



State of Vermont
 Department of Vermont Health Access
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****Important Information on Reimbursement for High-Investment Carve-Out Drugs ****

Dear Medicaid Provider,

Effective 1/1/2023, the Department of Vermont Health Access (DVHA) will be changing the way it pays for certain high-cost carve-out inpatient drugs in accordance to the proposed Global Commitment Register (GCR 22-002) https://humanservices.vermont.gov/sites/ahsnew/files/doc_library/22-002-Proposed-GCR-High-Investment-Drugs-SPA.pdf. This change is to ensure providers are being paid their actual cost for the drug and to allow the State to take advantage of available federal rebates.

Hospitals will be required to separate the high-cost drug from the inpatient claim. The inpatient claim will pay using the standard Diagnosis-Related Group (DRG) methodology minus the carved out high-cost drug.

Prior Authorization will be required for the drug and inpatient stay. Along with billing the high-cost drug on the CMS-1500 claim form, the provider will be required to submit the invoice for the drug. These drugs cannot be acquired through the 340B program and reimbursement will be paid at the actual acquisition cost.

DVHA will conduct a post-payment review to ensure the high-cost drug was only billed on the HCFA-1500 claim form. In the event of duplicate billing, the inpatient payment will be recouped, and the billing entity will be instructed to re-bill appropriately. The list below includes the drugs and associated HCPCS codes that will require carve-out from the inpatient claim. This list will be periodically updated with notifications accompanying future additions.

High-Investment Carve-Out Drug List

HCPCS Code	Drug Name	Generic Name
J3399	ZOLGENSMA 2.6-3.0 KG	Onasemnogene Abeparvovec-xioi 2x8.3 ML Susp Kit
J2326	SPINRAZA	Nusinersen Intrathecal Soln 12 MG/5ML (2.4 MG/ML)
J3398	LUXTURNA	Voretigene Neparvovec-rzyl 500000000000 VG/ML Intraoc Susp
Q2042	KYMRIAH	Tisagenlecleucel IV Susp 600,000,000 CELLS
Q2041	YESCARTA	Axicabtagene Ciloleucel IV Susp 200,000,000 CELLS
Q2053	TECARTUS	Brexucabtagene Autoleucel IV Susp 100,000,000 CELLS
Q2055	ABECMA	Idecabtagene Vicleucel IV Susp 460,000,000 CELLS
Q2056	Carvytki	Ciltacabtagene Autoleucel IV Susp 100,000,000 CELLS
Q2054	BREYANZI	Lisocabtagene Maraleucel IV Susp 70,000,000 CELLS

For questions regarding billing or other information, please contact Gainwell provider services at 800-925-1706 or your provider representative.

For questions regarding prior authorizations for the drug 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. Thank you for your continued support of Vermont’s clinical pharmacy programs.