

Table of Contents

State/Territory Name: VA 16-0019

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

March 10, 2017

Hal Cohen
State of Vermont
Secretary, Agency of Human Services
280 State Drive
Waterbury, Vermont 05671-1000

Dear Mr. Cohen:

We have reviewed Vermont State Plan Amendment (SPA) TN# 16-0019 received in the Boston Regional Office on December 28, 2016. Under this SPA, the state proposes that at the discretion of the physician, a pharmacist may dispense prescribed medications necessary for either extended travel outside of the state or contraception that are intended to last up to a 12-month duration. We are pleased to inform you that the amendment is approved with an effective date of October 1, 2016.

The Boston Regional Office will forward a copy of the CMS-179 form, as well as the pages approved for incorporation into the Vermont Medicaid State Plan. If you have any questions regarding this amendment, please contact Yolonda Williams at (410) 786-6618.

Sincerely,

/s/
Meagan Khau
Deputy Director
Division of Pharmacy

cc: Richard R. McGreal, Associate Regional Associate
Thomas Schenck, Boston Regional Office
Dylan Frazer, Agency of Human Services

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

March 21, 2017

Al Gobeille, Secretary
Vermont Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, Vermont 05495

Dear Secretary Gobeille:

We are pleased to enclose an approved copy of Vermont's approved State plan amendment (SPA) No. 16-0019 with an effective date of October 1, 2016, as requested by your Agency. This SPA allows pharmacists, at the discretion of a physician, to dispense prescribed medications necessary for either extended travel outside of Vermont or contraception that are intended to last up to a 12 month duration.

An approval letter was sent to your attention under separate cover directly from the Division of Pharmacy, and a copy is also enclosed here. In addition, you will find the following approved pages to be incorporated into your State Plan:

- Attachment 3.1-A, page 5a

If there are questions, please contact Tom Schenck at (617) 565-1325, or tom.schenck@cms.hhs.gov.


Sincerely,



Richard R. McGreal
Associate Regional Administrator

Enclosure

cc: Corey Gustafson, Commissioner
Dylan Frazer, Health Programs Administrator, Policy Unit
Ashley Berliner, Director of Healthcare Policy and Planning

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 16-0019	2. STATE: VERMONT
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		4. PROPOSED EFFECTIVE DATE(S) 10/1/16	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §430.12(c)(1)(ii)		7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$ 0.00 b. FFY 2018 \$ 0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A page 5a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Att. 3.1-A page 5a	
10. SUBJECT OF AMENDMENT: Prescription Supply Limits for Contraceptives and Extended Travel			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED SIGNATURE OF SECRETARY OF ADMINISTRATION <p style="text-align: center;">Trey Martin</p> <small>Digitally signed by Trey Martin Date: 2016.12.20 15:16:52 -0500</small>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <p style="text-align: center;">Paul Dragon</p> <small>Digitally signed by Paul Dragon Date: 2016.12.19 18:27:46 -0500</small> for		16. RETURN TO: DYLAN FRAZER AGENCY OF HUMAN SERVICES 280 STATE DRIVE, CENTER BUILDING WATERBURY, VT 05671-1000	
13. TYPED NAME: HAL COHEN		15. DATE SUBMITTED: 12/28/16	
14. TITLE: SECRETARY, AGENCY OF HUMAN SERVICES		17. DATE RECEIVED: 12/28/2016	
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2016		18. DATE APPROVED: 3/10/2017	
PLAN APPROVED - ONE COPY ATTACHED			
21. TYPED NAME: Richard R. McGreal		20. SIGNATURE OF REGIONAL OFFICIAL: 	
23. REMARKS		22. TITLE: Associate Regional Administrator	

ITEM 12. PRESCRIBED DRUGS, DENTURES, AND PROSTHETIC DEVICES; EYEGLASSES
PRESCRIBED BY A PHYSICIAN SKILLED IN DISEASES OF THE EYE OR BY AN
OPTOMETRIST

A. Prescribed Drugs

1. Drugs listed by the FDA as less than effective are not covered by Medicaid, nor are the generic equivalents of the listed drugs covered.
2. Physicians and Pharmacists are required to conform to Act 127 (18 VSA Chapter 91), otherwise known as the Vermont Generic Drug Law. In those cases where the Generic Drug Law permits substitution, only the lowest priced equivalent in stock at the pharmacy shall be considered medically necessary. Medicaid will not pay if the recipient refuses the substitution required by law.
3. A pharmacist must fill prescriptions in quantities of between 30 and 90 days' supply for all drugs prescribed for continued regular use. The physician may prescribe for particular patients or conditions in lesser amounts and in these instances the pharmacist is required to fill as directed. Effective July 15, 2009, when the DVHA is the primary payer, pharmacies will be required to dispense designated classes of maintenance drugs in 90-day supplies after the first fill. The first fill allows prescribers to test for therapeutic effectiveness and patient tolerance.
At the discretion of the physician, a pharmacist may dispense prescribed medications necessary for either extended travel or contraception that are intended to last up to a 12-month duration. For extended travel, any fill over 90 days is subject to approval by the DVHA's Medical Director.
4. Coverage for certain other drugs is limited to specific conditions, e.g. amphetamines for the treatment of narcolepsy cataplexy syndrome only.
5. Generic over-the-counter (OTC) drugs are covered when medically necessary; without the option of prior authorization for brand products; prescribed by a qualified Medicaid provider; and a federal rebate agreement with the manufacturer is in force. Some OTC medications already managed on the Preferred Drug list (PDL) may have additional restrictions. The PDL can be found at <http://dvha.vermont.gov/forproviders/preferred-drug-list-clinical-criteria>.
6. Contraceptive drugs are covered and claimed at the increased Federal match under Family Planning.
7. No coverage is provided for items such as:
 - topical antiseptics
 - rubbing alcohol
8. [Reserved]

TN No. 16-0019
Supersedes
TN No. 11-023-B

Effective Date: 10/01/16
Approval Date: 3/10/17