



State of Vermont
Department of Vermont Health Access
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****Important Coverage Changes to Prescription Biosimilar Drugs****

Dear Medicaid Provider,

Effective 1/1/24, Vermont Medicaid will make the following changes to the physician fee schedule and Hospital Based Outpatient Services (OPPS) fee schedule. Information such as coverage or prior authorization requirements may be found on the fee schedules posted on the Vermont Medicaid Portal.

Rituximab: Riabni™ (rituximab-arx) Q5123 will be moving to non-preferred. Ruxience® (rituximab-pvvr) Q5119 and Truxima® (rituximab-abbs) Q5115 will remain preferred with no prior authorization required.

Trastuzumab: Herceptin® (trastuzumab) J9355, Ontruzant® (trastuzumab-dttb) Q5112, and Ogivri® (trastuzumab-dkst) Q5114 will be moving to non-preferred. Herzuma® (trastuzumab-pkrb) Q5113 will be moving to preferred. Kanjinti® (trastuzumab-anns) Q5117 and Trazimera™ (trastuzumab-qyyp) Q5116 will remain preferred with no prior authorization required.

We continually monitor the net costs of these medications and periodically adjust the Vermont Medicaid fee schedule and preferred drug list 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.

For questions, 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.