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Utah Department of Health & Human Services
Integrated Healthcare

MEDICAID INFORMATION BULLETIN

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22-95 Update on the ACIP 2022-2023 Influenza Vaccine Recommendations

The Center for Disease Control's Advisory Committee on Immunization Practices (ACIP) released the 2022-2023 Influenza Vaccine Recommendations.[1]

Utah Medicaid aligns with these recommendations and broadly covers influenza vaccines administered to adults and children. Claims for influenza vaccines for Medicaid adult members can be submitted through the pharmacy point of sale.[2] Influenza immunizations for Medicaid members who are 18 years old or younger must be obtained through the Vaccines for Children Program.[3]

All members aged ≥ 6 months who do not have contraindications should be vaccinated annually. However, vaccination to prevent influenza is particularly important for members who are at increased risk for severe illness and complications from influenza. Emphasis should be placed on vaccination of high-risk groups including:

- All children aged 6 through 59 months.
- All persons aged ≥ 50 years.
- Adults and children who have chronic pulmonary (including asthma), cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus).

- Persons who are immunocompromised due to any cause (including but not limited to immunosuppression caused by medications or HIV infection).
- Persons who are or will be pregnant during the influenza season.
- Children and adolescents (aged 6 months through 18 years) who are receiving aspirin- or salicylate-containing medications and who might be at risk for experiencing Reye syndrome after influenza virus infection.
- Residents of nursing homes and other long-term care facilities.
- American Indian or Alaska Native persons.
- Persons who are extremely obese (body mass index ≥ 40 for adults).
- Caregivers and contacts of those at risk:
    - Household contacts and caregivers of children aged ≤ 59 months (i.e., <5 years), particularly contacts of children aged < 6 months, and adults aged ≥ 50 years.
    - Household contacts and caregivers of persons with medical conditions associated with increased risk of severe complications from influenza.
- Health care personnel who have the potential for exposure to patients or to infectious materials.

Timing of vaccination: Influenza vaccines might be available as early as July or August; however, vaccination during these months is not recommended for most groups because of the possible waning of immunity over the course of the influenza season. Vaccine should be ideally administered during September or October. Vaccination should continue to be offered as long as influenza viruses are circulating and unexpired vaccine is available.

Considerations for timing of vaccination include the following:

- For most adults (particularly adults aged ≥ 65 years) and for pregnant persons in the first or second trimester: Vaccination during July and August should be avoided, unless there is concern that vaccination later in the season might not be possible.
- Children who require 2 doses: These children should receive their first dose as soon as possible (including during July and August, if vaccine is available) to allow the second dose (which must be administered ≥ 4 weeks later) to be received, ideally, by the end of October.
- Children who require only 1 dose: Vaccination during July and August can be considered when vaccination opportunity present for children of any age who need only 1 dose of influenza vaccine for the season.

- Pregnant persons in the third trimester: Vaccination during July and August can be considered for pregnant persons who are in the third trimester. Vaccination might reduce risk for influenza illness in their infants during the first months after birth. For pregnant persons in the first or second trimester during July and August, vaccination in September or October is preferable, unless there is concern that later vaccination might not be possible.

Vaccination of persons with COVID-19: Persons in isolation for COVID-19 or in quarantine for known or suspected exposures should not be vaccinated if vaccination will pose an exposure risk to others in the vaccination setting. For those who are moderately or severely ill, vaccination should be deferred until recovery. For those who have mild or asymptomatic COVID-19, further deferral might be considered to avoid confusing COVID-19 symptoms with postvaccination reactions.

Choice of influenza vaccine is one appropriate for the age and health status of a patient. Utah Medicaid recognizes the ACIP recommendations and will cover "FluMist Quadrivalent" for administration during the 2022-2023 Flu Season.

