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BIN: 017795	PCN: VTPOP
BIN: 017795	PCN: VTPARTD

January 13, 2025

Important Notice: Changes to Covered Drugs

Dear Medicaid Provider,

The following products no longer participate in the Medicaid Drug Rebate Program, are no longer considered covered outpatient drugs, and are therefore excluded from Vermont Medicaid coverage.

- Tirosint (levothyroxine sodium) capsules
- Xtampza ER (oxycodone ER) capsules
- Nucynta (tapentadol) and Nucynta ER tablets

To assist with transitioning your patient(s) please refer to other covered alternatives listed on the Vermont preferred drug list (<u>VERMONT_PDL_20250101.pdf</u>).

The Vermont PDL offers a multitude of rebatable products covered by Vermont Medicaid.

If you feel it is medically necessary for your patient to use a non-rebatable product, an exception request will need to be filed. This form can be found at: <u>Coverage Exceptions | Department of Vermont Health Access</u>

For questions, please contact the Optum Pharmacy Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to **VermontHD@optum.com**.

Thank you for your continued support of Vermont's clinical pharmacy programs.