Department of Vermont Health Access
Pharmacy Newsletter

October 2022

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Synagis Season 2022

Due to the shift in seasonality noted in 2021 and the current regional variability in RSV cases, The American Academy of Pediatrics (AAP) supports the use of Synagis® in eligible patients in any region experiencing rates of RSV activity at any time in 2022 similar to a typical fall-winter season. Therefore, **effective 10/10/22**, DVHA will start allowing Synagis® shipments. The AAP recommends initiating the standard administration of palivizumab, which consists of 5 consecutive monthly doses. This regimen provides serum levels associated with protection for 6 months, the length of a typical RSV season.

The clinical benefit of Synagis® therapy is best realized by timing the administration to coincide with the peak of RSV activity. DVHA will continue to monitor RSV activity and may end the atypical Synagis® "season" when the percent positives on antigen tests is ≤ 10% for 2 weeks or the percent positives on PCR tests is ≤ 3% for 2 consecutive weeks.

Prior authorization (PA)/order forms should be sent directly to Change Healthcare at 844-679-5366 or submitted via the provider portal : https://providerportal.vtgov.emdeon.com/vtpp/application/login.joi. A notice of determination (or request for additional information, if applicable) will be returned to your office within 24 hours of receipt of the PA. Approvals will be forwarded by Change Healthcare to the specialty pharmacy, and they will reach out to you and/or the family to coordinate medication delivery. **Referrals for nursing services must be requested directly through the home health agency.**

Additional information and DVHA forms may be found at the following sites:

PA Form: https://dvha.vermont.gov/sites/dvha/files/documents/providers/Pharmacy/Synagis%20.pdf

CLINICAL CRITERIA: (Search for the word "Synagis")
https://dvha.vermont.gov/sites/dvha/files/doc_library/VERMONT%20PDL_2.pdf

AAP GUIDANCE: https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/

Influenza 2022/2023 Season

DVHA-enrolled pharmacies may be reimbursed for injectable influenza vaccinations administered by pharmacists to adults 19 years and older who are enrolled in Vermont's publicly funded programs. Pharmacists must be enrolled with Vermont Medicaid, certified to administer vaccines in the State of Vermont and must be compliant with all Vermont laws governing vaccine administration. Failure to comply with all Vermont immunization regulations will subject these claims to recoupment.

Administration Fee Paid for these Preferred Vaccines, no PA required: Afluria® (Quadrivalent), Fluarix® (Quadrivalent), FluLaval® (Quadrivalent), and Fluzone® (Quadrivalent).

Based on recent updates to the Advisory Committee on Immunization Practices (ACIP) recommendations, the following vaccines will also be preferred for members ≥ 65 years of age: Fluad® (Quadrivalent), Flublok® (Quadrivalent). Amd Fluzone® High-Dose (Quadrivalent).

Pharmacies are reimbursed for the ingredient cost of the vaccine as well as the administration fee. No dispensing fee is paid for these claims. Through the pharmacy POS system, the pharmacy must submit the code "MA" in the Professional Service Code field for the influenza vaccine claim to receive full reimbursement. Please note there will be NO member copay for influenza vaccine.

Required NCPDP Fields		
NCPDP Field Number	NCPDP Field Description	Required Code
44Ø-E5	Professional Service Code	MA
4Ø7-D7	Product/Service ID	NDC for Flu Vaccine

ProAir HFA Discontinuation

Teva has notified the Department of Vermont Health Access (DVHA) and its pharmacy benefits administrator, Change Healthcare, that it plans to discontinue the manufacturing of ProAir® HFA (albuterol sulfate) Inhalation, **effective 10/1/22.** You may continue to dispense ProAir® HFA until your supply is exhausted. The following alternatives are preferred with no prior authorization required: ProAir Respiclick® (albuterol sulfate) Inhalation Powder NDC 59310058020, Proventil® HFA (albuterol sulfate) Inhalation Aerosol NDC 66758095985, and Ventolin® HFA (albuterol sulfate) Inhalation Aerosol NDC 00173068220 and 00173068224.

The above products have a significantly lower net cost to Vermont Medicaid compared to currently available generics. We continue to 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.

Changes to Coverage for Naloxone Nasal Spray

Effective 10/7/22, generic formulations of naloxone HCl nasal spray (4mg/0.1mL) will be moving to a non-preferred status on the Department of Vermont Health Access (DVHA) Preferred Drug List (PDL).

Brand Narcan® has a significantly lower net cost to Vermont Medicaid compared to currently available generics and will remain preferred on the PDL. We continually monitor the net costs of these medications and periodically adjust the PDL if new cost-effective products become available. If the preferred product, Narcan®, is on backorder and unavailable from the manufacturer, generic substitution may be allowed. If you feel it is medically necessary for your patient to use a non-preferred product, a prior authorization will be required.

New Drug Utilization Board (DURB) Member

Dr. Katharina Cahill, PharmD has been appointed as a member to the DUR Board. Her term is 09/01/2022 – 08/31/2025. Dr. Cahill replaces Renee Mosier, RPh who termed on 8/31/2022. Dr. Cahill currently is a Supervising Pharmacist for Kinney Drugs in Waterbury.

Drug Utilization Review Board (DURB)

2022 Remaining Meeting Dates

October 25, 2022
December 6, 2022

2023 Schedule Meeting Dates

February 7, 2023
March 28, 2023
May 9, 2023
June 20, 2023
September 12, 2023
October 24, 2023
December 5, 2023

Buprenorphine Products Covered List

The Hub Opioid Treatment Program (OTP) Covered Buprenorphine Products List has been updated for October 1, 2022 and is available on the Department of Vermont Health Access (DVHA) website: https://dvha.vermont.gov/sites/dvha/files/doc_library/Buprenorphine%20Product%20Coverage.pdf

Please note some covered products may require prior authorization. You can view the Preferred Drug List (PDL) for determination: https://dvha.vermont.gov/providers/pharmacy/preferred-drug-list-pdl-clinical-criteria

Drug Utilization Review Board (DURB)

Drug Utilization Review Board Meeting was held on September 13, 2022, via Teams. Minutes for these meetings can be found at https://dvha.vermont.gov/advisory-boards/drug-utilization-review-board/durb-meeting-minutes

Reviewed and discussed by the DUR Board:

Therapeutic Drug Class: Allergen Extract Immunotherapy, Analgesics: NSAIDs (new drug Lofena® (diclofenac potassium) and Elyxyb® (celecoxib) included), Analgesics: Topical Anesthetics, Iron Chelating Agents, Opioid Dependency, Opioid withdrawal treatment, Overdose Treatment, and Alcohol Dependency (new drug Zimhi® (naloxone HCI) included), Otic Anti-infectives, Phosphate Binders, Ulcerative Colitis (non-biologic oral and rectal agents)

RetroDUR/ProDUR: Data presentation: Opioid Use from Multiple Providers and Introduce: Proposed RetroDUR topics for 2023

Full New Drug Reviews: Dartisla® ODT (glycopyrrolate), Fleqsuvy® (baclofen oral suspension) and Lyvispah® (baclofen granules for oral suspension,
Leqvio® (inclisiran), Seglentis® (celecoxib and tramadol hydrochloride) and Tarpeyo® (budesonide)