Available influenza vaccines for the 2022–2023 influenza season:*

Trade name (Manufacturer)	Presentation	Age indication	Route
IIV4 (Standard dose, egg-based vaccines[†])			
Afluria Quadrivalent (Seqirus)	0.5-mL PFS[§]	≥3 yrs[§]	IM[¶]
	5.0-mL MDV[§]	≥6 mos[§] (needle/syringe) 18 through 64 yrs (jet injector)	
Fluarix Quadrivalent (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	IM[¶]
FluLaval Quadrivalent (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	IM[¶]

Fluzone Quadrivalent (Sanofi Pasteur)	0.5-mL PFS††	≥6 mos††	IM¶
	0.5-mL SDV††	≥6 mos††	
	5.0-mL MDV††	≥6 mos††	
ccIIV4 (Standard dose, cell culture-based vaccine)			
Flucelvax Quadrivalent (Seqirus)	0.5-mL PFS	≥6 mos	IM¶
	5.0-mL MDV	≥6 mos	
HD-IIV4 (High dose, egg-based vaccine†)			
Fluzone High-Dose Quadrivalent (Sanofi Pasteur)	0.7-mL PFS	≥65 yrs	IM¶
aIIV4 (Standard dose, egg-based† vaccine with MF59 adjuvant)			
Fluad Quadrivalent (Seqirus)	0.5-mL PFS	≥65 yrs	IM¶
RIV4 (Recombinant HA vaccine)			
Flublok Quadrivalent (Sanofi Pasteur)	0.5-mL PFS	≥18 yrs	IM¶
LAIV4 (egg-based vaccine†)			
FluMist Quadrivalent (AstraZeneca)	0.2-mL prefilled single-use intranasal sprayer	2 through 49 yrs	NAS

Abbreviations:

ACIP = Advisory Committee on Immunization Practices
FDA = Food and Drug Administration
HA = Hemagglutinin
IIV4 = Inactivated influenza vaccine, quadrivalent

IM = Intramuscular
LAIV4 = Live attenuated influenza vaccine, quadrivalent
MDV = Multidose vial
NAS = Intranasal
PFS = Prefilled syringe
RIV4 = Recombinant influenza vaccine, quadrivalent
SDV = Single-dose vial

* Vaccination providers should consult FDA-approved prescribing information for 2022–23 influenza vaccines for the most complete and updated information, including but not limited to indications, contraindications, warnings, and precautions. Package inserts for U.S.-licensed vaccines are available at https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states. Availability and characteristics of specific products and presentations might change or differ from what is described in this table and in the text of this report.

† Although a history of severe allergic reaction (e.g., anaphylaxis) to egg is a labeled contraindication to the use of egg-based IIV4s and LAIV4, ACIP recommends that persons with a history of egg allergy may receive any licensed, recommended influenza vaccine that is otherwise appropriate for their age and health status. Those who report having had reactions to egg involving symptoms other than urticaria (e.g., angioedema or swelling, respiratory distress, lightheadedness, or recurrent emesis) or who required epinephrine or another emergency medical intervention should be vaccinated in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices) supervised by a health care provider who is able to recognize and manage severe allergic reactions, if a vaccine other than ccIIV4 or RIV4 is used.

§ The approved dose volume for Afluria Quadrivalent is 0.25 mL for children aged 6 through 35 months and 0.5 mL for persons aged ≥3 years. However, 0.25-mL prefilled syringes are not expected to be available for the 2022–23 season. For children aged 6 through 35 months, a 0.25-mL dose must be obtained from a multidose vial.

¶ IM-administered influenza vaccines should be given by needle and syringe only, with the exception of the MDV presentation of Afluria Quadrivalent, which may alternatively be given by the PharmaJet Stratis jet injector for persons aged 18 through 64 years only. For adults and

older children, the recommended site for intramuscular influenza vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Additional specific guidance regarding site selection and needle length for intramuscular administration is available in the ACIP General Best Practice Guidelines for Immunization, available at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.

[††] Fluzone Quadrivalent is currently approved for ages 6 through 35 months at either 0.25 mL or 0.5 mL per dose; however, 0.25-mL prefilled syringes are not expected to be available for the 2022–23 influenza season. If a prefilled syringe of Fluzone Quadrivalent is used for a child in this age group, the dose volume will be 0.5 mL per dose.

