



Last Updated: 02/02/2024

Virginia Medicaid Preferred Drug List / Common Core Formulary Changes, 90 Day Supply List Changes, and Drug Utilization Review Board Approved Drug Service Authorizations

The purpose of this memorandum is to notify providers about updates to the Virginia Medicaid's fee-for-service (FFS) Preferred Drug List (PDL) Program, 90-day supply list, and drug service authorization (SA) requirements for drugs reviewed by the Department's Pharmacy and Therapeutics Committee (P&T) and the Drug Utilization Review (DUR) Board.

The PDL, or Common Core Formulary (CCF), is a list of preferred drugs, by select therapeutic class, for which the Medicaid fee-for-service program allows payment without requiring an 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/CCF is effective for the Medicaid, non-dual eligible members enrolled in fee-for-service or managed care programs. The PDL/CCF does not apply to members enrolled in FAMIS or members with Medicare Part D plans.

Virginia's PDL/CCF and 90-day list and any updates may be found at <https://www.virginiamedicaidpharmacyservices.com/provider/> under PDL/Common Core Formulary and Documents, respectively. In addition, copies of the PDL and 90-day supply list 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.

On June 8, 2023 The DUR Board reviewed 5 new medications - Jaypirca™, Joenja®, Krazati™, Orserdu™ and Tezspire® Pen. The Board also approved therapeutic class service authorization criteria for Oral Oncology - Breast Cancer and Other Neoplasm Drugs and approved updates to the therapeutic class service authorization criteria for Oral Oncology - Other Cancer Drugs and Oral Oncology - Lung Cancer and Other Neoplasm Drugs. Additionally, the Board reviewed the results of several utilization analyses: the impact reports for 5 new DUR medications (Jaypirca™, Joenja®, Krazati™, Orserdu™ and Tezspire® Pen); the utilization for oral oncology - breast cancer and other neoplasm drugs; compounding of Hyftor™; concurrent use of opioids and benzodiazepines; concurrent use of opioids and



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antipsychotics; overlaps in opioids, benzodiazepines and antipsychotics; anticholinergic load; ProDUR reports, RetroDUR reports and utilization analysis reports.

On September 14, 2023 The DUR Board reviewed information and Service Authorization (SA) criteria for 5 new medications - Cuvrior™ (trientine tetrahydrochloride), Daybue™ (trofinetide), Furoscix® (furosemide injection), Skyclarys™ (omaveloxolone), and Veozah™ (fezolinetant). Annually, the Board reviews the Synagis criteria at the September meeting prior to the Respiratory Syncytial Virus (RSV) season beginning October 1, 2023 through March 31, 2024. Additionally, the Board reviewed the results of ProDUR and RetroDUR reports, several utilization analyses: antipsychotic medications in children, antidepressant medications in children, mood stabilizer medications in children, and Overlaps in Antipsychotics, Antidepressants and Mood Stabilizers in Children.

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/>

Medcall (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

Acentra Health

Service authorization information for fee-for-service members. <https://dmas.kepro.com/>

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/>
<http://www.dmas.virginia.gov/#/longtermprograms>



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Acentra Health

Behavioral Health
Services

<https://dmas.kepro.com/>

Provider Enrollment

In-State: 804-270-5105

Out of State Toll Free: 888-829-5373

Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com

Provider HELPLINE

Monday-Friday 8:00

a.m.-5:00 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

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

1-800-279-1878

Anthem HealthKeepers
Plus

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

1-800-901-0020

Molina Complete Care

1-800-424-4524

<https://www.molinahealthcare.com/providers/va/medicaid/home.aspx>

Sentara Community Plan

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

United Healthcare

www.uhcprovider.com/

1-844-284-0149

Dental Provider

DentaQuest

1-888-912-3456