



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

www.dmas.virginia.gov

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 (DMAS)

MEMO Special

DATE 12/1/2004

SUBJECT: Annual Review of Phase I of the Virginia Medicaid Preferred Drug List (PDL) Program and PDL Quicklist – Effective January 3, 2005

The purpose of this memorandum is to inform you of the annual review of Phase I of Virginia Medicaid's Preferred Drug List (PDL) Program, effective January 3, 2005. As you are aware, the PDL is a list of preferred drugs by therapeutic class for which payment without requiring Prior Authorization (PA) will be allowed in conjunction with the clinical criteria for each respective drug class. In the designated classes, drug products that do not appear on the PDL will be subject to PA. Because there are provisions for a 72-hour supply of necessary medications, this initiative will not cause an individual to be without an appropriate drug therapy.

The PDL is effective for the Medicaid, MEDALLION, and FAMIS-Plus fee-for-service populations. The PDL **does not** apply to recipients enrolled in a Managed Care Organization (MCO) or FAMIS enrollees. DMAS implemented the PDL program to provide clinically effective and safe drugs to its clients in a cost-effective manner. Your continued support of 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. The Pharmacy & Therapeutics (P&T) Committee recently conducted its annual review of these 13 therapeutic drug classes, and minimal changes were made. An updated list of the preferred drugs within each Phase I class is attached with this memo.

The therapeutic classes that are the focus of the PDL's Phase-I drugs are:

- Proton Pump Inhibitors (PPIs)
- H2 Antagonists

- Nasal Steroids
- Second Generation Antihistamines (Low-Sedating or Non-Sedating)
- Selective COX-2 Inhibitors and NSAIDS
- HMG CoA Reductase Inhibitors (Statins)
- Sedative Hypnotics
- Beta Adrenergics
- Inhaled Corticosteroids
- Angiotensin Converting Enzyme Inhibitors (ACE Inhibitors)
- Angiotensin II Receptor Blocking Agents (ARBs)
- Calcium Channel Blockers
- Beta blockers

The changes to the PDL are as follows:

ADDITIONS TO PREFERRED STATUS

ANGIOTENSIN RECEPTOR ANTAGONIST
Hyzaar and Cozaar

NON-STEROIDAL ANTI-INFLAMMATORY - COX-2 INHIBITORS
Celebrex

QUINOLONES - 2ND GENERATION
Ciprofloxacin

CHANGES TO NON-PREFERRED STATUS

NON-STEROIDAL ANTI-INFLAMMATORY - COX-2 INHIBITORS
Bextra

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

CLINICAL EDITS FOR COX-2 INHIBITORS

The P&T Committee has decided to keep in place the clinical edits for the COX-2 Inhibitor therapeutic drug class. The purpose of this edit is to prevent inappropriate use of COX-2 inhibitors in patients **without** indications for use as well as to provide access to these drugs in a cost-effective manner. Additionally, the edits are expected to help reduce the potential for adverse effects associated with chronic, high-dose COX-2 use. The P&T Committee will be reviewing this edit again at their next meeting. Any changes will be communicated in a future memo.

PRIOR AUTHORIZATION (PA) PROCESS

A message indicating that a drug requires a PA will be displayed at Point of Sale (POS) when a Non-Preferred drug is dispensed. Pharmacists should contact the patient's provider requesting them to initiate the PA process. 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** (available 24 hours a day, seven days a week). Faxed and mailed PA requests will be responded to within 24 hours of receipt. A copy of the PA form is attached and is also available at <http://www.dmas.virginia.gov/pharm-home.htm> or at <http://virginia.fhsc.com>. The PDL criteria for PA purposes are also available on both websites.

PREFERRED DRUG LIST (PDL) – 72-HOUR-SUPPLY PROCESSING POLICY

The PDL Program provides 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 (after hours, on weekends, or during 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** (available 24 hours a day, seven days a week) for processing.

The patient will be charged a co-payment applicable 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 Corporation (FHSC) at **800-932-6648** (available 24 hours a day, seven days a week).

PERSONAL DIGITAL ASSISTANT (PDA) DOWNLOAD FOR PDL QUICKLIST

There are two ways to download the PDL list for PDA users. On the DMAS website (www.dmas.virginia.gov), there is a link that enables providers to download the PDL Quicklist to their PDAs. To access this link, please click on "Pharmacy," then "Pharmacy Initiatives," then

"PDL Quicklist PDA Format." This page will have complete directions for the download and HotSync operations. If you are an ePocrates® user, you may also access Virginia Medicaid's PDL through the ePocrates® formulary link at www.epocrates.com. ePocrates® is a leading drug information software for handheld computers (PDAs) and desktop computers. A large number of healthcare providers use this software in their daily practice. For more information and product registration, please visit their website at www.epocrates.com.

