTANYL TD PATCH 72HR 25 MCG/HR	3.25000
DONEPEZIL HYDROCHLORIDE TAB 10 MG	0.04794	FENTANYL TD PATCH 72HR 37.5 MCG/HR	38.27040
DONEPEZIL HYDROCHLORIDE TAB 23 MG	0.67100	FENTANYL TD PATCH 72HR 50 MCG/HR	6.25000
DONEPEZIL HYDROCHLORIDE TAB 5 MG	0.03846	FENTANYL TD PATCH 72HR 62.5 MCG/HR	60.00000
ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML	10.61000	FENTANYL TD PATCH 72HR 75 MCG/HR	8.00000
ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML	14.17000	FERROUS FUMARATE TAB 324 MG (106 MG ELEMENTAL FE)	Suspend
ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML	11.60000	FERROUS FUMARATE TAB 325 MG (106 MG ELEMENTAL FE)	Suspend
ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML	13.04000	FERROUS FUMARATE W/ FA-DSS-B COMPLEX-VIT C TAB	Suspend
ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML	11.15300	FERROUS FUMARATE-FOLIC ACID TAB 324-1 MG	Suspend
ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML	10.15000	FLUOROURACIL IV SOLN 5 GM/100ML (50 MG/ML)	0.32000
ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	10.40000	FLUPHENAZINE HCL TAB 1 MG	0.39570
ERGOCALCIFEROL SOLN 200 MCG/ML (8000 UNIT/ML)	Suspend	FOLIC ACID-VITAMIN B6-VITAMIN B12 TAB 2.2-25-0.5 MG	Suspend
ERYTHROMYCIN TAB 250 MG	4.87000	FOLIC ACID-VITAMIN B6-VITAMIN B12 TAB 2.5-25-1 MG	Suspend
ERYTHROMYCIN TAB 500 MG	8.59180	GALANTAMINE HYDROBROMIDE CAP ER 24HR 16 MG	0.94000
ERYTHROMYCIN TAB DELAYED RELEASE 250 MG	3.05000	GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG	1.08360
ERYTHROMYCIN TAB DELAYED RELEASE 333 MG	5.35600	GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG	0.93169
ERYTHROMYCIN TAB DELAYED RELEASE 500 MG	4.74000	GALANTAMINE HYDROBROMIDE TAB 12 MG	0.50451
ETODOLAC TAB ER 24HR 400 MG	1.17000	GALANTAMINE HYDROBROMIDE TAB 4 MG	0.33169
FE CARBONYL-FE GLUCONATE-FA-VIT B12-VIT C-DSS TAB 90-1 MG	Suspend	GALANTAMINE HYDROBROMIDE TAB 8 MG	0.42593
FE FUM-FE POLY-FA-C-B3 CAP 62.5-62.5-1-40-3MG(125 MG FE)	Suspend	GLIMEPIRIDE TAB 4 MG	0.04831
FE FUM-IRON POLYSACCH COMPLEX-FA-B COMPLEX-C-BIOTIN CAP	Suspend	GLIPIZIDE TAB 10 MG	0.04605
FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG	16.57000	GLIPIZIDE TAB 5 MG	0.03385
FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG	25.00000	GLIPIZIDE TAB ER 24HR 10 MG	0.15893
FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG	7.45000	GLIPIZIDE TAB ER 24HR 2.5 MG	0.12500
FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG	11.00000	GLIPIZIDE TAB ER 24HR 5 MG	0.09347
FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG	10.85000	GLYBURIDE TAB 1.25 MG	0.06126
FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG	15.00000	GLYBURIDE TAB 2.5 MG	0.06407
FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 100 MCG/2ML	Suspend	GLYBURIDE-METFORMIN TAB 2.5-500 MG	0.04050
FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 1000 MCG/20ML	Suspend	GLYBURIDE-METFORMIN TAB 5-500 MG	0.05153
FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 250 MCG/5ML	Suspend	HALOPERIDOL TAB 1 MG	0.24690
FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 2500 MCG/50ML	Suspend	HALOPERIDOL TAB 10 MG	0.33460
FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 50 MCG/ML	Suspend	HALOPERIDOL TAB 2 MG	0.32561
FENTANYL TD PATCH 72HR 100 MCG/HR	9.62690	HALOPERIDOL TAB 20 MG	0.52140
FENTANYL TD PATCH 72HR 12 MCG/HR	7.00000	HALOPERIDOL TAB 5 MG	0.33560

