



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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MARCH 5, 2004

**CORRECTION TO MARCH 1, 2004, MEDICAID MEMO TITLED: PHASE II OF THE VIRGINIA
MEDICAID PREFERRED DRUG LIST (PDL) PROGRAM FOR PHARMACY SERVICES - APRIL
2004**

FOR “WEB VERSION” ONLY

The Medicaid Memo dated March 1, 2004, posted on the DMAS website, contained incorrect information. Attachment 1 has been revised to reflect the following: (i) **Cartia XT** was changed to preferred drug status; (ii) **Diltia XT** was changed to preferred drug status; (iii) **Taztia XT** was changed to preferred drug status; and (iv) **Caduet** was removed from the drug list. All other information and attachments set forth in the March 1, 2004, Medicaid Memo remain unchanged.

The March 1, 2004, Medicaid Memo mailed to providers includes the correct version of Attachment 1.

We apologize for any confusion this may have caused.



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Providers Participating in the Virginia Medical Assistance Programs and all Managed Care Organizations

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

MEMO Special

DATE 3/1/2004

SUBJECT: Phase II of the Virginia Medicaid Preferred Drug List (PDL) Program for Pharmacy Services – April 2004

The purpose of this memorandum is to inform you of the six new drug classes that will be included in the Virginia Medicaid's Preferred Drug List (PDL) Program effective April 1, 2004 (Phase II). As you are aware, the PDL is a list of preferred drugs organized by therapeutic class for which the Medicaid program will allow payment without requiring Prior Authorization (PA). In the designated therapeutic classes, drug products that do not appear on the PDL will be subject to PA. Since there are provisions for a 72-hour supply of necessary medications, this initiative will not cause an individual to be left without an appropriate drug therapy.

The PDL is applicable to the Medicaid, MEDALLION, and FAMIS-Plus (formerly Medicaid for Children) fee-for-service populations. The PDL **does not** apply to Managed Care Organizations (MCO) or FAMIS individuals. DMAS implemented the PDL program to provide clinically effective drugs to its clients at the best available price. Your assistance with this program is critical to its success.

The Department of Medical Assistance Services (DMAS) implemented Phase I of the PDL in January 2004, with 13 therapeutic drug classes. In April 2004, Phase II of the PDL will be implemented with six additional therapeutic drug classes. Phase III of the PDL will be implemented in July 2004, with additional therapeutic drug classes.

Therapeutic classes for the April 2004, PDL Phase II implementation:

- **Oral Hypoglycemics**
 - Second Generation Sulfonylureas
 - Alpha Glucosidase Inhibitors
 - Biguanide Combinations
 - Hypoglycemic, Biguanide Type

- Meglitinides
- Thiazolidinediones (TZDs)

- **Leukotriene Modifiers**

- **Analgesic- NSAIDS (non-steroidal anti-inflammatory drugs)**

- **Serotonin Receptor Agonists**

- **Onychomycosis Antifungals**

- **Bisphosphonates for osteoporosis**

To access the complete list of the pharmaceutical products included on the Virginia Preferred Drug List please visit <http://www.dmas.virginia.gov/pharm-home.htm> or <http://virginia.fhsc.com>.

Prior Authorization Process

Phase II of the PDL program will be implemented on April 1, 2004, beginning with informational messages (“soft edits”) displaying to the pharmacists. This will allow pharmacists the opportunity to inform the client of the PA requirement on the next request. Full PA requirements (“hard edits”) will be phased-in for the therapeutic drug classes on May 3rd and 10th. The PDL phase-in schedule for the Phase II therapeutic drug classes is attached to this memo.

A message indicating that a drug requires PA will display at Point-of-Sale (POS) when a non-preferred drug is dispensed. Pharmacist should contact the patient’s provider requesting them to initiate the PA process. PAs can be initiated by written, faxed, or telephone request. Prescribers can initiate PA requests by letter, by **faxing** the attached form to **800-932-6651**, or by contacting the First Health Services’ Clinical Call Center at **800-932-6648**. PA requests by fax or mail will be responded to within 24 hours of receipt. A copy of the PA request form is attached and also available at <http://www.dmas.virginia.gov/pharm-home.htm> or at <http://virginia.fhsc.com>. **The PDL criteria for PA purposes is also available on the website.**

For information regarding the appeals process please visit www.dmas.virginia.gov.

Preferred Drug List (PDL) – 72 Hour Supply Processing

The PDL Program provides for a process where the pharmacist may dispense a 72-Hour Supply of a non-preferred, prescribed medication if the physician is not available to consult with the pharmacist, including after hours, weekends, holidays, and the pharmacist, in his professional judgment consistent with current standards of practice, feels that the patient’s health would be compromised without the benefit of the drug. The 72-Hour Supply will require a phone call by

the pharmacy provider to **First Health Services Corporation (FHSC) at 800-932-6648** for processing.

