

State of Vermont
Department of Vermont Health Access
NOB 1 South, 280 State Drive
Waterbury, VT 05671-1010

Agency of Human Services
[Phone] 802-879-5900
[Fax] 802-241-0268

May 15, 2017

Dear Medicaid Provider,

Change Healthcare, the pharmacy benefits manager for Vermont Medicaid, has compiled a list of “helpful hints” based on feedback from pharmacy providers. We hope that these will assist you with processing some of the most common claims rejections.

- **Quantity Limits**-Medicaid has quantity limits on some of the following popular preferred medications:
 - **Azithromycin** (6 tablets for a 5 day supply, maximum of 10 days therapy per 30 days)
 - **Ondansetron ODT and Ondansetron tablets 4mg** (12 tablets for a 28 day supply)
 - **Ondansetron ODT and Ondansetron tablets 8mg** (6 tablets for a 28 day supply)
 - **Tamiflu 45mg & 75mg** (10 capsules for a 30 day supply)
 - **Tamiflu 30mg** (20 capsules for a 30 day supply)
 - **Tamiflu Suspension** (maximum of 180ml for a 30 day supply)
- **Brand Preferred**-The following brand products are preferred over their generic equivalents:
 - **Focalin XR, Adderall XR, Depakote Sprinkles, Diastat, Crestor, Tobradex, Alphagan P, Aggrenox, Pulmicort Respules, Androgel, Zovirax Suspension**
- **Reject 50-Non-matched pharmacy number (“Pharmacy Lock-in’s”)**
 - A Pharmacy Home (“Lock-In”) is chosen by the patient when they start home-based buprenorphine therapy. For a lock-in change, the *member* must call the Change Healthcare Help Desk at 1-844-679-5362 to initiate the request. If the request is to change a physician lock-in (**Reject 25-M/I Prescriber ID**), the member must contact Team Care at 802-238-6039.
- **Reject 65-Member not eligible on date of service**
 - Please instruct the member to contact Member Services at 1-800-250-8427. Change Healthcare is unable to make changes to a member’s eligibility.
- **Therapy Change**
 - Pharmacies have the ability to use submission clarification code 5 for therapy changes on non-controlled medications. This will often save you a phone call on a refill too soon due to a dose change. If used, you may need to remove the SCC from the next refill.
- **Preferred Drug List and Prior Authorization Forms**
 - The current preferred drug list (PDL) and PA forms can be found on the DVHA provider website at <http://dvha.vermont.gov/for-providers/pharmacy>
 - **Tip:** Use ‘CONTROL F’ in the PDL. Type in the name of the medication you are looking for, and you will be directed to that page!
- **Emergency 72-hour Fill**
 - An emergency fill (supply to last up to 72 hours) can be dispensed when a prior authorization has not been secured, and the need to fill the prescription is determined to be an emergency. The pharmacy

should send in PA Type Code (461-EU) = 2 and PA # (462-EV) = 72 on the claim. This code will need to be removed when processing the claim for the full quantity, if applicable.

Please contact the Change Healthcare Provider Helpdesk at 1-844-679-5362 with any questions.

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