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Pharmacy Benefit Provider Satisfaction Survey for Prescribers and Pharmacies

The Department of Vermont Health Access (DVHA) contracts with Change Healthcare to support Vermont's publicly funded pharmacy benefit programs. The Change Healthcare Help Desk supports all pharmacies and prescribers enrolled in Vermont's pharmacy benefit programs. It is the first point of contact for pharmacy and medical providers for drug prior authorization requests, drug claims processing issues, and other drug-related questions, concerns, and complaints.

Change Healthcare is conducting a provider satisfaction survey of pharmacies and prescribers. This survey is required annually by DVHA to assure that enrolled providers are receiving the highest quality of service possible from its contracted vendors. Your participation in this survey is very important to DVHA as responses from this survey will be used for quality improvement efforts.

The entire survey should take less than 5 minutes to complete and can be

The survey can also be accessed by using the following QR Code:



If you are not able to access the internet from your location, you can manually fill out the attached survey and fax it back to the Department of Vermont Health Access at 802-241-0268 or mail it to Change Healthcare at 1 Green Tree Drive, Suite 2, South Burlington, VT 05403.

Hypertension Management Initiative

Did you know that you can refer your patients to www.MyHealthyVT.com to register for self-management workshops, including a new controlling high blood pressure program called Health Coaches for Hypertension? This FREE community resource is available to anyone with HTN who is over age 45. The evidence-based curriculum, led by trained coaches, is part of a state-wide effort to enable Vermonters to better manage high blood pressure at home. Virtual and in-person training options are available, and local “lending libraries” of blood pressure monitors are available to program participants, free of charge, for use during the program. This is just one of the current efforts that a collaborative quality improvement team from the Department of Vermont Health Access (DVHA), OneCare VT and the Vermont Department of Health (VDH) is supporting. Other efforts to help better control hypertension in Vermont include:

- Blood pressure monitor coverage: DVHA currently allows the purchase of an automatic blood pressure (BP) monitor for the following additional diagnoses: essential hypertension, benign hypertension, nonspecific hypertension, elevated blood pressure without the diagnosis of hypertension, hypertensive heart disease without heart failure and the pregnancy-related hypertension diagnoses. A prescription for the digital BP monitor along with diagnosis is needed and claims are processed as a DME claim. Please consider stocking blood pressure monitors to fulfill potential demand that may be generated by this program. The manual sphygmomanometer/blood pressure apparatus with cuff and stethoscope will no longer be allowed for purchase. The criteria for coverage can be found here [Durable Medical Equipment | Department of Vermont Health Access](#).

Team Care Program

The Department of Vermont Health Access (DVHA) would like to share our informational 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 along with the [Team Care Referral Form](#) (Fillable) or [Team Care Referral Form](#) (Write In.) Additional information regarding the Team Care Program is available on our website at <https://dvha.vermont.gov/providers/team-care>.

If you have any questions, please contact us at by phone (802) 238-6039 or by email at ahs.dvhateamcare@vermont.gov

Important Changes to Administration Fee for Vaccines

Effective 1/1/2022, the pharmacy administration fee for vaccines will be changing from \$13.97 to \$13.87. Please note, this change does not apply to COVID-19 vaccine administration rates. This adjustment is being made to align with changes to the physician fee schedule (CPT code 90471) for adult vaccinations by primary care practitioners. DVHA enrolled pharmacies may be reimbursed for vaccinations administered by pharmacists to adults 19 years and older who are enrolled in Vermont's publicly funded programs. Pharmacists 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 December 17, 2020 communication for details on pharmacist enrollment

https://dvha.vermont.gov/sites/dvha/files/documents/Pharmacist%20Enrollment_Pharmacy%20Communication_FINAL_12.17.2020.pdf.

Children ages 6 months through 18 years presenting for vaccination at pharmacies may be referred to their health care provider for State-supplied vaccines. Alternatively, pharmacies may enroll in the Vermont Child Vaccine Program (VCVP). For more information, please refer to the communication dated November 16, 2020 https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/Pediatric%20Vaccinations_Pharmacy%20Communication.pdf.

Through the pharmacy point-of-sale (POS) system, the pharmacy must submit the code "MA" in the Professional Service Code field to receive full reimbursement for administering a vaccine. There is no dispensing fee paid for pharmacist administered vaccines. Pharmacies will continue to be reimbursed for the ingredient cost of the vaccine as well as the administration fee. An administration fee will be added to adult ACIP recommended vaccines for the following indications: Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus (HPV), Influenza, Measles, Mumps, and Rubella (MMR), Meningococcal, Pneumococcal, Tetanus and Diphtheria, Tetanus, Diphtheria, and Pertussis, Typhoid Fever, and Varicella

Update on Pharmacy COVID-19 Antigen Test Coverage

Effective December 1, 2021, Vermont enrolled pharmacies may now bill for select over-the-counter COVID-19 tests for use by Medicaid members in a home setting when prescribed by a Vermont Medicaid enrolled provider.

We have received member complaints that some pharmacies are instructing members to pay cash and submit receipts for reimbursement. Please note that per Medicaid rules, VT Medicaid/Green Mountain Care is not allowed to reimburse members directly for purchasing antigen test kits. Therefore, members may only receive test kits (at no cost) when pharmacies bill them directly to Medicaid with a valid prescription.