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Product Name	Price	Product Name	Price
HYDROCODONE-ACETAMINOPHEN TAB 5-300 MG	0.15781	MIDODRINE HCL TAB 2.5 MG	0.12670
HYDROCODONE-ACETAMINOPHEN TAB 7.5-300 MG	0.32160	MIDODRINE HCL TAB 5 MG	0.19032
HYDROCODONE-IBUPROFEN TAB 7.5-200 MG	0.41220	MORPHINE SULFATE TAB ER 100 MG	0.91260
HYDROMORPHONE HCL TAB 2 MG	0.07645	MORPHINE SULFATE TAB ER 15 MG	0.14598
HYDROMORPHONE HCL TAB 4 MG	0.09103	MORPHINE SULFATE TAB ER 200 MG	2.94690
HYDROMORPHONE HCL TAB 8 MG	0.27360	MORPHINE SULFATE TAB ER 30 MG	0.28690
HYDROXOCOBALAMIN ACETATE INJ 1000 MCG/ML	Suspend	MORPHINE SULFATE TAB ER 60 MG	0.47569
HYDROXYZINE HCL TAB 25 MG	0.04317	NAPROXEN SODIUM TAB 220 MG	Suspend
HYDROXYZINE HCL TAB 50 MG	0.06915	NAPROXEN TAB 375 MG	0.06314
HYDROXYZINE PAMOATE CAP 100 MG	Suspend	NAPROXEN TAB EC 500 MG	3.14000
IBUPROFEN LYSINE IV SOLN 10 MG/ML	158.00000	NATEGLINIDE TAB 60 MG	0.22300
IBUPROFEN SUSP 40 MG/ML	0.23000	NICOTINE POLACRILEX GUM 2 MG	0.18369
INDOMETHACIN SODIUM IV FOR SOLN 1 MG	Suspend	NICOTINE TD PATCH 24HR 14 MG/24HR	1.36000
IRON COMBINATION CAP	Suspend	NICOTINE TD PATCH 24HR 21 MG/24HR	1.39000
IRON COMBINATION TAB	Suspend	NICOTINE TD PATCH 24HR 7 MG/24HR	1.25000
LIDOCAINE HCL VISCOUS SOLN 2%	0.07230	OXALIPLATIN IV SOLN 50 MG/10ML	Suspend
LITHIUM CARBONATE CAP 150 MG	0.06046	OXAZEPAM CAP 10 MG	0.75000
LITHIUM CARBONATE CAP 300 MG	0.06537	OXAZEPAM CAP 15 MG	0.92000
LITHIUM CARBONATE CAP 600 MG	0.19046	OXAZEPAM CAP 30 MG	0.85360
LITHIUM CARBONATE TAB ER 300 MG	0.14040	OXYCODONE HCL CAP 5 MG	0.36556
LITHIUM CARBONATE TAB ER 450 MG	0.15181	OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	2.40169
LORAZEPAM TAB 1 MG	0.03743	OXYCODONE HCL TAB 5 MG	0.07581
LORAZEPAM TAB 2 MG	0.06000	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	0.94000
MEMANTINE HCL TAB 10 MG	0.06200	PERPHENAZINE TAB 16 MG	0.43000
MEMANTINE HCL TAB 5 MG	0.07613	PERPHENAZINE TAB 2 MG	0.19360
METFORMIN HCL TAB 1000 MG	0.02316	PERPHENAZINE TAB 4 MG	0.26360
METFORMIN HCL TAB 500 MG	0.01513	PERPHENAZINE TAB 8 MG	0.28450
METFORMIN HCL TAB 850 MG	0.02624	PHYTONADIONE INJ 10 MG/ML	31.00000
METFORMIN HCL TAB ER 24HR 500 MG	0.02815	PHYTONADIONE TAB 5 MG	23.15470
METFORMIN HCL TAB ER 24HR 750 MG	0.06348	POLYMYXIN B SULFATE FOR INJ 500000 UNIT	8.75000
METHADONE HCL TAB 10 MG	0.09305	POLYSACCHARIDE IRON COMPLEX CAP 150 MG (IRON EQUIVALENT)	Suspend
METHADONE HCL TAB 5 MG	0.12560	PROBENECID TAB 500 MG	0.65310
METHADONE HCL TAB FOR ORAL SUSP 40 MG	0.26005	PROCHLORPERAZINE SUPPOS 25 MG	5.25000
MIDODRINE HCL TAB 10 MG	0.35230	PYRIDOXINE HCL TAB 50 MG	Suspend

