

Vermont Health Access Pharmacy Benefit Management Program

CMS EXCLUDED DRUGS/DRUG CLASSES

The following listing of drugs/drug classes will not be covered under most Part D plans, but may be reimbursed by Vermont's publicly funded programs.

Program Coverage	Drug Classes	Examples	Comments
Full Benefit Duals, VPharm 1 ----- VPharm 2 & 3 - maintenance only	Anorexiant (Drugs for Weight Loss)	Meridia, Xenical, phentermine, etc...	Clinical criteria and prior authorization requirements apply.
Full Benefit Duals, VPharm 1 ----- VPharm 2 & 3 - maintenance only	Barbiturates	phenobarbital, butalbital-containing products, mephobarbital, primidone, etc...	Clinical criteria and prior authorization requirements apply.
Full Benefit Duals, VPharm 1 ----- VPharm 2 & 3 - maintenance only	Benzodiazepines	alprazolam, clonazepam, diazepam, lorazepam, temezepam, etc...	Clinical criteria and prior authorization requirements apply.
Full Benefit Duals, Vpharm 1 ----- Vpharm 2 & 3 - maintenance only	Drugs for Weight Gain	Megestrol	Clinical criteria and prior authorization requirements apply.
Full Benefit Duals, VPharm 1 ----- VPharm 2 & 3 - maintenance only	Prescription Vitamins & Minerals	Various multivitamins, B-vitamins (e.g., niacin, folic acid, cyanocobalamin), Vitamin D, Vitamin K, zinc, iron, etc...	Coverage for specific conditions only and prior authorization may be required.
Full Benefit Duals, VPharm 1 ----- VPharm 2 & 3 - maintenance only	OTC Products	Numerous	All current OTC products covered under Vermont's publicly funded programs will remain covered under VPharm when prescribed by a physician.

Full Benefit Duals, VPharm 1 ----- VPharm 2 & 3 - maintenance only	Cough and Cold Products	hydrocodone/homatropine, hydrocodone/guaifenesin, promethazine/codeine, etc.	Clinical criteria and prior authorization required for non-generic pro
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Note: Medicaid state-only (supplemental) rebate agreement required for VPharm 3.