To download the Virginia Medicaid PDL to your PDA, please follow these steps:

1. Ensure that you have a version of ePocrates Rx® installed on your PDA.
2. Connect to the Internet and go to www.epocrates.com.
3. Click the "Add Formularies" link at the top of the page.
4. Log in to the website using your user name and password.
5. Select "Virginia" from the "Select State" menu.
6. Select "Virginia Medicaid-PDL" under "Available Formularies."
7. Click on "Add to My List" and then click on "Done."
8. Auto Update your PDA to install the "Virginia Medicaid-PDL" to your PDA.

"PREFERRED DRUG LIST (PDL)/PRIOR AUTHORIZATION HELPLINE"

The First Health Services Clinical Call Center can be reached at **800-932-6648** (available 24 hours a day, seven days a week) to answer your questions regarding the PDL, COX-2 edits, Threshold, Pro-DUR, and PA requests. PA requests 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 can also be mailed to:

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

Additional information and Provider Manual updates will be sent as necessary. Comments regarding this program may be emailed to the P&T Committee at pdlinput@dmas.virginia.gov.

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.

"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.

Attachments: (2)



* Indicates a generic is available
without prior authorization

Bolded Drugs do not require prior authorization

ANALGESICS

**NON-STEROIDAL ANTI-
INFLAMMATORY DRUGS**

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®*
Ansaid®*
Arthrotec 50®
Arthrotec 75®
Cataflam®*
Clinoril®*
Daypro®*
Dolobid®*
Feldene®*
Indocin®*
Lodine®*
Lodine XL®*
Motrin®*
Nalfon®*
Naprelan®*
Naprosyn®*

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

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

Celebrex®

Requires Prior Authorization

Bextra®

LONG-ACTING NARCOTICS

Avinza
Duragesic
Morphine Sulfate tablets SA
Oramorph SR

Requires Prior Authorization

Kadian
MS Contin
Oxycontin
Oxycodone Long-Acting

**ANTIBIOTICS –
ANTIINFECTIVES**

**ORAL ANTIFUNGALS –
ONYCHOMYCOSIS**

Lamisil®

Requires Prior Authorization

Sporanox®

**CEPHALOSPORINS –
2ND GENERATION**

Cefaclor
Cefaclor ER
Cefaclor Suspension
Ceftin® 125 mg (until generic available)
Ceftin® Suspension
Cefuroxime
Cefzil®
Cefzil® Suspension
Lorabid®
Lorabid® Suspension

Requires Prior Authorization

Ceclor®
Ceclor CD®*
Ceftin®*

**CEPHALOSPORINS –
3RD GENERATION**

Cedax®
Cedax® Suspension
Omnicef®
Omnicef® Suspension
Spectracef®

Requires Prior Authorization

Suprax® Suspension
Vantin®
Vantin® Suspension

MACROLIDES

Biaxin®
Biaxin® Suspension
Biaxin XL®
Erythrocin Stearate
Erythromycin Base
Erythromycin Ethylsuccinate
Erythromycin Estolate Suspension
Erythromycin Stearate
Erythromycin w/Sulfisoxazole
Pediazole®
Zithromax®
Zithromax® Suspension

Requires Prior Authorization

Dynabac®
E.E.S.®*
Eryc®*
Eryped®*
Ery-Tab®
PCE®*

QUINOLONES – 2ND GENERATION

Cipro®
Cipro® Suspension
Cipro XR®
Ciprofloxacin

Requires Prior Authorization

Ofloxacin
Floxin®
Maxaquin®
Noroxin®

QUINOLONES – 3RD GENERATION

Avelox®
Avelox ABC Pack®

Requires Prior Authorization

Levaquin®
Tequin®
Zagam®

ASTHMA – ALLERGY

ANTIHISTAMINES – 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)



* Indicates a generic is available
without prior authorization

Bolded Drugs do not require prior authorization

Claritin Redi-Tab®*
Claritin® Syrup* (No PA req. for under age 6)
Zyrtec®
Zyrtec D®
Zyrtec® Syrup (No PA req. 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

Proventil®*

**BETA ADRENERGIC
/CORTICOSTEROID INHALER
COMBINATIONS**

Advair Diskus®

**INHALED SYSTEMIC
GLUCOCORTICOIDS**

AeroBid®
AeroBid M®
Azmacort®
Flovent®
Pulmicort Respules®
QVAR®

Requires Prior Authorization

Flovent Rotadisk®
Pulmicort Turbuhaler®

LEUKOTRIENE INHIBITORS

Accolate®
Singulair®

NASAL STEROIDS

Flonase®
Flunisolide
Nasalide®
Nasarel®

Requires Prior Authorization

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

CARDIAC MEDICATIONS

ACE INHIBITORS

Captopril
Captopril HCT
Enalapril
Enalapril HCT
Lisinopril
Lisinopril HCT

Requires Prior Authorization

Accupril®

Accuretic®
Aceon®
Altace®
Benazepril
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®
Cozaar®
Diovan®
Diovan HCT®
Hyzaar®
Micardis®
Micardis HCT®

