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October 2021

2021/2022 Influenza Vaccines

Preparation for the 2021/22 Influenza (Flu) season is now underway. DVHA-enrolled pharmacies may be reimbursed for injectable influenza vaccinations administered by pharmacists to adults 19 years and older who are enrolled in Vermont's publicly funded programs. Pharmacists must be enrolled with Vermont Medicaid, certified to administer vaccines in the State of Vermont and must be compliant with all Vermont laws governing vaccine administration. Failure to comply with all Vermont immunization regulations will subject these claims to recoupment.

Please refer to the Board of Pharmacy website for recent updates to and guidance on the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID 19 (PREP ACT) for Influenza Vaccinations:

<https://cms.sec.state.vt.us:8443/share/s/86DUIReyS-ewFsgl-Z1Dng>.

As you know the Third Amendment of the PREP ACT authorizes licensed pharmacists to order and administer, and pharmacy interns to administer, all vaccines recommended by the CDC's Advisory Committee on Immunization Practices (ACIP), and approved or licensed by the FDA, to children ages 3 to 18 during the COVID-19 pandemic. As a reminder, **participation in the Vermont Child Vaccine Program (VCVP) is mandatory for providers who wish to provide vaccinations to children insured by Vermont Medicaid.** Therefore, pharmacies who wish to get reimbursed for administering vaccines to Medicaid-eligible children must enroll in the VCVP program. More information about enrollment and forms can be found on the Vermont Department of Health website. All billing for providers who enroll in VCVP must be done through a medical claim. State supplied vaccines must be billed with modifier SL. Please reference the previous communication for more details on VCVP. [Pediatric Vaccinations Pharmacy Communication.pdf \(vermont.gov\)](#)

Administration Fee Paid for these Preferred Vaccines, no PA required:

- ✓ Afluria® (Quadrivalent)
- ✓ Fluarix® (Quadrivalent)
- ✓ FluLaval® (Quadrivalent)
- ✓ Fluzone® (Quadrivalent)

Pharmacies are reimbursed for the ingredient cost of the vaccine as well as the administration fee. No dispensing fee is paid for these claims. Through the pharmacy

POS system, the pharmacy must submit the code “MA” in the Professional Service Code field for the influenza vaccine claim to receive full reimbursement. Please note there will be NO member copay for influenza vaccine.

COVID-19 Booster Vaccines

Effective 9/09/2021, pharmacies may submit claims for reimbursement for administration of the 3rd dose (“Booster”) of the Moderna or Pfizer-BioNTech COVID-19 vaccine retroactive to dates of service on or after August 12, 2021. Pharmacists who administer or supervise administration of COVID-19 vaccines must be Medicaid-enrolled, regardless of who is the ordering provider. Please note that Vermont Medicaid will not reimburse for vaccine administration costs included in other contracts or agreements. Pharmacists who are the ordering provider must supply their NPI in the prescriber ID field (411-DB). The Submission Clarification Code (420-DK) field should be used to differentiate which dose is being administered to allow proper reimbursement. Submission Clarification Code = 7 should be used for the booster dose. This guidance applies whether the same provider or different providers administered the initial 2-dose series. Please refer to the NCPDP EMERGENCY PREPAREDNESS GUIDANCE V1.10 document on the NCPDP.org website for additional information.

Quantity Dispensed (442-E7)	Professional Service Code (440-E5)	Submission Clarification Codes (SCC, 420-DK)	Incentive Amount (administration fee, 438-E3)	Basis of Cost (423-DN)	Ingredient Cost (409-D9)	Gross Amount Due (430-DU)
<u>Moderna:</u> NDC 80777027310, 80777027315, 80777027398, 80777027399 value = 0.5 mL	“MA” (Medication Administered)	First Dose=2	First Dose=\$40.00	“15” (free product or no associated cost)	\$0.00 or \$0.01	Include "Incentive Amount" submitted for the administration fee and zero cost of the vaccine
Second Dose=6		Second Dose=\$40.00				
Additional Dose=7		Additional Dose=\$40.00				
Booster Dose=10		Booster Dose=\$40.00				
<u>Pfizer:</u> NDC 59267100001, 59267100002, 59267100003, value= 0.3 mL						