The patient will be charged a co-payment for this 72-Hour Supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a “partial” and “completion” fill.

For unit of use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

Preferred Drug List (PDL)-72-Hour Supply Dispensing Fee Process

Pharmacy providers are entitled to an additional \$3.75 dispensing fee when filling the completion of a 72-hour supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill, and when submitting the claim for the completion fill, enter “03” in the “**Level of Service**” (data element 418-DI) field. The additional \$3.75 dispensing fee is **ONLY** available (*one time per prescription*) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-Hour Supply) prescription was previously filled.

Any questions regarding the PDL process can be referred to First Health Services (FHSC) Corporation at 800-932-6648.

Additional information and Provider Manual updates will be available as necessary. Comments regarding this program may be submitted via email to pdlinput@dmas.virginia.gov.

Medicaid, MEDALLION, and FAMIS-Plus fee-for-service individuals with questions about the PDL should be directed to the First Health Patient HelpLine at 800-932-3923.

“PDL/PRIOR AUTHORIZATION HELPLINE”

The First Health Clinical Call Center can be reached at **800-932-6648**, to answer your questions regarding the PDL. Requests for Prior Authorization can be initiated by letter, by faxing the enclosed form to **800-932-6651**, or by contacting the First Health Services’ Clinical Call Center at **800-932-6648**. PA requests also can be mailed to:

**First Health Services Corporation
4300 Cox Road
Glen Allen, VA 23060
ATTN: MAP Department/VA Medicaid**

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov (*please note the new DMAS website address*). Refer to the Provider Column to find Medicaid and SLH provider manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

Attachments (3)



Virginia Medicaid Preferred Drug List
Posted 3/5/04
Effective April 1, 2004



First Health Clinical Call Center
1-800-932-6648
Fax 1-800-932-6651

Bolded Drugs do not require prior authorization

ANALGESICS

**NON-STERIODAL ANTI-
INFAMMATORY**

Diclofenac Potassium
Diclofenac Sodium
Diflunisal
Etodolac
Fenoprofen
Flurbiprofen
Ibuprofen
Indomethacin
Indomethacin SR
Ketoprofen
Ketoprofen ER
Ketorolac
Meclofenamate Sodium
Mobic®
Nabumetone
Naproxen
Naproxen Sodium
Oxaprozin
Piroxicam
Sulindac
Tolmetin Sodium

Requires Prior Authorization

Anaprox®*
Anaprox DS®*
Ansaïd®*
Arthrotec 50®
Arthrotec 75®
Cataflam®*
Clinoril®*
Daypro®*
Dolobid®*
Feldene®*
Indocin®*
Indocin SR®
Lodine®*
Lodine XL®*
Motrin®*
Nalfon®*

Prevacid-NapraPAC®
Naprelan®*
Naprosyn®*
Orudis®*
Oruvail®*
Ponstel®
Relafen®*
Tolectin DS®*
Toradol®*
Voltaren®*
Voltaren-XR®*

**NON-STERIODAL ANTI-
INFAMMATORY – COX II
INHIBITORS**

Vioxx®

Requires Prior Authorization

Bextra®
Celebrex®

**ANTIBIOTICS –
ANTIINFECTIVES**

**ORAL ANTIFUNGALS –
ONYCHOMYCOSIS**

Lamisil®

Requires Prior Authorization

Sporanox®

ASTHMA – ALLERGY

ANTI HISTAMINES – 2ND GEN

Alavert®
Claritin D (OTC only)
Loratadine Syrup
Loratadine Tablets

Requires Prior Authorization

Allegra®
Allegra D®
Clarinex®
Claritin®*
Claritin D 12 hour® (Rx)
Claritin D 24 hour® (Rx)
Claritin Redi-Tab®*
Claritin® Syrup* (No PA for under age 6)
Zyrtec®
Zyrtec D®
Zyrtec® Syrup (No PA for under age 2)

**BETA ADRENERGICS- SHORT
ACTING**

Albuterol
Alupent® MDI
Combivent®
Maxair Autohaler®
Proventil® HFA
Ventolin® HFA

Requires Prior Authorization

Proventil®*
Ventolin®*

**BETA ADRENERGICS – LONG
ACTING**

Foradil®
Serevent Diskus®
Serevent®
**BETA ADRENERGICS FOR
NEBULIZERS**
Accuneb®
Albuterol sulfate
Duoneb®
Metaproterenol
Xopenex®

