



DVHA

Pharmacy Newsletter

News and Updates

November 2019

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Changes to Refill Limits

Effective 11/01/2019, DVHA is changing the prescription refill limit from a current limit of five (5) to a new limit of eleven (11). These limits apply to all non-controlled prescriptions when Vermont Medicaid is the **primary payer**. Based on federal law, prescriptions for DEA Schedule III, IV, and IV substances continue to be limited to 5 refills or 6 months, whichever comes first. No refills are allowed on prescriptions for DEA Schedule II substances; a new prescription is required for each fill. To see full notification please go to <https://dvha.vermont.gov/for-providers/refill-limit-change-.pdf>

Important Changes to Administration Fee for Vaccines

Effective 11/8/2019, the pharmacy administration fee for influenza vaccine changed from \$16.71 to \$13.97. This adjustment is being made to align with changes to the physician fee schedule (CPT code 90471) for adults.

Covered influenza vaccines for the 2019/2020 season include:

Afluria® (Quadrivalent), Fluarix® (Quadrivalent), FluLaval®(Quadrivalent) and Fluzone*(Quadrivalent)

Additionally, DVHA is pleased to announce that a vaccine administration fee of \$13.97 now applies to all adult vaccines recommended by The Advisory Committee on Immunization Practices (ACIP) for the following vaccines: **Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus (HPV), Measles, Mumps, and Rubella (MMR), Meningococcal, Pneumococcal, Tetanus and Diphtheria, Tetanus, Diphtheria, and Pertussis, Typhoid Fever and Varicella.**

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 certified to administer vaccines in the State of Vermont and must be compliant with all Vermont laws governing vaccine administration. To view entire notification please go to <https://dvha.vermont.gov/for-providers/vaccine-additions-and-admin-fee-changes-revised-effective-date-002.pdf>

Reimbursement will be based on either a written prescription or a non-patient specific written protocol based on a collaborative practice agreement per state law. These orders must be kept on file at the pharmacy. Through the pharmacy point-of-sale (POS) system, the pharmacy must submit the code “MA” in the Professional Service Code field in order to receive full reimbursement. There is no dispensing fee paid for pharmacist-administered vaccines.

PDL Changes

October 11, 2019 changes to the Vermont Medicaid Preferred Drug List:

Moved to Preferred Status

Testosterone 1.62% Gel Packets • Testosterone 1.62% Gel Pump • Fluticasone/Salmeterol inhalation powder (compare to Advair® Diskus) (authorized generic, Prasco labeler code 66993 is the only preferred form) • Spiriva® Respimat (tiotropium) • Xerac-AC (aluminum chloride) 6.25% Solution.

Moved to Non-Preferred Status

AndroGel® Pump (testosterone pump bottles) • Advair® Diskus (fluticasone/salmeterol) • Albuterol HFA (compare to Proventil® HFA, ProAir® HFA, Ventolin® HFA) • AndroGel® 1.62% Gel Packets (testosterone)

NOTE: AndroGel 1% packets, Proventil HFA, and ProAir HFA will remain preferred

To review the complete PDL please refer to: <http://dvha.vermont.gov/for-providers/preferred-drug-list-clinical-criteria>

FDA Safety Alerts

FDA review finds no increased risk of prostate cancer with Parkinson's disease medicines containing entacapone (Comtan, Stalevo)https://www.fda.gov/drugs/drug-safety-and-availability/fda-review-finds-no-increased-risk-prostate-cancer-parkinsons-disease-medicines-containing?utm_campaign=New%20FDA%20Drug%20Safety%20Communication%20on%20medicines%20containing%20entacapone&utm_medium=email&utm_source=Eloqua

FDA warns about rare occurrence of serious liver injury with use of hepatitis C medicines Mavyret, Zepatier, and Vosevi in some patients with advanced liver diseasehttps://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-rare-occurrence-serious-liver-injury-use-hepatitis-c-medicines-mavyret-zepatier-and?utm_campaign=Hep%20C%20DSC%20liver%20injury&utm_medium=email&utm_source=Eloqua

SOVALDI and HARVONI: New dosage forms and use in pediatric patients 3 years of age to less than 12 years of age<http://s2027422842.t.en25.com/e/es?s=2027422842&e=250032&elqTrackId=376c7bc788024cd5a73d955f2e3dcbdc&elq=794ae4ee00af4d12be56b65e3ee2ce12&elqaid=9298&elqat=1>

FDA warns about rare but severe lung inflammation with Ibrance, Kisqali, and Verzenio for breast cancerhttps://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-rare-severe-lung-inflammation-ibrance-kisqali-and-verzenio-breast-cancer?utm_campaign=New%20FDA%20Drug%20Safety%20Communication%20on%20Ibrance%20%28palbociclib%29%2C%20Kisqali%20%28ribociclib%29%2C%20and%20Verzenio&utm_medium=email&utm_source=Eloqua

Pharmacy Benefit Programs Provider Satisfaction Survey

Change Healthcare will be conducting a provider satisfaction survey of pharmacies and prescribers in the near future. 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. You will receive further communication about the survey later this month.

2020 Drug Utilization Review Board Meeting Schedule

Location: Albany College of Pharmacy and Health Services 261 Mountain View Drive, Colchester, Room VT101

Date	Time
February 18, 2020	6:30-8:30 PM
April 7, 2020	6:30-8:30 PM
May 12, 2020	6:30-8:30 PM
June 23, 2020	6:30-8:30 PM
September 8, 2020	6:30-8:30 PM
October 20, 2020	6:00-8:30 PM
December 1, 2020	6:30-8:30 PM

Please check the website for last minute changes to meetings dates and times: <https://dvha.vermont.gov/advisory-boards/drug-utilization-review-board-meeting-schedule-2012>

Department of Vermont Health Access (DVHA) Website Updates

Over the Counter (OTC) Drugs

<http://dvha.vermont.gov/for-providers/drug-coverage-lists-1>

Specialty Drug List <http://dvha.vermont.gov/for-providers/pharmacy>

State Maximum Allowable Cost (SMAC) <http://dvha.vermont.gov/for-providers/pharmacy>

Preferred Drug List (PDL) <http://dvha.vermont.gov/for-providers/pharmacy>

Preferred Diabetic Supply Listing (PDSL) <http://dvha.vermont.gov/for-providers/pharmacy>

eWEBS Pharmacy Provider Portal

The eWEBS Pharmacy Provider Portal has been available since May 2018. Features available to all registered pharmacy managers and prescribers include; member inquiry, pharmacy inquiry, formulary inquiry, diagnosis inquiry and program alerts, announcements and updates. Pharmacy managers can authorize other pharmacy staff to have access to the eWEBS Provider Portal for member PA look up, eligibility inquiries and member drug profile history through the portal's "Delegate Management" functionality.

You can access the portal via <https://providerportal.vt.gov/emdeon.com/vtpp/application/login.joi> and follow the directions. To submit the enrollment form. You will be issued a user ID and password once your registration information has been submitted and validated. For full article <http://dvha.vermont.gov/for-providers/1ewebs-notificaiton-final.pdf>. If you have questions about the portal email Nancy Miner at VTRXPORTAL@changehealthcare.com