



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

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

MEDICAID MEMO

TO: All Prescribing Providers and Pharmacists Participating
in the Virginia Medical Assistance Programs

FROM: Cynthia B. Jones, Acting Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 3/5/2010

SUBJECT: Modifications to the Virginia Medicaid Preferred Drug List (PDL) Program &
Changes to the Enhanced Prospective Drug Utilization Review Program (Maximum
Quantity Limits and Dose Optimization) – **Effective April 1, 2010**

The purpose of this memorandum is to inform providers about modifications to Virginia Medicaid's Preferred Drug List (PDL) Program, and additions to the Enhanced Prospective Drug Utilization Review (ProDUR) Program (Maximum Quantity Limits and Dose Optimization), **effective April 1, 2010.**

Preferred Drug List (PDL) Updates – Effective April 1, 2010

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid program allows payment without requiring prior authorization (PA). *Please note that not all drug classes are subject to the Virginia Medicaid PDL.* In the designated classes, drug products classified as non-preferred will be subject to PA. In some instances, other additional clinical criteria may apply to a respective drug class which could result in the need for a PA.

The PDL program aims to provide clinically effective and safe drugs to its clients in a cost-effective manner. Your continued compliance and support of this program is critical to its success. 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.

The Pharmacy & Therapeutics (P&T) Committee recently conducted its annual review of the PDL Phase II drug classes at its February 9, 2010 meeting. The meeting agenda which lists the drugs and drug classes that were reviewed by the P&T Committee is available on the internet at <http://www.townhall.state.va.us>.

The P&T Committee made the following additions to the Virginia Medicaid PDL:

Additions (by drug class):

Androgenic Agents

- Androderm®
- Androgel®
- Testim®

Hypoglycemics: Injectible

Subclass: Long Acting Insulins

- Levemir® Vial
- Lantus® Vial
- Levemir® Pen

Subclass: Insulin R

- Humulin® R Vial
- Novolin® R Vial

Subclass: Insulin N

- Humulin® N Vial
- Novolin® N Vial
- Humulin® N Pen

Subclass: Insulin 70/30

- Humulin® 70/30 Vial
- Novolin® 70/30 Vial
- Humulin® 70/30 Pen

Subclass: Insulin Mix

- Humalog® Mix 75/25 Vial
- Novolog® Mix 70/30 Vial
- Novolog® Mix 70/30 Pen
- Humalog® Mix 75/25 Pen
- Humalog® Mix 50/50 Vial
- Humalog® Mix 50/50 Pen

Subclass: Rapid-Acting Insulins

- Humalog® Vial
- Humalog® Cartridge
- Humalog® Pen
- Novolog® Vial
- Novolog® Cartridge
- Novolog® Flexpen Syringe

The revised PDL Quicklist is attached to this memo and reflects all the changes that will become **effective on April 1, 2010**. Please note that the revised PDL Quicklist only includes “preferred” drugs (no PA required). **A PA is required if the drug requested from one of these select therapeutic classes is not on the list.**

You may also access the complete list of pharmaceutical products included on the Virginia PDL by visiting http://www.dmas.virginia.gov/pharm-pdl_program.htm or <https://virginia.fhsc.com>. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to pdlinput@dmas.virginia.gov.

PDL Prior Authorization (PA) Process

A message indicating that a drug requires a PA will be displayed at the point of sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the patient's prescribing provider to request that they initiate the PA process. Prescribers can initiate PA requests by letter; faxing to 1-800-932-6651; contacting the First Health Services Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week); or by using the web-based prior authorization process (Web PA). Faxed and mailed PA requests will receive a response within 24 hours of receipt. PA requests can be mailed to:

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

A copy of the PA form is available online at http://www.dmas.virginia.gov/pharm-pdl_program.htm or <https://virginia.fhsc.com>. The PDL criteria for PA purposes are also available on both websites.

PDL 72-Hour-Supply Processing Policy and Dispensing Fee Process

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the prescriber is not available to consult with the pharmacist (after-hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment, consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to First Health Services Corporation (FHSC) at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply.

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" fill and then a "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.

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 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.