Requires Prior Authorization

Alupent®
Proventil®*
Ventolin®

**BETA ADRENERGIC
/CORTICOSTEROID INHALER
COMBINATIONS**

Advair Diskus®

**INHALED SYSTEMIC
GLUCOCORTICIDS**

AeroBid®
AeroBid M®
Azmacort®
Flovent®
QVAR®

Requires Prior Authorization

Flovent Rotadisk®
Pulmicort Turbohaler®

LEUKOTRIENE INHIBITORS

Accolate®
Singulair®

NASAL STEROIDS

Flonase®
Flunisolide
Nasalide®
Nasarel®

Requires Prior Authorization

Beconase AQ®
Nasacort®
Nasacort AQ®
Nasonex® (No PA for under age 4)
Rhinocort Aqua®
Tri-Nasal®

* Indicates a generic is available
without prior authorization



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First Health Clinical Call Center
1-800-932-6648
Fax 1-800-932-6651

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CARDIAC MEDICATIONS

ACE INHIBITORS

Captopril
Captopril HCT
Enalapril
Enalapril HCT
Lisinopril
Lisinopril HCT

Requires Prior Authorization

Accupril®
Accuretic®
Aceon®
Altace®
Capoten®*
Capozide®*
Fosinopril
Lotensin®
Lotensin HCT®
Mavik®
Moexipril
Monopril®
Monopril HCT®
Prinivil®
Prinzide®*
Unirectic®
Univasc®
Vaseretic®*
Vasotec®*
Zestoretic®*
Zestril®*

**ACE INHIBITORS/
CALCIUM CHANNEL BLOCKERS**

Lotrel®

Requires Prior Authorization

Lexxel®
Tarka®
Teczem®

**ANGIOTENSIN RECEPTOR
ANTAGONISTS**

Benicar®
Benicar HCT®
Diovan®
Diovan HCT®
Micardis®
Micardis HCT®

Requires Prior Authorization

Atacand® /Atacand HCT®
Avalide®
Avapro®
Cozaar®
Hyzaar®
Teveten® /Teveten HCT®

BETA BLOCKERS

Acebutolol
Atenolol
Atenolol /Chlorthalidone
Betaxolol
Bisoprolol Fumarate
Bisoprolol /HCTZ
Coreg®
Labetalol
Metoprolol
Nadolol
Pindolol
Propranolol
Propranolol/HCTZ
Sorine
Sotalol
Sotalol AF
Timolol

Requires Prior Authorization

Betapace®*
Betapace AF®*
Blocadren®
Cartrol®
Corgard®*
Corzide®

Inderal®*
Inderal LA®
Inderide®*
Innopran XL®
Kerlone®*
Levato!®
Lopressor®*
Lopressor HCT®
Sectral®*
Tenoretic®®*
Tenormin®*
Timolide®
Toprol XL®
Trandate®*
Zebeta®*
Ziac®*

**CALCIUM CHANNEL BLOCKERS -
DIHYDROPYRIDINE**

Dynacirc®
Dynacirc CR®
Nicardipine
Nifedipine XL®
Nifedipine ER
Nifedipine – immediate release
Nifedipine SA
Norvasc®
Plendil®
Sular®

Requires Prior Authorization

Adalat CC®*
Cardene®*
Cardene SR®
Procardia®
Procardia XL®*

**CALCIUM CHANNEL BLOCKERS -
NON-DIHYDROPYRIDINE**

Cartia XT®
Diltia XT®
Diltiazem

Diltiazem (extended release,sustained release)
Taztia XT®
Verapamil
Verapamil (extended release,sustained release)

Requires Prior Authorization

Calan®*
Calan SR®*
Cardizem®*
Cardizem CD®*
Cardizem LA®
Cardizem SR®*
Covera-HS®
Dilacor XR®*
Isoptin SR®*
Tiazac®
Verelan®*
Verelan PM®

LIPOTROPICS: STATINS

Advicor®
Altacor®
Lescol®
Lescol XL®
Lovastatin®
Pravachol®
Zocor®

Requires Prior Authorization

Crestor®
Lipitor®
Mevacor®*

* Indicates a generic is available without prior authorization



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First Health Clinical Call Center
1-800-932-6648
Fax 1-800-932-6651

Bolded Drugs do not require prior authorization

**CENTRAL NERVOUS
SYSTEM DRUGS**

**SEDATIVE HYPNOTIC NON-
BARBITURATES**

Estazolam
Flurazepam
Restoril® 7.5 mg (until generic
available)
Temazepam
Triazolam

Requires Prior Authorization

Ambien®
Dalmane®*
Doral®
Halcion®*
ProSom®*
Restoril®*
Somnote®
Sonata®

DIABETES

**ORAL HYPOGLYCEMICS –
ALPHAGLUCOSIDASE INH.**

Glyset®
Precose®

**ORAL HYPOGLYCEMICS –
BIGUANIDES**

Metformin/ Metformin XR
Glucophage XR 750mg (until generic
available)

