

11/12/09

Bulletin No. 09-25E

5350

5350 Benefit Delivery Systems5351 BenefitsA. Services Requiring Plan Referral (Continued)

- mental health and chemical dependency services;

NOTE: If a participating managed health care plan has a contract with an institution for mental diseases, services are limited to 30 days per episode and 60 days per calendar year.

- podiatry services;
- prescription drugs and over-the-counter drugs prescribed by a physician for specific disease or medical condition;
- over-the-counter and prescription smoking cessation with a limit of two treatment regimens per beneficiary per calendar year.

~~Any drug which is to be used continuously (i.e., daily, twice a day, every other day, etc.) for 30 days or more may be prescribed and dispensed in increments of 90-day supplies except medications which the patient takes or uses on an "as needed" basis. This limit shall not apply to drugs generally used to treat acute conditions.~~ "Maintenance drug" means a drug approved by the FDA for continuous use and prescribed to treat a chronic condition for a prolonged period of time of 30 days or longer, and includes insulin, an insulin syringe and an insulin needle. It may not be dispensed unless prescribed by a duly licensed medical professional licensed by the state of Vermont to prescribe within the scope of his or her practice and enrolled in Vermont Medicaid.

Apart from the select drugs used for maintenance treatment described below, all other maintenance drugs must be prescribed and dispensed for not less than 30 days and not more than 90 days. Excluded from this requirement are drugs which the beneficiary takes or uses on an "as needed" basis or generally used to treat acute conditions. If there are extenuating circumstances in an individual case which, in the judgment of the prescriber, dictate a shorter prescribing period for these drugs, the supply may be for less than 30 days as long as the prescriber prepares in sufficient written detail a justification for the shorter period. The extenuating circumstance must be related to the health and/or safety of the beneficiary and not for convenience reasons. It is the responsibility of the pharmacy to maintain in the beneficiary's record the prescriber's justification of extenuating circumstances.

Select drugs used for maintenance treatment must be prescribed and dispensed in increments of 90-day supplies. The drug utilization review board shall make recommendations to the director on the drugs to be selected. This limit shall not apply when the ~~patient~~ beneficiary initially fills the prescription in order to provide an opportunity for the ~~patient~~ beneficiary to try the medication and for the prescriber to determine that it is appropriate for the ~~patient's~~ beneficiary's medical needs. If there are extenuating circumstances in an individual case which, in the judgment of the ~~physician~~ prescriber, dictate a shorter prescribing period, an ~~prior authorization~~ exemption request may be made to the Office of Vermont Health Access.

Up to five refills are permitted if allowed by state or federal law.

11/12/09

Bulletin No. 09-25E

5560

5560 Prescribed Drugs

Pharmaceutical items include drugs that are obtained through appropriately licensed pharmacies. Payment for prescribed drugs is limited to:

- Registered Vermont pharmacies, including hospital pharmacies; or
- Pharmacies appropriately licensed in another state; or
- A physician, serving in areas without regular pharmacy services, who has been granted special approval to bill these items direct.

Payment is limited to covered items furnished on written prescription from a duly licensed medical professional licensed by the state of Vermont to prescribe within the scope of his or her practice and enrolled in Vermont Medicaid, or on telephoned prescription from a prescriber as previously described and enrolled in Vermont Medicaid processed in compliance with applicable federal and state statutes and regulations.

"Maintenance drug" means a drug approved by the FDA for continuous use and prescribed to treat a chronic condition for a prolonged period of time of 30 days or longer, and includes insulin, an insulin syringe and an insulin needle.

Apart from the select drugs used for maintenance treatment described below, all other maintenance drugs must be prescribed and dispensed for not less than 30 days and not more than 90 days. Excluded from this requirement are drugs which the beneficiary takes or uses on an "as needed" basis or generally used to treat acute conditions. If there are extenuating circumstances in an individual case which, in the judgment of the prescriber, dictate a shorter prescribing period for these drugs, the supply may be for less than 30 days as long as the prescriber prepares in sufficient written detail a justification for the shorter period. The extenuating circumstance must be related to the health and/or safety of the beneficiary and not for convenience reasons. It is the responsibility of the pharmacy to maintain in the beneficiary's record the prescriber's justification of extenuating circumstances.

