



## **Pharmacy and Therapeutics (P&T) Committee Actions**

Virginia Premier's P&T Committee consists of both employee and non-employee physician members and pharmacists from active community and academic-based practices and represents a broad range of medical specialties. The P&T Committee meets regularly to evaluate drugs and develop policy concerning the preferred drug list and drug utilization management. The decisions of the P&T Committee will be communicated in the Virginia Premier Provider Relations Newsletter, this website and individual provider mailings as necessary.

The goal of the formulary is to provide clinically efficacious, safe, and cost-effective pharmacological therapies based on prospective, concurrent and retrospective peer reviewed medical literature. Drugs or medications not on our formulary can be reviewed through the Prior Authorization process.

In addition, for Medallion 4.0, Virginia Premier's formulary follows the Department of Medical Assistance Services (DMAS) Common Core Formulary (CCF). Virginia Premier must cover all drugs on DMAS's CCF without any additional restrictions. The Common Core Formulary is a list giving details of drugs that may be prescribed to Medicaid members. The Common Core Formulary includes all the preferred drugs on DMAS' Preferred Drug List (PDL). Preferred drugs are those that are available to members without prior authorization. The goal of the formulary is to provide clinically efficacious, safe, and cost-effective pharmacological therapies based on prospective, concurrent and retrospective peer reviewed medical literature. Drugs or medications not on our formulary can be reviewed through the Prior Authorization process.

## **Product Selection Criteria**

The Virginia Premier's P&T Committee will consider all FDA approved drugs for inclusion on the formulary. EnvisionRx' clinical team conducts a search of the medical literature, evaluates published data from clinical trials, and develops comprehensive drug evaluation summary documents. The drug evaluation documents are developed with the aid of a wide range of resources including, but not limited to: primary literature, clinical practice guidelines, and FDA-approved package inserts. The drug evaluation documents include, at a minimum:

Summary of the pharmacology

- Safety
- Efficacy
- Dosage
- Mode of administration
- Relative place in therapy of the medication
- Approved indications
- Adverse effects
- Comparison Studies
- Medical outcome and pharmacoeconomic studies

On a quarterly basis, Virginia Premier's P&T Committee will review formulary recommendations, by drug class, clinical changes and new to market drugs. The Committee utilizes these opportunity to ensure adherence to previously established formulary placement recommendations, and to recommend any additional changes to ensure that the formulary is clinically appropriate.

## **Editor**

Your comments and suggestions regarding the formulary are encouraged. Your input is vital to this formulary. All responses will be reviewed and considered. Please send your comments to:

Medical Director  
Virginia Premier Health Plan, Inc.  
PO Box 5307

Richmond, VA 23220-0307  
Email: [PharmacyMedicaid@vapremier.com](mailto:PharmacyMedicaid@vapremier.com)

## **Pharmacy Services Mission Statement**

To provide pharmaceutical products and clinical services in keeping with the highest quality of patient care by incorporating the principles of Quality Management in the most cost effective manner.

## **The Virginia Premier Preferred Drug List**

### ***Preface:***

The Virginia Premier Health Plan Inc. Preferred Drug List is a combination of open and closed therapeutic classes. Unless exceptions are noted, generally all applicable dosage forms and strengths of the drug cited are on the preferred drug list.

The Virginia Premier Health Plan pharmacy benefit is administered by EnvisionRx. Prior Authorization requests should be faxed to EnvisionRx. Requests that cannot be approved through EnvisionRx may be reviewed by Virginia Premier Clinical Staff.

### **Generic Substitution**

Generic substitution is the process by which a generic equivalent is dispensed rather than the brand name product. If a medication becomes generically available thereafter, the generic equivalent version of the medication should be dispensed. If the provider determines that a specific brand is medically necessary, then the written prescription must have the physician's own handwriting indicating this. If this is done by the provider, it cannot be overridden with a generic substitution.

### **Prior Authorizations**

Medications requiring prior authorization and excluded medications desired for the appropriate medical management of a patient may be requested by:

- Calling EnvisionRx at **855-872-0005**
- Faxing your request to EnvisionRx at **877-503-7231**

NOTE: Members who have previously received medication(s) requiring a prior authorization may receive up to a five (5) day supply of the medication(s) pending the authorization process.

### **DESI Drugs**

DESI drugs are those drugs first marketed between 1938 and 1962 that were approved as safe but required no showing of effectiveness for FDA product approval. Virginia Premier does not pay for DESI classified drug products and identical, similar or related products or combinations of these products; they are excluded at benefit design.

### **Therapeutic Interchange**

Therapeutic interchange is defined as the substitution of a drug that contains different active ingredients but has a similar mechanism of action and adverse event profile to the drug that was initially prescribed. This process occurs after consultation and agreement between prescriber and pharmacist has been reached.

### **Over The Counter Medicine (OTC)**

Most essential and routine generic over-the-counter (OTC) medications are a covered benefit. **Virginia Premier Health Plan covers the following OTC drugs and supplies when they are prescribed in writing by a participating provider. This list is subject to change.**

#### **Over the Counter Medications covered:**

- Generic oral analgesics for pain relief
- Generic oral antipyretics for fever control

- Generic ferrous sulfate
- Generic antacids
- Generic antidiarrheals
- Generic antifungals (topical and vaginal)
- Generic scabicides and Pediculicides
- Generic Calcium Supplements
- Generic cough and cold products
- Generic antihistamines
- Generic antihistamine/decongestants
- Generic anti-ulcer
- Generic laxatives
- Generic prenatal vitamins
- Generic topical corticosteroids
- Generic vitamins & minerals
- Generic nicotine replacement therapy
- Insulin
- Insulin syringes
- Blood Glucose Diagnostics
- Glucometers
- Urines tests
- Lancets

### **Virginia Premier FAMIS**

FAMIS members may receive up to a 90-day supply of medication. Prescription copays are indicated on the member's enrollment card. If a generic is available, and the member refuses to take a generic, the member must pay the copay plus 100% of the difference between the brand and the allowable charge of the generic.

**OTC medications are not a covered benefit for FAMIS members except Omeprazole, Loratadine, Cetirizine, Ketotifen and Permethrin.**

### **Important Contact Information**

#### **EnvisionRx**

Phone: **855-872-0005**

Fax: **877-503-7231**

Hours: 24 hours daily

#### **Virginia Premier**

Phone: 800-727-7536

Hours: M-F 8a-8p