



**State of Vermont**  
**Department of Vermont Health Access**  
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*Agency of Human Services*  
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Dear Medicaid Provider,

Due to the availability of many new products, a new therapeutic category entitled “Hematopoietics: Colony Stimulating Factors” will be added to the Department of Vermont Health Access (DVHA) Preferred Drug List (PDL), **effective 1/1/19**. Congress, through the Biologics Price Competition and Innovation Act (BPCI Act) of 2009, created an abbreviated licensure pathway for biological products that are demonstrated to be biosimilar to an FDA-approved biological product. This pathway was established to provide more treatment options, increase access to lifesaving medications, and potentially lower health care costs through competition. The FDA requires that biosimilar products meet the Agency’s rigorous approval standards. That means patients and health care professionals can rely upon the safety and effectiveness of the biosimilar product, just as they would the reference product<sup>1</sup>. When writing a prescription for biosimilars, the specific brand name must be specified. Some of these biosimilars have a lower net cost to Vermont Medicaid compared to the currently available products.

The following medications will be preferred with **NO** prior authorization required:

Fulphila™ (pegfilgrastim-jmdb)                      Granix® (tbo-filgrastim)                      Neupogen® (filgrastim) **VIALS only**

The following medications will be non-preferred and will require a prior authorization for use effective 1/1/19:

Leukine®                      Neulasta®                      Neupogen®                      Zarxio®  
 (sargramostim)                      (pegfilgrastim)                      (filgrastim) **SYRINGES**                      (filgrastim-sndz)

We continually monitor the net costs of these medications and periodically adjust the PDL if new cost-effective products become available. If you feel it is medically necessary for your patient to use a non-preferred product, a prior authorization will be required across both the pharmacy and medical benefits.

For questions, please contact the Change Healthcare Pharmacy Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to [PBA\\_VTHelpdesk@changehealthcare.com](mailto:PBA_VTHelpdesk@changehealthcare.com) . Thank you for your continued support of Vermont’s clinical pharmacy programs.

Nancy J. Hogue, BS, Pharm.D.  
 Director of Pharmacy Services

References:

1. <https://www.fda.gov/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/approvalapplications/therapeuticbiologics/applications/biosimilars/default.htm>