~~Any drug which is to be used continuously (i.e., daily, twice a day, every other day, etc.) for 30 days or more shall may be prescribed and dispensed in increments of 90-day supplies an amount sufficient to treat the patient for no less than thirty (30) days and no more than ninety (90) days at a time except medications which the patient takes or uses on an "as needed" basis. This limit shall not apply to drugs generally used to treat acute conditions.~~

Select drugs used for maintenance treatment are limited to 90-day supplies. The drug utilization review board shall make recommendations to the director on the drugs to be selected. This limit shall not apply when the patient-beneficiary initially fills the prescription in order to provide an opportunity for the patient-beneficiary to try the medication and for the prescriber to determine that it is appropriate for the patient's-beneficiary's medical needs. If there are extenuating circumstances in an individual case which, in the judgment of the physician-prescriber, dictate a shorter prescribing period, an prior-authorizationexception request may be made to the Office of Vermont Health Access.

**ANNOTATED TEXT**

[the changed names/numbers due to Bulletin 08-20 ARE NOT annotated here]

Up to five refills are permitted if allowed by federal or state pharmacy law. ~~If there are extenuating circumstances in an individual case which, in the judgment of the physician, dictate a shorter prescribing period, the supply may be for less than 30 days.~~

The pharmacist shall not fill a prescription in a quantity different from that prescribed by the physician if payment is to be made by VHAP-Pharmacy, except in an individual case when the quantity has been changed in consultation with the physician.

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Bulletin No. 09-25E

5560

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5560      Prescribed Drugs [3304]

Payment may be made for any preparation, except those unfavorably evaluated, either included or approved for inclusion in the latest edition of official drug compendia: American Hospital Formulary Service Drug Information; ~~the U.S. United States Pharmacopoeia-Drug Information (or its successor publications); and the DRUGDEX Information System;~~ and the peer-reviewed medical literature, ~~the National Formulary, the U.S. Homeopathic Pharmacopoeia, AMA Drug Evaluations, or Accepted Dental Therapeutics.~~ These consist of "legend" drugs for which a prescription is required by State or Federal law.

Physicians and pharmacists are required to conform to Act 127 (18-VSA-Chapter 91), otherwise known as the Generic Drug Bill. In those cases where the Generic Drug Bill permits substitution, only the lowest priced equivalent shall be considered medically necessary. If, in accordance with Act 127, the ~~patient~~ beneficiary does not wish to accept substitution, VHAP-Pharmacy will not pay for the prescription.

11/12/09

Bulletin No. 09-25E

5641

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### 5641 Maintenance Drugs

"Maintenance drug" means a drug approved by the FDA for continuous use and prescribed to treat a chronic condition for a prolonged period of time of 30 days or longer, and includes insulin, an insulin syringe and an insulin needle. ~~It may not be dispensed unless prescribed by a licensed physician.~~ It may not be dispensed unless prescribed by a duly licensed medical professional licensed by the state of Vermont to prescribe within the scope of his or her practice and enrolled in Vermont Medicaid.

~~Maintenance drugs shall be prescribed and dispensed in increments of 30 to 90 day supplies except medications which the patient takes or uses on an "as needed" basis. Apart from the select drugs used for maintenance treatment described below, all other maintenance drugs must be prescribed and dispensed for not less than 30 days and not more than 90 days. If there are extenuating circumstances in an individual case which, in the judgment of the prescriber, dictate a shorter prescribing period for these drugs, the supply may be for less than 30 days as long as the prescriber prepares in sufficient written detail a justification for the shorter period. The extenuating circumstance must be related to the health and/or safety of the beneficiary and not for convenience reasons. It is the responsibility of the pharmacy to maintain in the beneficiary's record the prescriber's justification of extenuating circumstances.~~

Select drugs used for maintenance treatment must be prescribed and dispensed in 90-day supplies. The drug utilization review board shall make recommendations to the director on the drugs to be selected. This limit shall not apply when the patient beneficiary initially fills the prescription in order to provide an opportunity for the patient beneficiary to try the medication and for the prescriber to determine that it is appropriate for the patient's beneficiary's medical needs. For maintenance drugs not subject to this 90 day supply rule, the minimum days' supply shall be no less than thirty 30 days; however, prescribers may dispense in increments of up 90 days. ~~If there are extenuating circumstances in an individual case which, in the judgment of the physician prescriber, dictate a shorter prescribing period, an prior authorization exception request may be made to the Office of Vermont Health Access.~~

Up to five refills are permitted if allowed by state or federal law.

Physicians and pharmacists are required to conform to Act 127 (18 -VSA- Chapter 91), otherwise known as the Generic Drug Bill. In those cases where the Generic Drug Bill permits substitution, only the lowest-priced equivalent shall be considered medically necessary. If, in accordance with Act 127, the patient beneficiary does not wish to accept substitution, VScript will not pay for the prescription.