As a reminder, COVID-19 antigen tests may be obtained via prescription through pharmacies in one of the following ways: **the pharmacist can write a prescription if they are enrolled as a Medicaid provider; through the pharmacy's own standing order; or through the use Dr. Levine's standing order.**

Commissioner Levine’s Standing Order, which can be found here <https://sos.vermont.gov/media/wp4ddz2q/covid-antigen-test-standing-order-12-13-21-final.pdf> may be used as a prescription by pharmacies in certain circumstances to dispense Covid-19 At-Home Antigen Test Kits.

Pharmacies **must** follow the NCPDP standard and use the NDC or UPC product codes found on the package. Copayment will **not** apply, and the coverage limit is no more than 4 test kits (8 tests) every 30 days. This change is in accordance with the [Global Commitment Register \(GCR\) 21-085](#) notice to expand coverage for COVID-19 antigen tests within the pharmacy benefit for Vermont Medicaid members. The following products are covered. Please refer to the DVHA OTC Drug list) for the most current coverage information: <https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/OTCWebList.pdf>

NDC	Drug Name	NDC	Drug Name
08337000158	INTELISWAB COVID-19 RAPID	60006019166	ON/GO COVID-19 ANTIGEN SE
11877001133	BINAXNOW COVID-19 AG CARD	82607066026	FLOWFLEX COVID-19 AG HOME
11877001140	BINAXNOW COVID-19 AG CARD	82607066027	FLOWFLEX COVID-19 ANTIGEN
14613033967	QUICKVUE AT-HOME COVID-19	82607066028	FLOWFLEX COVID-19 ANTIGEN
14613033968	QUICKVUE AT-HOME COVID-19	82607066047	FLOWFLEX COVID-19 ANTIGEN
14613033972	QUICKVUE AT-HOME COVID-19	95893053317	COVID-19 OTC ANTIGEN TEST
50021086001	ELLUME COVID-19 HOME TEST	95893077490	COVID-19 OTC ANTIGEN TEST
56964000000	ELLUME COVID-19 HOME TEST		

Preferred Drug List (PDL)

The chart below contains Pharmacy Benefit Updates for January 1, 2022, changes to the PDL

Preferred				
Bystolic®	Clonidine ER	Colchicine Tablets	Dexmethylphenidate ER Capsules	Dipyridamole/Aspirin
Dupixent® ❄️	Efavirenz/Emtricitabine/Tenofovir DF	Elidel® ❄️	Emtricitabine/Tenofovir TDF	Esperoct®
Exelon® Patch	Fluoxetine Tablets	Galantamine Tablets	Idelvion®	Kineret® ❄️
Methylphenidate SR 50:50 Capsules	Neupogen® Syringes	Otezla® ❄️	Procentra®	Recombinate®
Renflexis™ ❄️	Repatha® ❄️	Repatha® Pushtronix ❄️	Ritalin LA®	Ritonavir
Rivastigmine Tablets	Tobramycin Inhalation Solution 300mg/5ml ❄️	Toujeo® Solostar	Tresiba® Flextouch	Xeljanz IR®
Ziextenzo®				
Non-Preferred				
Aptensio® XR ❄️	Atripla®	Cimetidine Solution	Cinqair®	Colchicine Capsule
Granix®	Nuwiq®	Nyvepria™	Pimecrolimus cream	Truvada®
Vyvanse® Chew ❄️				

To review the complete PDL please refer to:

<https://dvha.vermont.gov/providers/pharmacy/preferred-drug-list-pdl-clinical-criteria>



❄️ Indicates that current uses will be grandfathered.



❄️ Indicates that the drug will require a clinical Prior Authorization

New DUR Board Member (Lucy Miller)

In December 2021 we welcomed a new DUR board member. We are pleased to announce that Lucy Miller M.D. was appointed to the DURB. Dr. Miller is certified in Internal Medicine and is currently an Assistant Professor at the UVM department of medicine with her focus on clinical practice of ambulatory general internal medicine with an administrative role as the Williston MD site leader. Dr. Miller will serve a 3-year term on the board ending August 31, 2024. We are excited to have Dr. Miller's perspective and expertise represented on the DURB.

Drug Utilization Review Board (DURB)

Drug Utilization Review Board Meetings were held on February 15, 2022 via Teams. 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: Antibiotics, Cephalosporins, Antibiotics, Fluoroquinolones, Antibiotics, GI (new drug Aemcolo® (rifamycin) included), Antibiotics, Miscellaneous, Antibiotics, Tetracyclines, Antiretrovirals, Antivirals, Oral, Antivirals, Topical, and Skeletal Muscle Relaxants

RetroDUR/ProDUR: Data presentation: Immunologic Therapies for Asthma. Introduce: Letrozole Use for Infertility

Full New Drug Reviews: Azstarys® (serdexmethylphenidate and dexmethylphenidate), Brexafemme® (ibrexafungerp), Bylvay® (obevixibat), Kerendia® (finerenone), Kloxxado® (naloxone hydrochloride nasal spray), Rezero® (belumosudil), Saphnelo® (anifrolumab-fnia)

Website Updates

NDC Drug List: [CMS_Rebatable_List \(vermont.gov\)](#)

State Maximum Allowable Cost (SMAC) List: [SMAC_Weblist \(vermont.gov\)](#)

Over-the-Counter (OTC) List:

<https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/OTCWebList.pdf>

Specialty Drug List:

<https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/SpecialtyDrugWebList.pdf>