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Product Name	Price	Product Name	Price
PYRIDOXINE HCL TAB 100 MG	Suspend	THIORIDAZINE HCL TAB 100 MG	0.65103
QUETIAPINE FUMARATE TAB ER 24HR 200 MG	0.24360	THIOTHIXENE CAP 2 MG	0.85000
QUETIAPINE FUMARATE TAB ER 24HR 300 MG	0.30260	THIOTHIXENE CAP 5 MG	1.15678
RISPERIDONE TAB 0.25 MG	0.04030	THIOTHIXENE CAP 10 MG	2.25860
RISPERIDONE TAB 0.5 MG	0.03916	TRAMADOL HCL TAB ER 24HR 100 MG	0.96565
RISPERIDONE TAB 1 MG	0.04213	TRAMADOL HCL TAB ER 24HR 200 MG	1.30260
RISPERIDONE TAB 2 MG	0.06213	TRAMADOL HCL TAB ER 24HR 300 MG	1.95000
RISPERIDONE TAB 3 MG	0.05613	TRIFLUOPERAZINE HCL TAB 1 MG	0.51970
RIVASTIGMINE TARTRATE CAP 1.5 MG	0.18590	TRIFLUOPERAZINE HCL TAB 2 MG	0.68530
RIVASTIGMINE TARTRATE CAP 6 MG	0.23854	TRIFLUOPERAZINE HCL TAB 5 MG	0.79541
SULINDAC TAB 200 MG	0.20599	TRIFLUOPERAZINE HCL TAB 10 MG	0.67110
Sumatriptan Succinate Solution Auto-Injector 6 Mg/0.5ml	58.1659	VANCOMYCIN HCL CAP 125 MG	1.18230
Sumatriptan Succinate Solution Cartridge 6 Mg/0.5ml	Suspend	VANCOMYCIN HCL FOR IV SOLN 10 GM	85.00000
Sumatriptan Succinate Solution Prefilled Syringe 6 Mg/0.5ml	Suspend	VITAMIN E SOLN 6.75 MG/0.3ML (15 UNIT/0.3ML)	Suspend
TAMOXIFEN CITRATE TAB 20 MG	0.30150	WARFARIN SODIUM TAB 2.5 MG	0.09305
THIAMINE HCL TAB 100 MG	Suspend	WARFARIN SODIUM TAB 5 MG	0.09520
THIAMINE MONONITRATE TAB 100 MG	Suspend	ZIPRASIDONE HCL CAP 20 MG	0.28742
THIORIDAZINE HCL TAB 10 MG	0.19482	ZIPRASIDONE HCL CAP 40 MG	0.25120
THIORIDAZINE HCL TAB 25 MG	0.37498	ZIPRASIDONE HCL CAP 60 MG	0.34415
THIORIDAZINE HCL TAB 50 MG	0.57169	ZIPRASIDONE HCL CAP 80 MG	0.31190

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.

GA Medicaid FFS – Oral COVID-19 Antiviral Treatments

The FDA recently announced the emergency use authorization (EUA) of two oral, antiviral medication: Pfizer’s PAXLOVID™ (nirmatrelvir/ritonavir) and Merck’s molnupiravir, for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19). At this time, the cost for these oral antiviral medications will be covered by the federal government via funding authorized by the Coronavirus Aid, Relief and Economic Security (CARES) Act.

