https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 07/15/2022

Virginia Medicaid Preferred Drug List / Common Core Formulary Changes, and Drug **Utilization Review Board Approved Drug Service Authorizations**

The purpose of this memorandum is to notify providers about the Virginia Medicaid's fee-for-service (FFS) Preferred Drug List (PDL) Program and drug service authorization (SA) requirements for drugs reviewed by the Department's Pharmacy and Therapeutics Committee and the Drug Utilization Review Board.

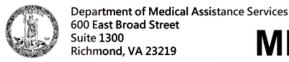
The PDL/Common Core Formulary is a list of preferred drugs, by select therapeutic class, for which the Medicaid fee-for-service program allows payment without requiring SA. The PDL program aims to provide clinically effective and safe drugs to its members in a cost-effective manner. Your continued compliance and support of this program is critical to its success.

The PDL/Common Core Formulary is effective for the Medicaid, FAMIS Plus fee-for-service populations and non-dual eligible members covered under the CCC Plus program and managed care members enrolled with Medallion 4.0. The Virginia Medicaid PDL does not apply to members enrolled in FAMIS or members with Medicare Part D plans.

Virginia's PDL/Common Core Formulary and updates to it can be found at https://www.virginiamedicaidpharmacyservices.com/provider/preferred-drug-list. In addition, a copy of the PDL can be obtained by contacting the Magellan Clinical Call Center at 1-800-932-6648.

Provider Manual updates will be posted about PDL changes. Comments and questions regarding this program can be emailed to pdlinput@dmas.virginia.gov.

PROVIDER CONTACT INFORMATION & RESOURCES



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Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and	1-800-884-9730 or 1-800-772-9996
remittance advice. KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/

Managed Care Programs

Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms

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Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com,or call: 1-800-424-4046
Provider HELPLINE Monday-Friday 8:00 a.m5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	aetnabetterhealth.com/virginia 1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid 1-800-901-0020
Magellan Complete Care of Virginia	www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273
Optima Family Care	1-800-881-2166
United Healthcare	Uhccommunityplan.com/VA and myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711)