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**\*\*Notice of Legislative Changes Affecting Medicaid\*\***

October 16, 2018

Dear Medicaid Provider,

This communication is to provide information on legislative changes affecting the practice of pharmacy. You should have received a recent communication from the Board of Pharmacy that clarified that Act 193, signed into law May 2018, amends Section 2 18 V.S.A. § 4605 to include selection by a pharmacist of the lowest priced interchangeable biological product when filling a prescription for a biological product. Act 193 further clarifies that pharmacists should follow the Medicaid PDL for both generics and biological products.

The legislative language can be found at:

<https://legislature.vermont.gov/assets/Documents/2018/Docs/ACTS/ACT193/ACT193%20As%20Enacted.pdf>

The following excerpt highlights the Medicaid Preferred Drug List provision.

*“(3) Notwithstanding subdivisions (1) and (2) of this subsection, when a pharmacist receives a prescription from a **Medicaid beneficiary**, the **pharmacist shall select the preferred brand-name or generic drug** or biological product from the Department of Vermont Health Access’s **preferred drug list**.”*

The Preferred Drug List is established based on evidence based clinical evaluation. In some cases, where clinical value is equal (ie. brand vs generic) a product is preferred based on lowest net cost to the State. The preferred product is not always a generic, sometimes a brand drug is less costly to the State. If a claim for the generic product is submitted when the brand product is preferred the claim will reject with code 75: “Prior Authorization Required.” The claim can be re-submitted for the brand product. If brand product also needs a prior authorization, the rejection will state that accordingly.

The current brand-preferred list is attached. Please note the PDL is updated regularly so please refer to the DVHA website for the most up-to- date list: <http://dvha.vermont.gov/for-providers/preferred-drug-list-clinical-criteria/view> or <http://dvha.vermont.gov/for-providers/pharmacy>

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**BRAND PREFERRED LIST** (updated 9/21/18)

\*preferred after clinical criteria met

**Aggrenox** (dipyridamole/Aspirin)

**Androgel** (testosterone gel)

**Carac** (fluorouracil 0.5% cream)

**Concerta** (methylphenidate SA OSM IR/ER, 22:78%)

**Efudex** (fluorouracil 5% cream)

**Enablex** (darifenacin)

**Kapvay** (clonidine ER)

**Micardis/Micardis HCT** (telmisartan)

**Niaspan** (niacin ER)

**Pulmicort Nebulizer Solution\*** (budesonide)

**Stalevo** (carbidopa/levodopa/entacapone)

**Tazorac** (tazarotene cream)

**Tobradex** (tobramycin/dexamethasone)

**Zetia** (ezetimibe)

**Alphagan P** (brimonidine 0.15%)

**Butrans Patch** (buprenorphine patch)

**Catapres-TTS Patch** (clonidine patch)

**Diastat rectal gel** (diazepam rectal gel)

**Emend\*** (aprepitant tab)

**Focalin XR** (dexmethylphenidate SR)

**Kitabis\*** (tobramycin sol)

**Natroba** (spinosad)

**Protopic\*** (tacrolimus ointment)

**Relpax**

**Suboxone Film\*** (buprenorphine/naloxone film)

**Tikosyn** (Dofetilide)

**Voltaren gel** (diclofenac 1% gel)