Effective January 7, 2022, an administrative fee of \$10.63 will be paid to pharmacy providers that submit claims for covered COVID-19 oral antiviral medications for GA Medicaid Fee-for-Service (FFS) members within the specified product limits. This \$10.63 fee will be paid for each prescription dispensed.

The following is a list of covered oral antiviral medications that are eligible for pharmacy administrative reimbursement:

EAU Approved Product ID	Product Name	Product Limits
00006-5055-06	MOLNUPIRAVIR CAP 200 MG	Covered 18 years of age and older; maximum 8 units/day and 2 courses (80 units)/365 days
00069-1085-06 00069-1085-30	NIRMATRELVIR TAB 20 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK (PAXLOVID™ 300-100 TAB)	Covered 12 years of age and older; maximum 6 units/day and 2 courses (60 units)/365 days
00069-1101-04 00069-1101-20	NIRMATRELVIR TAB 10 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK (PAXLOVID™ 150-100 TAB)	Covered 12 years of age and older; maximum 4 units/day and 2 courses (40 units)/365 days

For pharmacists prescribing Paxlovid: Effective July 6, 2022, 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.

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

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

Covered Childhood Vaccines (age 3 to 18 years) Eligible for Pharmacy Administration Reimbursement		
Vaccine	Product Name	Quantity Limits
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

Covered Childhood Vaccines (age 3 to 18 years) Eligible for Pharmacy Administration Reimbursement		
Vaccine	Product Name	Quantity Limits
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 23-valent polysaccharide (PPSV23)	Pneumovax® 23	1 dose maximum
Poliovirus (inactivated) (IPV)	IPOL®	1 dose/28 days; 4 doses 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

We thank you for your continued service and participation in the Georgia Medicaid & PeachCare for

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:

Covered Adult Vaccines (19 years and older) Eligible for Pharmacy Administration and Reimbursement		
Vaccine	Product Name	Quantity Limits
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

Covered Adult Vaccines (19 years and older) Eligible for Pharmacy Administration and Reimbursement		
Vaccine	Product Name	Quantity Limits
Poliovirus (inactivated) (IPV)	IPOL®	1 dose/28 days; 3 doses maximum
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
www.mmis.georgia.gov	Pharmacy → Pharmacy Notices	Banner Messages: Pharmacy provider banners updated weekly.
	Pharmacy → Pricing List	Full GMAC List: Full Georgia Maximum Allowable Cost List (GMAC) updated quarterly.
		GMAC Additions: Intra-quarter additions to the Georgia Maximum Allowable Cost List (GMAC)
		GMAC Increases: Intra-quarter increases to the Georgia Maximum Allowable Cost List (GMAC)
		GMAC Decreases: Intra-quarter decreases to the Georgia Maximum Allowable Cost List (GMAC)
		GMAC Suspensions: Intra-quarter suspensions to the Georgia Maximum Allowable Cost List (GMAC)
	Pharmacy → Other Documents	Georgia Estimated Acquisition Cost (GEAC) and Specialty Pharmacy Rates (SSPR): Specialty Pharmacy Drug List with current rates.
PDL: Monthly preferred drug lists (PDL) displayed by Drug Name and Therapeutic Category.		
Cough & Cold PDL: Preferred drug list (PDL) specific to Cough and Cold products. Coverage for these products applies to member’s less than 21 years of age.		
QLL: Georgia Medicaid Quantity Level Limits (QLL)		
www.dch.georgia.gov/pharmacy	Preferred Drug Lists	Vaccine Coverage List: Covered Pharmacist Administered Vaccines for Children and Adults PDL: 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	DURB: 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	PA Process and Criteria: 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.
	Medicaid Fee-for-Service RX FAQs	Medicaid FFS RX FAQs: This section contains answers to some of the most frequently asked questions regarding the Georgia Medicaid Fee-for-Service (FFS) Pharmacy Program.
	Pharmacy Links	Pharmacy Links: This section contains links to various resources specific to the Georgia Medicaid Fee-for-Service (FFS) Pharmacy Program.
https://ga-providerportal.optum.com	OptumRx GA Provider Portal	OptumRx GA Provider Portal: Requires registration with OptumRx. 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.