Personal Digital Assistant (PDA) Download for PDL Quicklist

There are two ways to download the PDL list for PDA users. There is a link on the DMAS website (http://www.dmas.virginia.gov/pharm-pdl_program.htm) which enables providers to download the PDL Quicklist to their PDAs. This page will have complete directions for the download and HotSync operations.

ePocrates[®] users may also access Virginia Medicaid's PDL through the ePocrates[®] formulary link at www.epocrates.com. ePocrates[®] is a leading drug information software application for handheld computers (PDAs) and desktop computers. For more information and product registration, please visit the ePocrates[®] website at www.epocrates.com. To download the Virginia Medicaid PDL via the ePocrates[®] website to your PDA, please follow these steps:

1. Ensure that you have the most recent 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.

Changes to the Enhanced ProDUR Program – Maximum Quantity Limits

The maximum quantity limit program identifies high cost products where a 34-day supply is defined by a set number of tablets. This strategy establishes quantity limits based on commonly accepted clinical dosing practices.

Effective April 1, 2010, Virginia Medicaid will expand the ProDUR program for maximum quantity limits to include Suboxone[®] tablets (buprenorphine and naloxone); Subutex[®] tablets (buprenorphine), and Lidoderm[®] 5% topical patches. The complete list of maximum quantity limit edits is included (Table 1) and attached to this memorandum. Pharmacy providers will receive a claim denial when these quantity limits are exceeded. The First Health Clinical Call Center can be reached at 1-800-932-6648 to answer your questions regarding these quantity limits.

Changes to the Enhanced ProDUR Program – Dose Optimization

Also effective April 1, 2010, the ProDUR Program for dosage optimization will also expand to include a number of new drugs and drug strengths. New additions to the dose optimization program, **effective April 1, 2010**, are included on page two of the fax form which is also attached to this memorandum. The intent of the dose optimization program is to use the optimum dose of a product to fill a prescription. An example of this is to use one 10 mg Abilify[®] tablet instead of two 5mg Abilify[®] tablets to fill a prescription. If the quantity submitted on the claim is over 34 units for a 34-day supply then the claims will reject with an error message of "Quantity Exceeds Maximum of 34 - Physician Call 1-800-932-6648". In order for patients to receive more than a 34-day supply for these drugs, it will be necessary for the prescriber to complete and fax or mail the prior authorization request attached to this memorandum to First Health Services. The fax number

and address are listed on the request form. Please complete this document in its entirety, sign, and date it. Incomplete requests will be returned for additional information.

REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices are no longer printed and mailed free of charge. Duplicate remittance advices are now processed and sent via secure email. A processing fee for generating duplicate paper remittance advices has been applied to paper requests, effective July 1, 2009.

ALTERNATE METHODS TO LOOK UP INFORMATION

As of August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned pertains to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
---	--	--

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. 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 1-800-884-9730 or 1-800-772-9996. 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. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and 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 it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

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

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (9)



Within these categories, drugs that are not listed are subject to Prior Authorization.



Virginia Medicaid Preferred Drug List
Effective April 1, 2010

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

ANALGESICS

NON-STEROIDAL ANTI-INFLAMMATORY DRUGS

(Including Cox-2 Inhibitors)

- Celebrex^{®**}
- diclofenac potassium
- diclofenac sodium
- diflunisal
- etodolac
- etodolac SR
- fenoprofen
- flurbiprofen
- ibuprofen
- indomethacin
- indomethacin SR
- ketoprofen
- ketoprofen SR
- ketorolac
- meclofenamate sodium
- meloxicam
- nabumetone
- naproxen
- naproxen sodium
- oxaprozin
- piroxicam
- sulindac
- tolmetin sodium

LONG-ACTING

NARCOTICS *

- Duragesic[®] (Brand Only) *
- Kadian[®] *
- morphine sulfate tablets SA *

ANTIBIOTICS -

ANTIINFECTIVES

ORAL ANTIFUNGALS -

ONYCHOMYCOSIS

terbinafine

CEPHALOSPORINS -

2ND & 3RD GENERATION

- cefaclor capsule
- cefaclor ER
- cefaclor suspension
- cefdimir capsules
- cefdimir suspension
- cefprozil tablet
- cefprozil suspension
- cefuroxime
- Raniclor[®]
- Spectracef[®]
- Suprax Suspension[®]

