DVHA
Pharmacy Newsletter
News and Updates

May 2019

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Changes to Sildenafil Coverage

On July 1, 2006 phosphodiesterase-5 (PDE-5) inhibitors became a non-covered benefit for all Vermont Pharmacy Programs for the treatment of erectile dysfunction (ED). The change was resultant from changes set into effect January 1, 2006 and as detailed in Section 1903 (i)(21)(K) of the Social Security Act, precluding Medicaid Federal Funding for outpatient drugs used for the treatment of sexual or erectile dysfunction. Sildenafil 20mg remained available for coverage via prior-authorization (PA) for the treatment of Pulmonary Arterial Hypertension (PAH). Due to low cost, however, the PA requirement was removed 1/1/17.

The Drug Utilization Review (DUR) Board is composed of practicing Vermont pharmacists and physicians who are responsible for reviewing and advising the Department of Vermont Health Access (DVHA) about drug utilization for Vermont Medicaid enrollees. A recent retrospective drug utilization review focused on Vermont Medicaid enrollees taking sildenafil in calendar year 2016 and 2017. It revealed a dramatic increase in the use of sildenafil. Additionally, it revealed that a significant percentage of members taking Sildenafil after it became preferred in 2017 did not have a diagnosis of PAH. This suggests that it is being used to treat ED which Medicaid policy does not cover.

In response to these data findings, the DUR Board has recommended moving sildenafil back to a non-preferred status on the Preferred Drug List (PDL). Effective 4/26/19, Sildenafil will require prior authorization to verify a diagnosis of PAH. It will not be a covered benefit when used for any other indication or diagnosis.
We appreciate all you do to improve the health of Vermont Medicaid enrollees and welcome any questions or concerns you may have. The DVHA pharmacy team can be reached at ahs.dvhaph@vermont.gov

Changes to Coverage for Brand and Generic Formulations of Retin-A® (tretinoin) and Differin® (adapalene)

Effective 4/26/19, generic formulations of Tretinoin cream and gel (all strengths) will be moving to nonpreferred status on the Department of

Vermont Health Access (DVHA) Preferred Drug List (PDL). Brand name Retin-A® cream and gel will be moving to preferred status as it now has a lower net cost to Vermont Medicaid compared to generics. Prescribers will not be required to change the way new prescriptions are written nor re-write currently valid prescriptions. If the patient is unable to switch to brand Retin-A®, use of generic will require Prior Authorization. Retin-A Micro® and generic Tretinoin microsphere will remain non-preferred. Additionally, brand name Differin® (cream, gel and lotion) will be moving to preferred status. Generic Adapalene products will remain non-preferred and will require Prior Authorization.
We continually monitor the net costs of these medications and periodically adjust the PDL if new or more cost-effective products become available. For questions, please contact the Change Healthcare Pharmacy Help Desk at 1-844679-5362. 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.

340B Claims Submission at Point of Sale (POS) for Pharmacies enrolled in the Vermont Medicaid 340B Program

Effective 4/11/2019, the Department of Vermont Health Access will be accepting 340B designated claims at Point-of-Sale (POS) for any pharmacy enrolled in the Medicaid 340B program. Please note, DVHA is not requiring pharmacies to submit their 340B Acquisition Cost through the POS at this time, but we encourage all pharmacies enrolled in the Medicaid 340B program to submit at POS whenever possible to reduce the burden of manual reconciliation.

Currently, 340B claims are billed through POS with no indicator showing the claim is 340B eligible. To reconcile payment, each provider receives a monthly 340B utilization file of all claims. The provider indicates, by claim, what drugs are eligible for 340B pricing, the acquisition cost for each drug on the Date of Service and returns the file to DXC within 30 calendar days of receipt of the file. DXC calculates the refund due from the provider based on the 340B acquisition cost as compared to the Medicaid paid amount.