Coverage Changes for Continuous Glucose Monitoring (CGM) Systems/Supplies

Effective 10/1/21, Continuous Glucose Monitoring (CGM) systems and supplies will be available ONLY through retail pharmacy channels and will no longer be accepted via DME provider channels. Prior authorization requirements that had been waived temporarily because of the COVID-19 Public Health Emergency will be reinstated.

Prescribers may send prescriptions electronically to the pharmacy or hand write prescriptions for patients. Claims will adjudicate in “real time” through the Pharmacy Point of Sale (POS) system which will allow for faster and easier access for patients.

HCPCS Codes affected by the change: A9276 – Sensor, A9277 – Transmitter, and A9278 – Receiver (Monitor)

The following preferred products will be available through pharmacies ONLY (Medicare crossover claims will still process through the medical benefit and are excluded from this requirement), pending PA approval:

Preferred Products:

PRODUCT NAME	NATIONAL DRUG CODE (NDC)	QUANTITY LIMITS
Dexcom G6 Transmitter	08627-0016-01	1 per 90 days
Dexcom G6 Sensor	08627-0053-03	9 sensors per 90 days
Dexcom G6 Receiver	08627-0091-11	1
Freestyle Libre (10-day) Sensor	57599-0000-19	9 sensors per 90 days
Freestyle Libre (10-day) Reader	57599-0000-21	1
Freestyle Libre (14-day) Sensor	57599-0001-01	6 sensors per 84 days
Freestyle Libre (14-day) Reader	57599-0002-00	1
Freestyle Libre 2 Sensor	57599-0800-00	6 sensors per 84 days
Freestyle Libre 2 Reader	57599-0803-00	1

Non-Preferred Products:

PRODUCT NAME	NATIONAL DRUG CODE (NDC)	QUANTITY LIMITS
Medtronic Enlite Sensors (for use with the MM530G and Revel Pumps)	76300-0008-05	5 sensors per 35 days
Medtronic Guardian Sensor (for use with MM630G and MM670G pumps and the Guardian Connect	43169-0704-05	5 sensors per 35 days
Medtronic Guardian Sensor (for use with MM770G pump)	63000-0336-98	5 sensors per 35 days
Medtronic MiniLink Transmitter (includes Enlite serter)	76300-0725-01	1 per 90 days
Medtronic 670G Guardian Link 3 Transmitter Kit	43169-0955-68	1 per 90 days
Medtronic 770G Guardian Link 3 Transmitter Kit	63000-0316-99	1 per 90 days
Medtronic Guardian Connect Transmitter	76300-0002-60	1 per 90 days

Team Care Program

The Department of Vermont Health Access (DVHA) is excited to share our new brochure for the Team Care Program, a care management program. We encourage you to review the links below and refer any of your Medicaid patients who you think might benefit from this program. Team Care is a federally mandated prescription lock-in program to prevent misuse, abuse, and diversion of medications on the FDA Controlled Substance Schedule such as opioid pain medications or sedatives. The intent of the program is to identify and to help address un-met healthcare and/or addictions treatment needs, to support access to well-coordinated primary and specialty care, and to prevent misuse and abuse of regulated medications. Referrals to Team Care are reviewed by a team of licensed clinicians and determination is based on specific criteria. Referrals can be anonymous and are confidential. The individual making the referral does not need to notify the member that a referral has been made. Members are enrolled for a minimum of two years and are reviewed periodically for continued enrollment. Please share our Team Care Brochure with your colleagues: Team Care Brochure Referral forms: Team Care Referral Form (Fillable) or Team Care

Referral Form (Write In) Additional information regarding the Team Care Program is available on our website:
<https://dvha.vermont.gov/providers/team-care>.