Requires Prior Authorization

Atacand® /Atacand HCT®

Avalide®
Avapro®
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®*
Levitol®
Lopressor®*
Lopressor HCT®
Sectral®*
Tenoretic®*
Tenormin®*
Timolide®
Toprol XL®
Trandate®*



* Indicates a generic is available
without prior authorization

Bolded Drugs do not require prior authorization

Zebeta^{®*}
Ziac^{®*}

Isoptin SR^{®*}
Tiazac^{®*}
Verelan^{®*}
Verelan PM[®]

**CALCIUM CHANNEL BLOCKERS -
DIHYDROPYRIDINE**

Afeditab CR[®]
Dynacirc[®]
Dynacirc CR[®]
Nicardipine
Nifediac CC[®]
Nifedical XL[®]
Nifedipine ER
Nifedipine – immediate release
Nifedipine SA
Norvasc[®]
Plendil[®]
Sular[®]

LIPOTROPICS: STATINS

Advicor[®]
Altoprev[®]
Lescol[®]
Lescol XL[®]
Lovastatin[®]
Pravachol[®]
Zocor[®]

Requires Prior Authorization

Caduet[®]
Crestor[®]
Lipitor[®]
Mevacor^{®*}

Requires Prior Authorization

Adalat CC^{®*}
Cardene^{®*}
Cardene SR[®]
Procardia^{®*}
Procardia XL^{®*}

**CALCIUM CHANNEL BLOCKERS -
NON-DIHYDROPYRIDINE**

Cartia XT[®]
Diltia XT[®]
Diltiazem
Diltiazem (extended/sustained release)
Taztia XT[®]
Verapamil
Verapamil (extended/sustained release)

**CENTRAL NERVOUS
SYSTEM DRUGS**

**CNS STIMULANTS/ADHD
MEDICATIONS**

Adderall XR[®]
Amphetamine Salt Combo
Concerta[®]
Dextroamphetamine
Dextroamphetamine SR
Dextrostat[®]
Focalin[®]
Metadate CD[®]
Metadate ER
Methylin[®]
Methylin ER[®]
Methylphenidate
Methylphenidate SR
Pemoline
Ritalin LA[®]
Strattera[®]

Requires Prior Authorization

Calan^{®*}
Calan SR^{®*}
Cardizem^{®*}
Cardizem CD^{®*}
Cardizem LA^{®*}
Cardizem SR^{®*}
Covera-HS[®]
Dilacor XR^{®*}

Requires Prior Authorization

Adderall^{®*}
Desoxyn^{®*}
Dexedrine^{®*}
Dexedrine Spansules^{®*}
Ritalin^{®*}
Ritalin SR^{®*}
Cylert^{®*}
Provigil[®]

**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[®]



* Indicates a generic is available
without prior authorization

Bolded Drugs do not require prior authorization

GASTROINTESTINAL

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

Ranitidine

Requires Prior Authorization

Axid[®]
Cimetidine
Famotidine
Nizatidine
Pepcid[®]
Pepcid[®] Suspension
Tagamet[®]
Zantac^{®*}
Zantac Effervescent[®]
Zantac[®] Syrup (No PA req. For under age 12)

PROTON PUMP INHIBITORS

Prilosec[®] OTC
Protonix[®]

Requires Prior Authorization

Aciphex[®]
Nexium[®]
Omeprazole (No PA req. for under age 12)
Prevacid[®] (No PA req. for under age 12)
Prevacid SoluTab[®]
Prevacid Susp[®] (No PA req. 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[®]

**GLAUCOMA – ALPHA-2
ADRENERGICS**

Alphagan P[®]
Brimonidine tartrate
Iopidine[®]

Requires Prior Authorization

Alphagan^{®*}

GLAUCOMA – BETA-BLOCKERS

Betaxolol HCl
Betimol[®]
Betoptic S[®]
Carteolol HCl
Levobunolol HCl
Metipranolol
Timolol Maleate
Timolol Maleate (gel-forming)

Requires Prior Authorization

Betagan^{®*}
Ocupress^{®*}
Optipranolol[®]
Timoptic^{®*}
Timoptic XE^{®*}

**GLAUCOMA – CARBONIC
ANHYDRASE INHIBITORS**

Azopt[®]
Cosopt[®]
Trusopt[®]

**GLAUCOMA – PROSTAGLANDIN
ANALOGS**

Lumigan[®]
Travatan[®]
Xalatan[®]

Requires Prior Authorization

Rescula[®]

Phone Numbers for DMAS

PDL Program

First Health Clinical Call Center
PA Requests

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

Note: Fax requests are responded to
within 24 hours of receipt. For urgent
requests, please call.

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

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>.