MACROLIDES

- azithromycin tablet
- azithromycin packet
- azithromycin suspension
- clarithromycin tablet
- clarithromycin suspension
- erythromycin stearate
- erythromycin base
- erythromycin ethylsuccinate
- E.E.S[®]
- EryC[®]
- Eryped[®]
- erythromycin stearate suspension
- erythromycin stearate
- erythromycin w/sulfisoxazole

QUINOLONES: 2ND & 3RD GENERATION

- Avelox[®]
- Avelox ABC pack[®]
- ciprofloxacin tablet
- Cipro suspension[®]

OTIC QUINOLONES

- Ciprodex[®]
- ofloxacin

TOPICAL ANTIBIOTICS

- Altabax[®]
- mupirocin

ANTIVIRALS

HEPATITIS C**

- Pegasys Conv.Pack^{®**}
- Pegasys^{®***}
- PegIntron^{®**}
- PegIntron Redipen^{®**}

HERPES

- acyclovir tablets
- acyclovir suspension
- Famvir[®]
- Valtrex[®]

INFLUENZA

- amantadine
- amantadine syrup
- Relenza Disk[®]
- rimantadine
- Tamiflu[®]
- Tamiflu suspension[®]

TOPICAL ANTIVIRALS

- Abreva OTC[®]
- Zovirax Oint[®]

ASTHMA - ALLERGY

ANTIHISTAMINES: 2ND GENERATION

GENERATION

- cetirizine solution (PA required, except for children under age 2)
- Claritin tablets OTC[®]
- Claritin tablets- Rapids OTC[®]
- Claritin Syrup OTC[®]
- Claritin-D 12 hr OTC[®]
- Claritin-D 24hr OTC[®]
- loratadine tablet (All OTCs names)
- loratadine tablets- Rapids (All OTCs names)
- loratadine syrup (All OTCs names)
- loratadine D12hr (All OTCs names)
- loratadine D24hr (All OTC names)

BETA₂ ADRENERGIC: SHORT

ACTING METERED-DOSE INHALERS

- Proventil[®] HFA
- Ventolin[®] HFA

BETA₂ ADRENERGICS: LONG

ACTING

- Foradil[®]
- Serevent Diskus[®]

BETA₂ ADRENERGICS FOR

NEBULIZERS

- albuterol sulfate
- metaproterenol
- Xopenex[®]

Bold font indicates drug added since last up-date

® = Registered Trade name

*** A step edit is required for this class**

****Clinical Prior Authorization required**

Within these categories, drugs that are not listed are subject to Prior Authorization.



Virginia Medicaid Preferred Drug List Effective April 1, 2010



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

BETA₂ ADRENERGIC/

CORTICOSTEROID INHALER COMBINATIONS

Advair Diskus[®]
Advair HFA[®]

COPD ANTICHOLINERGICS

Atrovent HFA[®]
Combivent MDI[®]
ipratropium bromide Spiriva[®]

INHALED CORTICOSTEROIDS

AeroBid[®]
AeroBid M[®]
Asmanex[®]
Azmacort[®]
Flovent HFA[®]
Pulmicort Respules[®]
QVAR[®]

INTRANASAL

ANTIHISTAMINES

AstelIn[®]
Astepro[®]

LEUKOTRIENE INHIBITORS

Accolate[®]
Singulair[®]

NASAL STEROIDS

flunisolide
fluticasone
Nasacort AQ[®]
Nasonex[®]

SELF-INJECTABLE EPINEPHRINE

EpiPen[®]
EpiPen[®] Jr

CARDIAC MEDICATIONS

ACE INHIBITORS

benazepril
benazepril HCL/HCTZ
captopril
captopril/HCTZ
enalapril
enalapril/HCTZ
lisinopril
lisinopril/HCTZ

ACE or ARB INHIBITORS

W/ CALCIUM CHANNEL

BLOCKERS

amlodipine/benazepril
(2.5/10, 5/10, 5/20 & 10/20 generic preferred)
Lotrel[®] (5/40 and 10/40 brand preferred)

ANGIOTENSIN RECEPTOR

ANTAGONISTS

Cozaar[®]
Diovan[®]*
Diovan HCT[®]*
Hyzaar[®]

(Once generic Cozaar/Hyzaar are available and there is a financial advantage, a step edit will be placed on this class. Diovan/Diovan HCT will require a step try of generic)