Drug Utilization Review Board (DURB)

Drug Utilization Review Board Meetings were held on September 14, and October 19, 2021 via Teams and in person at the Waterbury Complex. Minutes for these meetings can be found at <https://dvha.vermont.gov/advisory-boards/drug-utilization-review-board/durb-meeting-minutes>

Reviewed and discussed by the DUR Board:

Therapeutic Drug Class Reviews: Androgenic Agents; Antiemetics; Antipsychotics; BD: Beta-Agonists; BD: COPD Agents; Growth Hormones; Inhaled Corticosteroids; and Pulmonary Arterial Hypertension

RetroDUR/ProDUR: Data presentation: Influenza Vaccination Rates; Long-Acting Injectable Antipsychotics; ProDUR edits; Discussion Topics for 2022 RetroDUR Initiatives; and Immunologic Therapies for Asthma

Full New Drug Reviews: Amondys® 45 (casimersen); Bronchitol® (mannitol); Evkeeza® (evinacumab-dgnb); Gemtesa® (vibegron) and Vesicare® LS (solifenacin succinate); Lupkynis® (vocloprin); Ponvory® (ponesimod); Qdolo® (tramadol hydrochloride oral solution); and Verquvo® (vericiguat)

Review of Newly Developed/Revised Criteria: ADHD/Short Acting Stimulants; ADHD/Long Acting Stimulants; ADHD/Miscellaneous; Alzheimer's; Anticoagulants/Oral; Anticonvulsants/Oral; Antidiabetics/GLP-1 Ral; Antidiabetics/Insulin Long-acting; Antiretrovirals; Atopic Dermatitis; Cardiovascular/Beta Blockers; Cardiovascular/PCSK9 Inhibitors; Cystic Fibrosis/Inhaled Antibiotics; Cytokine Modulators (includes the following PDL classes); Ankylosing Spondylitis Injectables; Gastrointestinal Inflammatory Disease Biologics; Psoriasis; Rheumatoid, Juvenile, and Psoriatic Arthritis Immunomodulators; Hematopoietics/Colony Stimulating Factors; Hemophilia/Factor VIII; Hemophilia/Factor IX; Immunologic Therapies for Asthma; Migraine Therapy/Acute Treatments (Gepants only); and Migraine Therapy/Preventative Treatment

General Announcements: **FDA Approves First Interchangeable Biosimilar Insulin Product for Treatment of Diabetes** https://www.fda.gov/news-events/press-announcements/fda-approves-first-interchangeable-biosimilar-insulin-product-treatment-diabetes?utm_medium=email&utm_source=govdelivery; **Clozapine Risk Evaluation and Mitigation Strategy (REMS) requirements will change on November 15, 2021** https://www.fda.gov/drugs/drug-safety-and-availability/clozapine-risk-evaluation-and-mitigation-strategy-rems-requirements-will-change-november-15-2021?utm_medium=email&utm_source=govdelivery; and **Three JAK Inhibitors Get Boxed Warnings, Modified Indications** [https://www.medscape.com/viewarticle/958024?uac=2185FK&faf=1&sso=true&impID=3609579&src=wnl_newsalrt_210901_MSCPEDIT](https://www.medscape.com/viewarticle/958024?uac=2185FK&faf=1&sso=true&impID=3609579&src=wnl_newsalert_210901_MSCPEDIT)

Website Updates

Rebatable Drug List

The quarterly rebatable drug list is a list of rebatable drugs as reported by CMS and is posted on the DVHA website at https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/CMS_Rebatable_List_Q2_2021%20%281%29.pdf

OTC and Specialty Drug List

<https://dvha.vermont.gov/providers/pharmacy/drug-coverage-lists>

State Maximum Allowance Cost (SMAC) List

<https://dvha.vermont.gov/providers/pharmacy/state-maximum-allowance-cost-smac>