

**STATE OF VERMONT**  
**AGENCY OF HUMAN SERVICES**  
**Department of Vermont Health Access (DVHA)**

**AHS Bulletin No: 14-07P**

Secretary of State's ID Number: 14P-034

**FROM:** Mark Larson, Commissioner  
Department of Vermont Health Access

**DATE:** 10/6/14



**SUBJECT:** Medicaid Covered Services – 7502 Prescribed Drugs

**CHANGES ADOPTED EFFECTIVE:** 10/29/14

**TYPE OF RULE CHANGE**

**Adopted Rule Changes**

**Final Proposed Rule Change**

**Proposed Rule Change**

**RULE REFERENCE(S): 7502**

This proposed rule is being implemented as directed by Act 195 of the 2013 -2014 Legislative Session, An Act Relating to Pretrial Services, Risk Assessments, and Criminal Justice Programs.

**Sec. 13. VPMS QUERY; RULEMAKING**

The Secretary of Human Services shall adopt rules requiring:

(1) All Medicaid participating providers, whether licensed in or outside Vermont, who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary to query the Vermont Prescription Monitoring System the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and at regular intervals thereafter. Regular intervals shall exceed the requirements for other Schedule III pharmaceuticals, and queries shall be done prior to prescribing a replacement prescription. The rules shall also include dosage thresholds, which may be exceeded only with prior approval from the Chief Medical Officer of the Department of Vermont Health Access or designee.

**Sec. 18. EFFECTIVE DATES**

(b) This section and Secs. 1 (legislative intent), 3 (risk assessment and needs screening tools), 4 (prosecutor precharge programs and reporting), 10 (Department of Public Safety report), **13 (VPMS query; rulemaking)**, 14 (medication-assisted therapy, rulemaking), and 17 (immunity from liability) **shall take effect on passage.**

***Specific Changes to Rule Sections***

<b>Section</b>	<b>Description of Change</b>
7502.7	New section added to existing Rule 7502. Rule 7502.7 reads:  All Medicaid participating providers who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary must query the Vermont Prescription Monitoring System the first time

	<p>they prescribe buprenorphine or a drug containing buprenorphine for the patient and at regular intervals thereafter. Regular intervals must be no fewer than two times annually, and may include queries conducted prior to prescribing a replacement prescription. All Medicaid participating providers must query the Vermont Prescription Monitoring System prior to prescribing any replacement prescription for buprenorphine or a drug containing buprenorphine. As defined in 18 V.S.A. § 4290, replacement prescription means an unscheduled prescription request in the event that the document on which a patient's prescription was written or the patient's prescribed medication is reported to the prescriber as having been lost or stolen.</p> <p>Dosage criteria, as approved by the Drug Utilization Review Board and meeting the requirements described in the Preferred Drug List, may only be exceeded with prior approval from the Chief Medical Officer of the DVHA or designee.</p>
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### ***Public Comments***

A public hearing was held on Friday, September 5, 2014 from 2:00 PM to 4:00 PM in the Agency of Human Services (AHS) Training Room, 208 Hurricane Lane, Suite 103, Williston, Vermont. No oral comments were received during the public hearing.

Written comments were allowed through 4:30 pm on Friday, September 12, 2014. The DVHA did not receive any written comments.

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To get more information about the Administrative Procedures Act and the Rules applicable to state rule making go to the website of the Department of the Vermont Secretary of State at: <http://vermont-archives.org/aparules/index.htm> or call Louise Corliss at 828-2863. [General information, not specific rule content information]

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For information on upcoming hearing before the Legislative Committee on Administrative rules go to the website of the Vermont Legislature at: <http://www.leg.state.vt.us/schedules/schedule2.cfm> or call 828-5760.

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Prescribed Drugs

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7502 Prescribed Drugs (02/25/2012, 11-13)

Coverage is for any drug which is approved under the Federal Food, Drug, and Cosmetic Act, or the use of which is supported by one or more citations included or approved for inclusion in any of the compendia described in section 1927(g)(1)(B)(i) of the Social Security Act.