BETA BLOCKERS

acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol fumarate
bisoprolol/HCTZ
carvedilol

labetalol HCL
metoprolol tartrate
metoprolol/HCTZ
nadolol
pindolol
propranolol
propranolol solution
propranolol/HCTZ
Sorine[®]
sotalol
sotalol AF
timolol maleate

CALCIUM CHANNEL

BLOCKERS:

DIHYDROPYRIDINE

Afedtab CR[®]
amlodipine
Dynacirc[®]CR
felodipine ER
nicardipine
Nifediac CC[®]
Nifedical XL[®]
nifedipine
nifedipine ER
nifedipine SA

CALCIUM CHANNEL

BLOCKERS:

NON-DIHYDROPYRIDINE

Cartia XT[®]
Diltia XT[®]
diltiazem ER
diltiazem HCL
diltiazem XR
Taztia XT[®]
verapamil
verapamil SA
verapamil 24hr pellets

LIPOTROPICS: BILE ACID

SEQUESTRANTS

cholestyramine light
cholestyramine
Colestid[®] packet
Colestid[®] tablet
colestipol HCl tablet
colestipol HCl packet
Prevalite[®]
WelChol[®]

LIPOTROPICS: CAI

Zetia[®]

LIPOTROPICS: FIBRIC ACID

Antara[®]
gemfibrozil

LIPOTROPICS: NIACIN

DERIVATIVES

Niaspan[®]
Niacor[®]

LIPOTROPICS: NIACIN & STATIN

COMBINATIONS

Simcor[®]*

LIPOTROPICS: OMEGA 3 AGENT

Lovaza[®]*

LIPOTROPICS: STATINS

lovastatin
pravastatin
simvastatin

Bold font indicates drug added since last up-date

® = Registered Trade name

* A step edit is required for this class

**Clinical Prior Authorization required



Within these categories, drugs that are not listed are subject to Prior Authorization.



Virginia Medicaid Preferred Drug List
Effective April 1, 2010

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

LOW MOLECULAR WEIGHT HEPARIN

Lovenox[®]
Fragmin[®]
Arixtra[®]

PDE-5 INHIBITORS - PAH**

Revatio^{®**}

CENTRAL NERVOUS SYSTEM

NON-ERGOT DOPAMINE RECEPTOR AGONISTS

Mirapex[®]
ropinirole HCL

STIMULANTS/ADHD MEDICATIONS

Adderall XR[®]
amphetamine salt combo
Concerta[®]
dextroamphetamine capsule
dextroamphetamine tablet
Dextrostat[®]
Focalin[®]
Focalin XR[®]
Metadate CD[®]
Metadate ER[®]
Methylin tablet[®]
Methylin Chew[®]
Methylin ER[®]
Methylin solution[®]
methylphenidate
methylphenidate SA/SR
Ritalin LA[®]
Strattera[®]
Vyvanse[®]

SEDATIVE HYPNOTIC

chloral hydrate Syrup
estazolam
flurazepam
temazepam
triazolam

OTHER SEDATIVE HYPNOTIC*

Rozeren^{®*}
zolpidem

DERMATOLOGIC ACNE AGENTS

COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN

Duac CS[®]

ACNE AGENTS: TOPICAL RETINOLIDS

Differin[®] cream 1%
Differin[®] gel 1% & 0.3%
Epiduo[®]
Retin-A Micro[®]
Retin-A Micro Pump[®]
tretinoin

TOPICAL AGENTS FOR PSORIASIS

calcipotriene
Dovonex[®]
Psoriasis[®]

ENDOCRINE AND METABOLIC AGENTS ANDROGENIC AGENTS

Androderm[®]
Androgel[®]
Testim[®]

INJECTABLE HYOGLYCEMICS

LONG-ACTING INSULINS

Levemir Vial
Lantus[®] Vial
Levemir[®] Pen

RAPID-ACTING INSULINS

Humalog[®] Vial
Humalog[®] Cartridge
Humalog[®] Pen
Novolog[®] Vial
Novolog[®] Cartridge
Novolog[®] Flexpen Syringe

INSULIN MIX

Humalog[®] Mix 75/25 Vial
Novolog[®] Mix 70/30 Vial
Novolog[®] Mix 70/30 Pen
Humalog[®] Mix 75/25 Pen
Humalog[®] Mix 50/50 Vial
Humalog[®] Mix 50/50 Pen

