

State of Vermont
Department of Vermont Health Access
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May 07, 2024

****Reminder-Preferred Drug List ****

The Department of Vermont Health Access (DVHA) previously reported that Change Healthcare (CHC), which operates Vermont's Medicaid pharmacy claims system, experienced a significant cybersecurity issue on February 21, 2024. To reduce pharmacy and provider burden and allow for claims processing, DVHA temporarily removed select reject codes. We thank you for continuing to support members and for following VT Medicaid policies and requirements:

<https://dvha.vermont.gov/providers/manuals>

As a friendly reminder, although pharmacy prior authorizations are not back to full functionality, providers are **reminded to refer to the Preferred Drug List**, <https://dvha.vermont.gov/providers/pharmacy/preferred-drug-list-pdl-clinical-criteria> to review clinical criteria. This will help ensure smooth transitions when prior authorizations become available again. Please note, DVHA continues to prefer brand in some cases as these agents have lower net cost to the state. Examples:

PREFERRED AGENTS

- SUBOXONE® sublingual FILM
- VYVANSE® (lisdexamfetamine) capsule QTY LIMIT: 1 cap /day
- ALBUTEROL HFA (Teva labeler code 00093 is the only preferred form) PROAIR® Respiclick (albuterol) VENTOLIN® HFA (albuterol) XOPENEX® HFA (levalbuterol)
- SYMBICORT® (budesonide/formoterol) QTY LIMIT: 9 inhalers (91.8gm)/90 days
- CONCERTA® (methylphenidate SA OSM IR/ER, 22:78%)
- ADVAIR® DISKUS (fluticasone/salmeterol) (Age ≥ 4 years) QTY LIMIT: 3 inhalers/90 days ADVAIR® HFA (fluticasone/salmeterol) (Age ≥ 12 years)

Please contact the Optum Pharmacy Helpdesk with any questions (including EPSDT requests) at 1-844-679-536 or email vermontpa@optum.com. The pharmacy helpdesk is **currently unable to receive faxes**. Please ensure the email address used to communicate can receive and send confidential email correspondence.

Thank you for your continued efforts to serve Vermont Medicaid members.