Requires Prior Authorization

Glucophage®*
Glucophage XR®*

**ORAL HYPOGLYCEMICS –
BIGUANIDE COMBINATIONS**

Avandamet®

Glucovance®
Metaglip®

**ORAL HYPOGLYCEMICS –
MEGLITINIDES**

Starlix®

Requires Prior Authorization

Prandin®

**ORAL HYPOGLYCEMICS – 2ND
GENERATION SULFONYLUREAS**

Glipizide/ Glipizide ER
Glyburide
Glyburide Micronized

Requires Prior Authorization

Amaryl®
Diabeta®*
Glucotrol®*
Glucotrol XL®*
Glynase®*
Micronase®*

**ORAL HYPOGLYCEMICS –
THIAZOLIDINEIONES**

Actos®
Avandia®

GASTROINTESTINAL

**HISTAMINE-2 RECEPTOR
ANTAGONISTS (H-2RA)**

Ranitidine

Requires Prior Authorization

Axid®
Cimetidine
Famotidine
Nizatadine
Pepcid®
Pepcid® Suspension
Tagamet®

Zantac®*
Zantac Effervescent®
Zantac® Syrup (No PA for under age 12)

PROTON PUMP INHIBITORS

Prilosec® OTC
Protonix®

Requires Prior Authorization

Aciphex®
Nexium®
Omeprazole (No PA for under age 12)
Prevacid® (No PA for under age 12)
Prevacid SoluTab®
Prevacid Susp® (No PA for under age 12)
Prilosec®

MISCELLANEOUS

**OSTEOPOROSIS AGENTS –
BISPHOSPHONATES**

Actonel®

Requires Prior Authorization

Fosamax®

**SEROTONIN RECEPTOR
AGONISTS (Triptans)**

Imitrex (kit, nasal, tablets, vial)®
Maxalt®
Maxalt-MLT®

Requires Prior Authorization

Amerge®
Axert®
Frova®
Relpax®
Zomig®
Zomig ZMT®

**Phone Numbers for DMAS
PDL Program**

**First Health Clinical Call Center
PA Requests**

Fax: 1-800-932-6651
Tel: 1-800-932-6648

Note: Fax requests are responded to
within 24 hours. For urgent requests,
please telephone.

Note: Not all medications listed are
covered by all DMAS programs. Check
individual program coverage.

For program drug coverage information,
go to virginia.fhsc.com or
dmas.virginia.gov

* Indicates a generic is available
without prior authorization

PHASE-IN SCHEDULE FOR APRIL (Phase II) IMPLEMENTATION

Soft edits start April 1, 2004 for all classes

Hard edits on May 3, 2004

Oral Hypoglycemics

- Second Generation Sulfonylureas
- Alpha-Glucosidase Inhibitors
- Biguanides
- Biguanide Combination Products
- Meglitinides
- Thiazolidinediones (TZDs)

Leukotriene Modifiers

Hard edits on May 10, 2004

NSAIDs

Serotonin Receptor Agonists (Triptans)

Oral Antifungals for Onychomycosis

Bisphosphonates for Osteoporosis

For more information or questions contact:

First Health Services' Clinical Call Center

800-932-6648 - telephone

800-932-6651- fax

VIRGINIA MEDICAID REQUEST FOR DRUG PRIOR AUTHORIZATION



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Requests for prior authorization must include patient name, Medicaid ID#, and drug name. Appropriate clinical information to support the request on the basis of medical necessity must be submitted. **SUBMISSION OF DOCUMENTATION DOES NOT GUARANTEE COVERAGE BY THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES AND FINAL COVERAGE DECISIONS MAY BE AFFECTED BY SPECIFIC MEDICAID LIMITATIONS.**

The completed form may be **FAXED TO 800-932-6651**. Requests may be phoned to 800-932-6648.

Requests may be mailed to: First Health Services Corporation / 4300 Cox Road / Glen Allen, VA 23060 / ATTN: MAP

PATIENT INFORMATION

Patient's Name:

Patient's Diagnosis:

Patient's Medicaid ID#:

Patient's Date of Birth:

DRUG INFORMATION

Drug Name & Strength:

Quantity Per Day:

Has patient had previous pharmaceutical therapy for the above diagnosis? Yes No

List pharmaceutical agents attempted and outcome:

1.

2.

3.

Medical necessity: Provide clinical evidence that the preferred agent(s) will not provide adequate benefit:

PHYSICIAN INFORMATION

Physician's Name (print):

Date:

Physician's Signature:

Phone #:

Physician's DEA#:

Fax #:

**PLEASE INCLUDE ALL REQUESTED INFORMATION
INCOMPLETE FORMS WILL DELAY THE PRIOR AUTHORIZATION PROCESS**

FAX TO 800-932-6651

PRIOR AUTHORIZATION CRITERIA IS SUBJECT TO CHANGE AND THUS DRUG COVERAGE

A copy of the PA form is available at <http://www.dmas.virginia.gov/pharm-home.htm> or at <http://virginia.fhsc.com>.