INSULIN 70/30

Humulin[®] 70/30 Vial
Novolin[®] 70/30 Vial
Humulin[®] 70/30 Pen

INSULIN N

Humulin[®] N Vial
Novolin[®] N Vial
Humulin[®] N Pen

INSULIN R

Humulin[®] R Vial
Novolin[®] R Vial

ORAL HYOGLYCEMICS ALPHAGLUCOSIDASE INHIBITORS

Glyset[®]
Precose[®]

ORAL HYOGLYCEMICS: BIGUANIDES

metformin
metformin ER

ORAL HYOGLYCEMICS: BIGUANIDE COMBINATIONS

Actoplus Met[®]
Avandamet[®]
glipizide-metformin
glyburide-metformin

ORAL HYOGLYCEMICS: DPP-IV INHIBITORS AND COMBINATIONS

Januvia[®]
Janumet[®]

ORAL HYOGLYCEMICS: MEGLITINIDES

Starlix[®]

Bold font indicates drug added since last up-date

® = Registered Trade name

* A step edit is required for this class

**Clinical Prior Authorization required



Within these categories, drugs that are not listed are subject to Prior Authorization.

Virginia Medicaid Preferred Drug List
Effective April 1, 2010



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

ORAL HYPOGLYCEMICS: 2ND

GENERATION

SULFONYLUREAS

glimepiride
glipizide
glipizide ER
glyburide
glyburide micronized

ORAL HYPOGLYCEMICS:

THIAZOLIDINEDIONES

Actos[®]
Avandia[®]

GASTROINTESTINAL

HISTAMINE-2 RECEPTOR

ANTAGONISTS (H-2RA)

famotidine
ranitidine
ranitidine syrup

PROTON PUMP

INHIBITORS *

omeprazole (No PA req. under 12)
Prilosec[®] OTC
Prevacid[®] (No PA req. under 12)
Prevacid[®] suspension (No PA req. under 12)
Prevacid[®] solutab (No PA req. under 12)
Protonix[®] *

ULCERATIVE COLITIS (5-ASA) RECTAL

Canasa[®] suppository
mesalamine enema

GENITOURINARY

ALPHA BLOCKERS FOR

BPH

Flomax[®]

ANDROGEN

HORMONE

INHIBITORS

Avodart[®]
finasteride

URINARY

ANTISPASMODICS

Detrol[®] LA
Enablex[®]

oxybutynin tablet

oxybutynin syrup

Oxytrol[®] Transdermal

Sanctura[®]

Sanctura XR[®]

VESIcare[®]

IMMUNOLOGIC

AGENTS

SELF ADMINISTERED

DRUGS FOR RHEUMATOID

ARTHRITIS

Enbrel[®]

Humira[®]

MULTIPLE SCLEROSIS

AGENTS

Avonex[®]
Avonex[®] Adm Pack
Betaseron[®]
Copaxone[®]
Rebif[®]

TOPICAL

IMMUNOMODULATORS**

Elidel[®]**
Protopic[®]**

OPHTHALMIC

ANTIBIOTIC: QUINOLONES

ciprofloxacin drops

ofloxacin drops

Quixin[®]

Vigamox[®]

Zymar[®]

ANTIHISTAMINES

Alaway OTC[®]

ANTI-INFLAMMATORY

Acular[®]

Acular LS[®]

diclofenac sodium drops

flurbiprofen sodium drops

Nevanac[®]

Xibrom[®]

GLAUCOMA: ALPHA-2

ADRENERGICS

Alphagan P[®]

brimonidine tartrate

Iopidine[®]

GLAUCOMA: BETA-BLOCKERS

betaxolol HCl

Betimol[®]

Betoptic S[®]

carteolol HCl

Combigan[®]

levobunolol HCl

metipranolol

timolol maleate drops

timolol maleate Sol-Gel

GLAUCOMA: CARBONIC

ANHYDRASE INHIBITORS

Azopt[®]

Cosopt[®]

Trusopt[®]

GLAUCOMA : PROSTAGLANDIN

ANALOGS

Travatan[®]

Travatan Z[®]

Xalatan[®]

MAST CELL STABILIZERS

Alamast[®]

Alocril[®]

Alomide[®]

cromolyn

OSTEOPOROSIS

BISPHOSPHONATES

alendronate tablet

Fosamax[®] Solution

CALCITONINS

Fortical[®]

Miacalcin[®]

Bold font indicates drug added since last up-date

® = Registered Trade name

*** A step edit is required for this class**

****Clinical Prior Authorization required**

Within these categories, drugs that are not listed are subject to Prior Authorization.

