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](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.