DVHA
Pharmacy Newsletter
News and Updates

May 2021

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Pharmacy Benefit Provider Satisfactory Survey for Prescribers and Pharmacies

The Department of Vermont Health Access (DVHA) contracts with Change Healthcare to support Vermont's publicly funded pharmacy benefit programs. The Change Healthcare help desk supports all pharmacies and prescribers enrolled in Vermont's pharmacy benefit programs such as Medicaid and Dr. Dynasaur and is the first point of contact for pharmacy and medical providers for drug prior authorization requests, drug claims processing issues, and other drug-related questions, concerns, and complaints.

Change Healthcare is conducting a provider satisfaction survey of pharmacies and prescribers. 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.

The entire survey should take less than 5 minutes to complete and can be found at: https://changehealthcare.co1.qualtrics.com/jfe/form/SV_7QjutzmXVcbkOI5

The survey can also be accessed by using the following QR code:

If you have any questions, please contact Nancy Miner at (802) 922-9612 or by email at nminer@changehealthcare.com. The survey deadline is June 7, 2021.

If you are not able to access the internet from your location, you can manually fill out the attached survey and fax it back to the Department of Vermont Health Access at 802-241-0268 or mail it to Change Healthcare at 1 Green Tree Drive, Suite 2, South Burlington, VT 05403.

Important Information on Cumulative MME Edits

Pursuant to the Medicaid Drug Utilization Review (DUR) provisions that were included in Section 1004 of the Substance Use Disorder Prevention that Promotes

Opioid Recovery and Treatment for Patients and Communities Act, also referred to as the SUPPORT Act, the Department for Vermont Health Access (DVHA) will begin implementing prescription limits for opioids used in treating chronic pain. The SUPPORT ACT requires standards for the appropriate use of opioids in treating pain. These standards are focused on preventing harm by minimizing opportunities for misuse, abuse, and diversion, and to optimize prevention of addiction and overdose. (https://www.congress.gov/115/bills/hr6/BILLS-115hr6enr.pdf).

The amount of daily morphine milligram equivalents (MMEs) is frequently used as a risk factor to evaluate potential opioid related harms. The MME conversion factor uses prescription data to calculate the daily MME. The strength per Unit x (Number of Units/Days' Supply) x MME conversion factor = MME/Day. DVHA uses the MME conversion factors provided by the Centers for Disease Control (CDC). More detailed information can be found on their website at https://www.cdc.gov/drugoverdose/prescribing/guideline.html.

In 2017, DVHA implemented prescription limits on initial short-acting opiate prescriptions. Patients 18 years and older are limited to 50 MME per day and a maximum of 7 days' supply. Patients 17 years of age and younger are limited to 24 MME per day and a maximum of 3 days' supply. These limits remain unchanged. **Effective 05/01/2021,** additional edits apply that include any combination of short and long-acting opioids and members on chronic therapy for non-cancer pain. Members new to opioid therapy with a daily MME exceeds 90 per day will require the completion of an opioid safety checklist as a prior authorization. Members with existing claims history in the past 90 days for opioids will require a safety checklist if the daily MME exceeds 120 per day.

Important New Coverage of Omnipod DASH Insulin Pump

Effective 4/1/21, the Department of Vermont Health Access (DVHA) will be adding coverage of Omnipod® DASH products to the pharmacy benefit. The manufacturer is only making it available through the retail pharmacy channel, and not through DME. This allows claims to adjudicate in "real" time through the Pharmacy Point of Sale (POS) System which will allow for faster and easier access for patients. Vermont Medicaid members will now be able to receive their Omnipod® Dash supplies through the pharmacy where they receive their insulin, diabetes supplies, and other medications. Omnipod® Dash will not require a Prior Authorization. Omnipod® Eros will continue to be available from DME providers until the manufacturer phase out.

Omnipod® DASH is a two-part tubeless insulin pump for the management of Type I and insulin-requiring Type II Diabetes. It has a handheld Personal Diabetes Manager (PDM) device that controls delivery of rapid-acting U-100 insulin via 3-day disposable pods. Additional information can be found at https://www.Omnipod®.com/new-to-Omnipod®

The Omnipod® DASH PDM system must be obtained directly from the manufacturer, Insulet. Other Omnipod® supplies can be dispensed by the retail pharmacy using the following national drug codes (NDCs):

- Omnipod® DASH 5 Pack Pods 08508-2000-05
- Omnipod® DASH Intro Kit 08508-2000-11 (expected to launch late summer 2021)

Specialty Pharmacy List

The Specialty Pharmacy list was undated on 5/14/21 and can be found on the Pharmacy page of Department of Vermont Health Access (DVHA) website: Specialty Pharmacy List.pdf (vermont.gov)

Drug Utilization Review Board (DURB)

Drug Utilization Review Board Meetings were held on April 6th and May 11th 2021 via Teams with an Executive Session held from 6pm-6:30pm and Public Session from 6:30pm-8:30pm. 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 Reviews: Angiotensin Modulators and Heart Failure Agents, Beta-Blockers, Anti-Anginal, and Sinus Node Agents, Calcium Channel Blockers, Anti-Migraine Agents, Triptans & CGRP Antagonists, Bile Salt Agents, Botulinum Toxins, C Treatments, Lipotropics, Other (Non-Statins), Lipotropics, Statins, Analgesics, Narcotics- Long Acting, Narcotics-Short Acting, Epinephrine, Self-Injectable, Hepatitis B, Multiple Sclerosis Agents (new drug Kesimpta® (ofatumumab) included), ofatumumab/Kesimpta® (Multiple Sclerosis Agents), Neuropathic Pain/Fibromyalgia Agents, Pseudobulbar Affect Agents, and Topical Steroids

RetroDUR/ProDUR: Introduce: Influenza Vaccination Rates, and Long-Acting Injectable Antipsychotics, Data presentation: Sublocade Adherence and Codeine Use in the Pediatric Population.

Full New Drug Reviews: Armonair Digihaler® (fluticasone propionate) and Airduo Digihaler® (fluticasone propionate and salmeterol), Alkindi® (hydrocortisone oral granules) and Hemady® (dexamethasone), Fintepla® (fenfluramine), Ongentys® (opicapone), Phexxi® Gel (Lactic Acid, Ctric Acid, and Potassium Bitartrate Vaginal Gel), Twirla® (levonorgestrel & ethinyl estradiol), Xywav® (calcium, magnesium, potassium, and sodium oxybates oral solution), Cystadrops® (cysteamine-ophthalmic solution), Lampit® (nifurtimox tablets), Oxlumo® (lumasiren), Reditrex® (methotrexate), Sevenfact® (coagulation factor VIIa [recombinant]-jncw), and Sutab® (sodium sulfate, magnesium sulfate, and potassium chloride).