MISCELLANEOUS

ELECTROLYTE DEPLETERS

Fosrenol[®]
Phoslo[®]
Renagel[®]

GROWTH HORMONE**

Genotropin[®] **
Nutropin[®] **
Nutropin AQ[®] Vial **
Nutropin AQ[®] Cartridge **
NuSpin[™] **

ORAL AGENTS FOR GOUT

allopurinol

SEROTONIN RECEPTOR AGONISTS (Triptans)

Imitrex[®] Cartridge
Imitrex[®] Nasal
Imitrex[®] Pen Kit
Imitrex[®] Tablet
Imitrex[®] Vial
Maxalt[®]
Maxalt-MLT[®]

HEMATOPOIETIC AGENTS

Epogen[®]
Procrit[®]
Aranesp[®]

PROGESTINS FOR CACHEXIA

megestrol acetate



Virginia Medicaid Preferred Drug List Effective April 1, 2010

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

NOTE:

- Fax requests receive a response within 24 hours.
- For urgent requests, please call.
- Not all medications listed are covered by all DMAS programs. Check individual program coverage.

For program drug coverage information, visit the following:

www.dmas.virginia.gov

Or

<http://virginia.fhsc.com>

MAXIMUM QUANTITY LIMITS (TABLE 1)

The following are maximum quantity limits per fill for select drug classes. The “days supply” entered on the POS claim should follow the prescriber’s directions. Pharmacy providers will receive a claim denial when these quantity limits are exceeded. The First Health Clinical Call Center can be reached at 1-800-932-6648 to answer questions regarding these quantity limits. New additions to the maximum quantity limit program effective for April 1, 2010 are bolded.

Brand Name	Generic Name	Qty Limit/Rx	Recommended Dosage*
Anti-emetic Agents			
Anzemet® 50 mg tab	Dolasetron	10 tabs	100 mg 1 hour prior to chemo
Anzemet® 100 mg tab		10 tabs	
Emend® 40 mg tab	Aprepitant	4 tabs	125 mg 1 hour prior to chemo, then 80 mg daily days 2 and 3
Emend® 80 mg tab		2 tabs	
Emend® 125 mg tab		1 tab	
Emend® Tripack		1 pack	
Kytril® 1 mg tab	Granisetron	10 tabs	2 mg daily on chemo days
Sancuso® 34.3 mg Transdermal system		2 systems	34.3 mg system up to 7 days depending on the chemo regimen
Zofran® 4 mg tab	Ondansetron	15 tabs	24 mg daily on chemo days in divided doses. Multi-day single dose 24 mg has not been studied.
Zofran® 8 mg tab		15 tabs	
Zofran® ODT 4 mg tab		15 tabs	
Zofran® ODT 8 mg tab		15 tabs	
Zofran® 24 mg tab		1 tab	
Anti-migraine Agents			
Amerge® 1 mg tab	Naratriptan	9 tabs	1 to 2.5 mg ORALLY; may repeat once after 4 hr, MAX 5 mg/24 hr
Amerge® 2.5 mg tab		9 tabs	
Axert® 6.25 mg tab	Almotriptan	6 tabs	6.25 to 12.5 mg ORALLY, may repeat after 2 hr, MAX 2 doses/24 hr
Axert® 12.5 mg tab		6 tabs	
Frova® 2.5 mg tab	Frovatriptan	12 tabs	2.5 mg ORALLY, may repeat after 2 hr, MAX 7.5 mg/24 hr
Imitrex® 25 mg tab	Sumatriptan	18 tabs	25 to 100 mg ORALLY, repeat after 2 hr, MAX 200 mg/24 hr
Imitrex® 50 mg tab		18 tabs	
Imitrex® 100 mg tab		9 tabs	
Maxalt® 5 mg tab	Rizatriptan	12 tabs	5 to 10 mg ORALLY; may repeat after 2 hr, MAX 30 mg/24 hr
Maxalt® 10 mg tab		12 tabs	
Maxalt-MLT® 5 mg tab		12 tabs	
Maxalt-MLT® 10 mg tab		12 tabs	
Zomig® 2.5 mg tab	Zolmitriptan* <i>(requires a PDL PA)</i>	8 tabs	2.5 mg ORALLY; may repeat after 2 hr, MAX 10 mg/24 hr
Zomig® 5 mg tab		8 tabs	
Zomig-ZMT® 2.5 mg tab		8 tabs	
Zomig-ZMT® 5 mg tab		8 tabs	
Relpax® 20 mg tab	Eletriptan* <i>(requires a PDL PA)</i>	6 tabs	20 to 40 mg ORALLY; may repeat after 2 hr; MAX single dose 40 mg; MAX daily dose 80 mg
Relpax® 40 mg tab		6 tabs	