The compendia are:

- I. American Hospital Formulary Service Drug Information,
- II. DRUGDEX Information System, and
- III. United States Pharmacopeia-Drug Information (or its successor publications)

Coverage of all drugs is subject to the requirements of the Preferred Drug List (PDL).

Physicians and pharmacists are required to conform to Act 127 (18-VSA-Chapter 91), otherwise known as the Generic Drug Bill. In those cases where the Generic Drug Bill permits substitution, only the lowest priced equivalent in stock at the pharmacy shall be considered medically necessary. If, in accordance with Act 127, the patient does not wish to accept substitution, Medicaid will not cover the prescription.

7502.1 Smoking Cessation Products (02/25/2012, 11-13)

Coverage of over-the-counter and prescription smoking cessation products is provided to beneficiaries subject to the requirements of the PDL.

7502.2 Non-Drug Items (02/25/2012, 11-13)

Most non-drug items are not covered. Coverage is provided for Diabetic Supplies, Spacers, and Peak Flow Meters subject to the requirements of the PDL.

Some examples of excluded non-drug items include:

- dentifrices and dental adhesives
- baby oils
- mouthwash
- soaps and shampoos
- food products and food supplements\*
- baby formula
- sugar substitutes
- topical antiseptics
- throat lozenges
- lotions, rubbing alcohol, and witch hazel
- band-aids, gauze, and adhesive tape
- ostomy deodorants, oral or external

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Prescribed Drugs

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placebo; all dosage forms

homeopathic medicines

alternative medicine/natural products (e.g. Ginseng, Ginko Biloba, etc.)

\*Coverage for liquid nutritional supplements is subject to the requirements of the PDL. Prior authorization is required.

Stimulants and Appetite Depressants (02/25/2012, 11-13)

Stimulants are covered only when used in accordance with the requirements of the Preferred Drug List.

Non-amphetamine-based weight-loss drugs (for example, Alli™, Xenical™) are covered with prior authorization.

7502.4 Vitamins and Minerals (02/25/2012, 11-13)

Select pre-natal vitamins are covered for pregnant and lactating women.

Generic multivitamins are covered.

Single vitamins B and D, and select minerals (e.g. calcium, iron) are covered when prescribed for the treatment of a specific disease; e.g. Injectable vitamin B-12 in the treatment of certain types of anemia.

7502.5 Over-the-Counter Drugs (02/25/2012, 11-13)

The following classes of over-the-counter drugs are covered in generic form only, where the attending physician has prescribed it as part of the medical treatment of a specific disease; for example, analgesics for the relief of arthritis pain, and laxatives for the bedbound:

- analgesics such as acetaminophen, aspirin and other non-steroidal anti-inflammatory products;
- fecal softeners such as those containing docusate;
- laxatives and antidiarrheals such as those containing loperamide;
- antacids;
- antihistamines;
- select cough and cold products; and
- other select products as determined by the DUR Board and included in the current list of categories of covered over-the-counter drugs.

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Prescribed Drugs

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7502.6 Family Planning Items (07/01/2006, 06-01)

Contraceptive drugs, supplies, and devices are covered when provided on a physicians order. Birth control pills may be dispensed in a quantity not to exceed a 92-day supply. Payments made for these items will be deemed to qualify for the increased federal financial participation contained in section 1903 (a)(5) of the Social Security Act.

7502.7 Vermont Prescription Monitoring System (10/29/2014, 14-07P)

All Medicaid participating providers who prescribe buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary must query the Vermont Prescription Monitoring System the first time they prescribe buprenorphine or a drug containing buprenorphine for the patient and at regular intervals thereafter. Regular intervals must be no fewer than two times annually, and may include queries conducted prior to prescribing a replacement prescription. All Medicaid participating providers must query the Vermont Prescription Monitoring System prior to prescribing any replacement prescription for buprenorphine or a drug containing buprenorphine. As defined in 18 V.S.A. § 4290, replacement prescription means an unscheduled prescription request in the event that the document on which a patient's prescription was written or the patient's prescribed medication is reported to the prescriber as having been lost or stolen.

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