References:

1. Centers for Disease Control and Prevention, Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices - United States, 2022–23 Influenza Season. August 26, 2022. https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm
2. Division of Integrated Healthcare. Utah Medicaid Provider Manual. Pharmacy Services. Updated July 2021. https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Pharmacy/Pharmacy.pdf
3. Utah Office of Administrative Rules. R414-60-7. https://rules.utah.gov/publicat/code/r414/r414-60.htm#content

22-96 Automatic Blood Pressure Monitors Coverage

Utah Medicaid covers the purchase of medically necessary automatic blood pressure monitors when reported under HCPCS code A4670 – *Automatic Blood Pressure Monitor* by qualified pharmacies and medical suppliers. The monitor must be ordered by a qualified practitioner as part of a comprehensive treatment plan that requires member monitoring and recording of blood pressure readings in the home. Monitors may be dispensed without prior approval. A unit limit of one every three years applies.

Providers are encouraged to reference the Coverage and Reimbursement Lookup Tool for additional information concerning this code, and the Medical Supplies and Durable Medical Equipment provider manual for additional information concerning this and other medical supplies and DME.

For clinician and patient resources on blood pressure control, providers are encouraged to visit the Tools and Resources section of the Million Hearts Blood Pressure Control website. Million Hearts is a national initiative co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS).

22-97 Rehabilitative Mental Health and Substance Use Disorder Services Provider Manual Updates

The following updates have been made for November 1, 2022:

In Chapter 2-5, Psychotherapy, policy is clarified for situations where the number of patients in a group exceeds the minimum number of providers.

In Chapter 2-10, Therapeutic Behavioral Services, policy is clarified for situations where the number of patients in a group exceeds the minimum number of providers.

In Chapter 2-11, Psychosocial Rehabilitative Services, policy is clarified for situations where the number of patients in a group exceeds the minimum number of providers.

22-98 Pharmacy Policy, Coverage, Prior Authorization and HCPCS Codes

The Utah Medicaid Preferred Drug List is updated monthly and is the most up-to-date source of information pertaining to drug specific pharmacy coverage, limitations, and policies, in addition to the Utah Medicaid State Plan, Utah Administrative Rule, Utah Medicaid Provider Manuals and Medicaid Information Bulletins, and Pharmacy prior authorization forms.

Pharmacy prior authorization forms and pharmacy related HCPCS codes are reviewed and updated at a minimum annually, but may be updated more frequently as drug labels are expanded.

Per the Utah Medicaid Provider Manual Section I: General Information, 2-3 Member Eligibility Verification, providers who administer and bill Utah Medicaid for pharmacy related HCPCS codes shall verify member eligibility. Pharmacy related HCPCS code coverage and the HCPCS NDC Crosswalk shall be used together to verify coverage, reimbursement, and covered NDC's for pharmacy related HCPCS.

To access the most recent pharmacy resources, go to https://medicaid.utah.gov/, click on Healthcare Providers, Medicaid Pharmacy Program.

22-99 Pharmacy Prior Authorization Processing

Pharmacy prior authorization requests received for pharmacy services, including pharmacy related HCPCS codes, must be complete upon submission. An incomplete submission means required information is missing, which may result in the prior authorization being denied. The Utah Medicaid pharmacy team attempts to contact providers to obtain additional information for the prior authorization request at least two times. Providers and their staff are encouraged to complete the prior authorization request to include the exact medication name the member will be using, or indicate if a substitution is not permissible.

Medication Name/ Strength:	Dose:
❑ Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless otherwise specified.	Directions for use:

If a provider's intent is for a member to use a brand product, they will check "Do Not Substitute". In the example below, the request would be reviewed for the non-preferred name brand Percocet 5/325mg.

Medication Name/ Strength: *Percocet 5/325mg*	Dose:
☒ Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless otherwise specified.	Directions for use:

If a provider submits a prior authorization request without indicating "Do Not Substitute", the request will be processed for the preferred Generic/Brand equivalent. In the example below, the request would be reviewed for the preferred generic equivalent, Oxycodone/APAP 5/325mg.