Brand Name	Generic Name	Qty Limit/Rx	Recommended Dosage*	
Narcotics				
Actiq® 200 mcg lozenge	Fentanyl <i>(Generic patches require PDL PA)</i>	136 lozenges	4 lozenges per day	
Actiq® 400 mcg lozenge		136 lozenges		
Actiq® 600 mcg lozenge		136 lozenges		
Actiq® 800 mcg lozenge		136 lozenges		
Actiq® 1200 mcg lozenge		136 lozenges		
Actiq® 1600 mcg lozenge		136 lozenges		
Duragesic® 12 mcg/hr patch		15 patches	1 patch every 72 hours	
Duragesic® 25 mcg/hr patch		15 patches		
Duragesic® 50 mcg/hr patch		15 patches		
Duragesic® 75 mcg/hr patch		15 patches		
Duragesic® 100 mcg/hr patch		15 patches		
Duragesic® 100 mcg/hr patch		15 patches		
Opiate Dependence				
Suboxone® 2 mg		Buprenorphine and Naloxone	102 tablets	16 mg/day; range: 4-24 mg/day
Suboxone® 8mg	102 tablets			
Subutex® 2 mg	Buprenorphine	102 tablets	16 mg/day; range: 4-24 mg/day	
Subutex® 8mg		102 tablets		
Postherpetic Neuralgia Pain				
Lidoderm® 5% patches	Lidocaine Patch 5% <i>(requires a PDL PA beginning July 2010)</i>	90 patches	Up to 3 patches may be applied in a single application. Patch may remain in place for up to 12 hours in any 24-hour period.	

*In addition to maximum quantity limits, some products may have prior authorization requirements.



Virginia Medicaid
DOSE OPTIMIZATION
Prior Authorization Request Form

The intent of this initiative is to use the optimum dose of a product to fill a prescription. An example of this is to use one 10 mg Abilify® tablet instead of two 5mg Abilify® tablets to fill a prescription. If the quantity submitted on the claim exceeds the allowable units for a 34-day supply then the claim will reject with an error message of “*Quantity Exceeds Maximum of 34 - Physician Call 1-800-932-6648*”. In order for patients to receive more than a 34-day supply for these drugs, it will be necessary for the prescriber to complete and fax or mail this prior authorization request to First Health Services.

Use this form to request prior authorization for medications that are part of the Dose Optimization initiative.
The full list of medications restricted to the dose optimization initiative can be found on page 2.

Prescribing Physician: _____ **Patient:** _____
Name: _____ Name: _____

Phone # _____ Medicaid ID #: _____

Fax #: _____ Date of Birth: _____ Sex: _____

Pharmacy (if known): _____ **Phone:** _____ **&/or FAX:** _____

Drug Requested: _____ **Strength & Frequency:** _____ **Length of therapy:** _____

Please answer the following questions, as applicable, to obtain an approval for a PA:

1. Has the patient tried less frequent dosing but was not able to tolerate due to adverse effects?
If so, list the dose attempted and the failure. _____
2. Does the patient dose require a quantity greater than 34 and this is the only way for the patient to get the prescribed daily dose? (i.e., Abilify® 4 mg daily – patient would need two (2) x 2 mg tablets).
Please list the dose. _____
3. The patient has a specific indication that requires higher than normal dosing.
Please list the specific indications. _____
4. Does the patient require 1 and ½ tablets (instead of using 2 different strengths)? Yes or No
5. Is the patient dose in the process of being titrated? If so, please give the timeframe that the titration is expected to last. _____
6. Is the patient receiving Risperdal® for Schizophrenia? If so, please indicate. _____
7. Please indicate other reason(s) why a PA is requested. _____

Comments:

Prescriber Signature: _____ **Date of this request:** _____

- Once this Fax form is received by First Health a response will be sent to the requesting physician within 24 hours.
- 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.
- This form should be used only for Dose Optimization request and cannot be used for PA requests for any other programs such as weight loss drugs, step edit or PDL.