Providers who choose to identify 340B claims at the POS should submit those claims with the Submission Clarification Code "20" and Basis of Cost "8". The "lower of" logic will apply when calculating the price of the claim using current pricing methodology. Claims should pay utilizing the pharmacy's 340B Acquisition Cost plus a dispensing fee of $11.13 retail and $17.03 for specialty drugs.

Below is a chart of the applicable changes to the Medicaid Payer Sheet. The revised Payer Sheets can be found at http://dvha.vermont.gov/for-providers/medmetrics-health-partners-mhp-billing-information .

420-DK	SUBMISSION CLARIFICATION CODE	02=LTC 1 DAY SUPPLY 05=THERAPY CHANGE 08=PROCESS COMPOUND FOR APPROVED INGREDIENTS 20=340B CLAIMS	RW	*Imp Guide*: Required if clarification is needed and value submitted is greater than zero (Ø). Ø5 = The pharmacist is indicating that the physician has determined that a change in therapy was required; either that the medication was used faster than expected, or a

				different dosage form is needed, etc. Ø8 = *Payer Requirement*: Required when provider will accept payment on one or more, but not necessarily all, ingredients of a multi-ingredient compound and consider payment received as payment in full for the prescribed products. 20 = Indicating that the claim is a 340B claim
409-D9	INGREDIENT COST SUBMITTED		R	340B pharmacies – submit 340B cost here with the Basis of Cost Determination 423-DN indicator of 8
423-DN	BASIS OF COST DETERMINATION		RW	*Imp Guide*: Required if needed for receiver claim/encounter adjudication *Payer Requirement:* Use indicator(Ø8=34ØB) for 34ØB claims, with the amount being submitted in the Ingredient Cost Submitted (4Ø9-D9) field

**Providers may choose to continue with the manual reconciliation process currently in place. Please note that DVHA policy does not allow contract pharmacies to enroll in the Vermont Medicaid 340B Program.

For questions please contact Change Healthcare Pharmacy Help Desk at 1-844-679-5362 or via email to PBA_VTHelpdesk@changehealthcare.com. Thank you for your continued support

Drug Utilization Review (DUR) Board members

We are pleased to announce Margot Kagan, Pharm. D., as our newest DUR Board member, Margot completed her undergraduate degree at University of Wisconsin-Madison, WI with a B.S. in Zoology and attended pharmacy school at University of Wisconsin-Madison School of Pharmacy, WI. Margot is board certified in Pharmacotherapy Specialist. More information about the DUR Board can be found on this link: http://dvha.vemront.gov/advisory-boards

FDA Safety Alerts

FDA recently approved revisions to the VIREAD (tenofovir disoproxil fumarate) product labeling to include safety and pregnancy-related outcome information from three published controlled trials in pregnant women with chronic hepatitis B virus infection who were administered VIREAD during their third trimester.
http://s2027422842.t.en25.com/e/es?s=2027422842&e=208411&elqTrackId=78D8A052C380BCBFF284D754BEBE9730&elq=ce5ca0323e0f457cba72a3050f17ff99&elqaid=7752&elqat=1

FDA adds Boxed Warning for increased risk of death with gout medicine Uloric (febuxostat)
https://www.fda.gov/Drugs/DrugSafety/ucm631182.htm

Safety trial finds risk of blood clots in the lungs and death with higher dose of tofacitinib (Xeljanz, Xeljanz XR) in rheumatoid arthritis patients; FDA to investigate

https://www.fda.gov/Drugs/DrugSafety/ucm631871.htm?utm_campaign=New%20FDA%20Drug%20Safety%20Communication%20on%20tofacitinib%20-%20Drug%20Information%20Update&utm_medium=email&utm_source=Eloqua

FDA in Brief: FDA updates label for Chantix with data underscoring it's not effective in children 16 and younger.
https://www.fda.gov/NewsEvents/Newsroom/FDAInBrief/ucm631875.htm?utm_campaign=FDA%20updates%20prescribing%20information%20for%20Chantix%20%28varenicline%29%20with%20data&utm_medium=email&utm_source=Eloqua