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INFLUENZA SEASON UPDATE

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Dear Medicaid Provider,

During the winter months, Change Healthcare, the pharmacy benefits manager for Vermont Medicaid, receives many questions regarding Tamiflu® (oseltamivir phosphate) coverage. Due to a lower net cost to Medicaid, brand name Tamiflu® is preferred over its generic equivalent. Tamiflu® will NOT require a PA if prescribed within the following limits:

Tamiflu® 30mg Capsules (NDC 00004080285) → maximum of 20 capsules for a 30 day supply

Tamiflu® 45mg Capsules (NDC00004080185) → maximum of 10 capsules for a 30 day supply

Tamiflu® 75mg Capsules (NDC 00004080085) → maximum of 10 capsules for a 30 day supply

Tamiflu® 6mg/ml Suspension (NDC 00004082205) → maximum of 180ml (3 x 60ml bottles) for a 30 day supply

We hope this information will assist you with processing some of the most common claim rejections. The manufacturer (Genentech) has confirmed that all NDC's are available with no backorder or supply issues. We hope you will consider keeping this medication in stock to meet the needs of your Medicaid patients this flu season.

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.