Brand Name	Generic Name	Limitations
Abilify [®] 2 mg, 5 mg, 10 mg, 15 mg, 20 mg	aripiprazole	1 tablet / daily
Aciphex[®] 20 mg	rabeprazole sodium	2 tablets / daily
Adderall [®] XR 5 mg, 10 mg, 15 mg	amphetamine; dextroamphetamine	1 capsule / daily
Adderall [®] XR 20 mg, 25 mg, 30 mg		2 capsules / daily
Avinza[®] 30 mg, 60 mg, 90 mg, 120 mg	morphine sulfate ER	1 capsule / daily
Byetta[®]	exenatide	1 pen / 28 days
Concerta [®] 18 mg, 27 mg, 54 mg	methylphenidate	1 tablet / daily
Concerta [®] 36 mg	methylphenidate	2 tablets / daily
Daytrana[®] 10 mg, 15 mg, 20 mg, 30 mg patches	methylphenidate	1 patch / daily
Effexor[®] XR. 37.5 mg, 75 mg	venlafaxine HCL ER	1 capsule / daily
Elidel[®] cream	pimecrolimus	30 grams / month
Enbrel[®] 25 mg, 50 mg	etanercept	8 units / month
Focalin[®] XR 5 mg, 10 mg, 15 mg, 20 mg, 30 mg	dexmethylphenidate	1 capsule / daily
Janumet[®] 50/500 mg, 50/1000 mg	metformin & sitagliptin	2 tablets / daily
Januvia[®] 25 mg, 50 mg, 100 mg	sitagliptin	1 tablet / daily
Kadian[®] 10, 20, 30, 50, 60, 80, 100, 200 mg	morphine sulfate ER	2 tablets / daily
Lexapro [®] 5 mg, 10 mg	escitalopram	1 tablet / daily
Metadate[®] CD 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	methylphenidate ER	1 capsule / daily
Nexium[®] 10 mg, 20 mg, 40 mg	esomeprazole	2 capsules / daily
OxyContin[®] 10 mg, 15 mg, 20 mg, 30 mg, 40 mg , 60 mg, 80mg	oxycodone	3 tablets / daily
Prevacid[®] 15 mg, 30 mg caps, disint. tabs	lansoprazole	2 capsules / daily
Prilosec[®] OTC 20 mg	omeprazole	4 tablets / daily
Protonix[®] 20 mg, 40 mg	pantoprazole	2 tablets / daily
Protopic[®] ointment	tacrolimus	30 grams / month
Provigil[®] 100 mg, 200 mg	modafinil	1 tablet / daily
Ritalin[®] LA 10 mg, 20 mg, 30 mg, 40 mg	methylphenidate HCL ER	1 capsule / daily
Risperdal [®] 0.25 mg, 0.5 mg, 1 mg, 2 mg	risperidone	1 tablet / daily
Seroquel[®] XR 150 mg, 200 mg	quetiapine fumarate ER	1 tablet / daily
Strattera [®] 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, 100 mg	atomoxetine	1 tablet / daily
Victoza[®]	liraglutide	1 pkg / 28 days
Vyvanse[®] 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	lisdexamfetamine	1 capsule / daily
Zyprexa [®] 2.5 mg, 5 mg, 7.5 mg, 10 mg	olanzapine	1 tablet / daily
Zyprexa [®] Zydys 5 mg, 10 mg	olanzapine	1 tablet / daily

Bolded drugs and drugs strengths are additions to the Dose Optimization Program effective April 1, 2010

Submit requests via phone, fax or mail to: **First Health Services Corp. Tel: 1-800-932-6648**
MAP Department FAX: 1-800-932-6651
4300 Cox Road
Glen Allen, VA 23060

For First Health Use Only			
Comments: _____	_____	_____	_____
Approved	Changed	Denied	Pending
MAP RPh/Tech: _____	_____	_____	_____
NDC: _____	_____	_____	_____
Date of Decisions: _____	_____	_____	_____