Medication Name/ Strength: *Percocet 5/325mg*	Dose:
☐ Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless otherwise specified.	Directions for use:

In all cases, providers should submit prior authorization requests using the most current form available on the Utah Medicaid Pharmacy Website, complete all fields legibly, and include all supporting documentation required for the pharmacy service requested.

22-100 DUR Board Updates

The Drug Utilization Review (DUR) Board met in September 2022 to review Mounjaro (tirzepatide) injection. The review included guideline recommended treatments for type 2

diabetes, Mounjaro's prescribing information, and its place in therapy. The DUR Board also reviewed CGRP Antagonists prior authorization and Botulinum Toxins criteria.

DUR Board meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/drug-utilization-review-board/.

22-101 P&T Committee Updates

The Pharmacy and Therapeutics (P&T) Committee reviewed Sedative Hypnotics (non-benzodiazepines and non-barbiturates) in September 2022. Committee recommendations regarding updates to the Preferred Drug List (PDL) go into effect with the January 2022 PDL.

P&T Committee meeting minutes are posted on the Utah Medicaid website at https://medicaid.utah.gov/pharmacy/pt-committee.

22-102 Code Updates

All new October 2022 code updates have been completed. Below is a list of all new open services. Please see the Medicaid Coverage and Reimbursement Lookup for code-specific details.

0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml
0081A	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, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-su
0082A	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, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-su
0083A	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, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-su
0091A	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; first dose, when administered
0092A	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; second dose, when administered
0093A	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; third dose, when administered
0111A	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, 25 mcg/0.25 ml dosage; first dose
0112A	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, 25 mcg/0.25 ml dosage; second dose
0113A	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, 25 mcg/0.25 ml dosage; third dose

87593	Infectious agent detection by nucleic acid (dna or rna); orthopoxvirus (e.g., monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each
90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 ml dosage, suspension, for subcutaneous use
90622	Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 ml dosage, for percutaneous use
91304	Severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage, for intramuscular use
91308	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use
91311	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage, for intramuscular use
A2014	Omeza collagen matrix, per 100 mg
A2015	Phoenix wound matrix, per square centimeter
A2016	Permeaderm b, per square centimeter
A2017	Permeaderm glove, each
A2018	Permeaderm c, per square centimeter
C1834	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application
C9101	Injection, oliceridine, 0.1 mg
C9142	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty
G0315	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the Medicaid early and periodic screening, diagnostic, and treatment benefit (EPSDT)

J1302	Injection, sutimlimab-jome, 10 mg
J1932	Injection, lanreotide, (cipla), 1 mg
J2777	Injection, faricimab-svoa, 0.1 mg
J9274	Injection, tebentafusp-tebn, 1 microgram
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram

22-103 Laboratory Code Updates

The following laboratory codes have been opened, effective October 1, 2022. Please see the Medicaid Coverage and Reimbursement Lookup for code-specific details.

87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification
87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (list separately in addition to code for primary procedure)
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets

87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87507	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (e.g., Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (e.g., 6, 11, 42, 43, 44)
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique

22-104 UOIG Fraud, Waste, and Abuse Prevention Training

The Utah Office of Inspector General (UOIG) offers Medicaid Fraud, Waste, and Abuse (FWA) Prevention training to help providers meet their FWA training requirements, and to assist them with their FWA prevention efforts.

The next session will be offered virtually on Thursday, December 8, from 10:00-11:30 AM, with additional time for questions immediately following the training. To register, please follow this link: https://docs.google.com/forms/d/e/1FAIpQLSf_FYcmt15O5zNFKUtxbxSrWOrXcxOTTOYxQQFUz6bxu9XMZw/viewform

In addition to the quarterly FWA prevention training, the UOIG is available to provide training directly to professional organizations such as the Utah Hospital Association, Utah Dental Association, Utah Association of Community Services, and local AAPC chapters. If you belong to a professional organization and would like to arrange training, please email enapper@utah.gov to discuss your organization's training needs.