



Last Updated: 11/20/2025

Drug Utilization Review (DUR) Meeting and Pharmacy and Therapeutics (P&T) Meeting Effective January 1, 2026

The purpose of this bulletin is to notify providers about routine changes to new drug service authorization (SA) requirements for drugs reviewed clinically and through fiscal analysis by the Drug Utilization Review (DUR) Board in June 2025 and to the Virginia Medicaid Fee-for-Service Preferred Drug List (PDL) program (also known as the Common Core Formulary, or CCF) for drugs reviewed by the Department's Pharmacy and Therapeutics Committee in October 2025.

The Drug Utilization Review Board is authorized by [12VAC30-130-340](#) and the Pharmacy and Therapeutics Committee is authorized by [12VAC30-130-1000](#). The meetings of these committees are open to the public and are posted on the Virginia Town Hall meetings page.

The PDL/CCF is a list of preferred drugs, by select therapeutic class, for which the Medicaid Fee-for-Service (FFS) program may allow payment without requiring a SA. The PDL/CCF program aims to provide clinically effective and safe drugs for its members in a cost-effective manner. Your continued compliance with and support of this program and its policies are critical to its success.

The PDL/CCF is applicable to the Medicaid and FAMIS Plus FFS populations, and non-dual eligible members covered under the Managed Care Program. The Virginia Medicaid PDL/CCF does not apply to members enrolled in FAMIS or Members with Medicare Part D Plans.

June 2025 DUR Board Summary

The DUR Board reviewed 8 physician administered drugs - Abecma® (idecabtagene vicleucel), Aucatzyl® (obecabtagene autoleucel), Breyanzi® (lisocabtagene maraleucel), Carvykti® (ciltacabtagene autoleucel), Kymriah® (tisagenlecleucel), Tecartus® (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel), and Yescarta® (axicabtagene ciloleucel). The Board reviewed and approved service authorization criteria for these medications.

The DUR Board reviewed four pipeline drugs: brensocatic, dordaviprone, rilzabrutinib, and vatiquinone.

The Board reviewed the results of several utilization analyses:

- the impact reports 8 physician administered drugs - Abecma® (idecabtagene vicleucel), Aucatzyl® (obecabtagene autoleucel), Breyanzi® (lisocabtagene maraleucel),



Carvykti® (ciltacabtagene autoleucel), Kymriah® (tisagenlecleucel), Tecartus® (brexucabtagene autoleucel), Tecelra® (afamitresgene autoleucel), and Yescarta® (axicabtagene ciloleucel);

- current use of opioids and benzodiazepines;
- concurrent use of opioids and antipsychotics;
- overlaps in opioids, benzodiazepines, and antipsychotics;
- naloxone and buprenorphine utilization for members on opioids;
- Glucagon-Like Peptide-1 Receptor Agonist (GLP-1 RA) utilization
- ProDUR reports; RetroDUR reports and utilization analysis reports

October 2025 P&T Meeting Summary

On January 1, 2026 the following changes and additions to the Preferred Drug List (PDL) will be effective.

Virginia Preferred Drug List Changes Effective January 1, 2026

Drug Class	Preferred	Non-Preferred
Cytokine and CAM Antagonists	Adalimumab-ADB (unbranded version of Cyltezo made by Boehringer Ingelheim) Hadlima Pyzchiva	Infliximab Humira
Anticonvulsants		Carbamazepine 200mg chewable tablet Topiramate 50mg sprinkle
Laxatives and Cathartics	Sodium, potassium mag sulfates solution reconstitute authorized generic Xromi solution	
Sickle Cell Anemia Treatments		
Ophthalmics, Anti-Allergy		Zaditor OTC Olopatadine drops (Pataday and Patanol)
Ophthalmics, Anti-Inflammatory		fluorometholone
Antibiotics, Vaginal		Nuvessa
Angiotensin Modulators	Telmisartan Telmisartan/HCTZ	Quinapril
Antiemetic/Antivertigo Agents		Metoclopramide syringe
Beta-Blockers	Nebivolol Nadolol	
Bronchodilators, Beta Agonist	Albuterol HFA (Proventil)	
Intranasal Rhinitis Agents	Fluticasone OTC	



Classes in red designate Common Core Formulary “closed classes”

To avoid disruption to claims payment through FFS and the MCOs providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the [MCO Provider Network Resources webpage](#) and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid

Web Portal

Automated Response System (ARS)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.

<https://vamedicaid.dmas.virginia.gov/>

Medicall (Audio Response System)

Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.

1-800-884-9730 or 1-800-772-9996

Provider Appeals

DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.

<https://www.dmas.virginia.gov/appeals/>

Managed Care Programs

Cardinal Care Managed Care 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.

Cardinal Care Managed Care PACE

[https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/Program-of-All-inclusive-Care\(virginia.gov\)](https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/Program-of-All-inclusive-Care(virginia.gov))

Provider Enrollment

In-State: 804-270-5105

Out of State Toll Free: 888-829-5373

Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com



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

<https://dmas.virginia.gov>

MEDICAID BULLETIN

Provider HELPLINE

Monday-Friday 8:00

a.m.-5:00 p.m. For 1-804-786-6273

provider use only, have 1-800-552-8627

Medicaid Provider ID

Number available.

Aetna Better Health <https://www.aetnabetterhealth.com/virginia/providers/index.html>

of Virginia 1-800-279-1878

Anthem <http://www.anthem.com/>

HealthKeepers Plus 1-800-901-0020

Humana Healthy 1-844-881-4482 (TTY: 711)

Horizons <https://provider.humana.com/medicaid/virginia-medicaid>

Provider Services Call

Center

Sentara Community 1-800-881-2166 <https://www.sentarahealthplans.com/providers>

Plan

United Healthcare www.uhcprovider.com/

1-844-284-0146

Acentra Health <https://vamedicaid.dmas.virginia.gov/sa>

Behavioral Health and 1-804-622-8900

Medical Service

Authorizations

Dental Provider 1-888-912-3456

DentaQuest

Fee-for-Service (POS) <https://www.virginiamedicaidpharmacyservices.com/>

Prime Therapeutics 1-800-932-6648