Lists of covered drugs classes are maintained and periodically updated by the Office and available upon request.

For beneficiaries whose VScript group income is greater than 175 percent but no greater than 225 percent of the federal poverty level coverage is limited to drugs dispensed by participating pharmacies from manufacturers that as a condition of participation in the program, have signed a rebate agreement with the Office of Vermont Health Access.

11/12/09

Bulletin No. 09-25E

7501

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## 7501 Pharmaceuticals, Medical Supplies and Equipment - General Information

Pharmaceutical items include drugs, medicine chest supplies, vitamins and related items which are normally obtained through appropriately licensed pharmacies. Medical supplies and equipment include prosthetic devices, durable and non-durable equipment for care of the ill or injured, medical supplies and similar items which may be obtained from a pharmacy, hospital-surgical supply service or home health agency.

Payment for covered items, other than prescribed drugs, is limited to the following providers:

- A Vermont provider approved for participation in Medicare; or
- An out-of-state provider, approved either for Medicare participation or for Medical Assistance (Title XIX) participation by the single state agency administering the Title XIX Program within the state where it is located.

Payment for prescribed drugs is limited to Vermont Medicaid enrolled providers who are:

- Registered Vermont pharmacies, including hospital pharmacies; or
- Pharmacies appropriately licensed in another state; or
- A physician, serving an area without regular pharmacy services, who has been granted special approval to bill these items direct.

Payment is limited to covered items furnished on written prescription of a duly licensed medical professional licensed by the state of Vermont to prescribe within the scope of his or her practice and enrolled in Vermont Medicaid, or on telephoned prescription from a prescriber as previously described and enrolled in Vermont Medicaid processed in compliance with applicable federal and state statutes and regulations.

~~Any drug which is to be used continuously (i.e., daily, twice a day, every other day, etc.) for 30 days or more may shall be prescribed and dispensed in increments of 90 day supplies an amount sufficient to treat the patient for no less than thirty (30) days and no more than ninety (90) days at a time except medications which the patient takes or uses on an "as needed" basis. This limit shall not apply to drugs generally used to treat acute conditions.~~

"Maintenance drug" means a drug approved by the FDA for continuous use and prescribed to treat a chronic condition for a prolonged period of time of 30 days or longer, and includes insulin, an insulin syringe and an insulin needle.

Apart from the select drugs used for maintenance treatment described below, all other maintenance drugs must be prescribed and dispensed for not less than 30 days and not more than 90 days. Excluded from this requirement are drugs which the beneficiary takes or uses on an "as needed" basis or generally used to treat acute conditions. If there are extenuating circumstances in an individual case which, in the judgment of the prescriber, dictate a shorter prescribing period for these drugs, the supply may be for less than 30 days as long as the prescriber prepares in sufficient written detail a justification for the shorter period. The extenuating circumstance must be related to the health and/or safety of the beneficiary and not for convenience reasons. It is the responsibility of the pharmacy to maintain in the beneficiary's record the prescriber's justification of extenuating circumstances.

11/12/09

Bulletin No. 09-25E

7501

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**7501 Pharmaceuticals, Medical Supplies and Equipment - General Information (Continued)**

Select drugs used for maintenance treatment are limited to 90-day supplies. The drug utilization review board shall make recommendations to the director on the drugs to be selected. This limit shall not apply when the patient beneficiary initially fills the prescription in order to provide an opportunity for the patient beneficiary to try the medication and for the prescriber to determine that it is appropriate for the patient's beneficiary's medical needs. If there are extenuating circumstances in an individual case which, in the judgment of the physician prescriber, dictate a shorter prescribing period, an prior authorization exception request may be made to the Office of Vermont Health Access.

~~Up to five refills are permitted if allowed by federal or state pharmacy law. If there are extenuating circumstances in an individual case which, in the judgment of the physician, dictate a shorter prescribing period, the supply may be for less than 30 days.~~

For recipients in a NF or ICF/MR see 7501.6.

The pharmacist shall not fill a prescription in a quantity different from that prescribed by the physician if payment is to be made by Medicaid except in an individual case when the quantity has been changed in consultation with the physician.

When the same drug in the same strength is prescribed for more than one member of a family at one time, the pharmacist must submit ~~shall treat it as~~ one prescription for each family member for payment purposes. ~~Specific examples of drugs which might fall into this category are delousing agents (e.g. Kwell) and de-worming preparation (e.g., Vermox).~~

Claims for vendor payment are submitted to and processed by the fiscal agent only; there is no provision for direct reimbursement to recipients or to nursing ~~homes~~ facilities for payments they may make to a pharmacy or supplier.