TO: All Prescribing Providers, Pharmacists, and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

FROM: Jennifer S. Lee, M.D., Director Department of Medical Assistance Services (DMAS) DATE: 6/10/2019

SUBJECT: 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 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 (DUR) Board.

The PDL/Common Core Formulary is a list of preferred drugs, by select therapeutic class, for which the Medicaid FFS 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 and FAMIS Plus FFS populations, non-dual eligible members covered under the CCC Plus program, and Medicaid 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.virginiamedicaidpharmacieservices.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.

Updates to the Pharmacy Provider Manual regarding PDL changes are forthcoming. Additionally, comments and questions about this program can be emailed to pdlinput@dmas.virginia.gov.

Medicaid Expansion
New adult coverage begins January 1, 2019. Providers will use the same web portal and enrollment verification processes in place today to verify Medicaid expansion coverage. In ARS, individuals eligible in the Medicaid expansion covered group will be shown as “MEDICAID EXP.” If the individual is enrolled in managed care, the “MEDICAID EXP” segment will be shown as well as the managed care segment, “MED4” (Medallion 4.0), or “CCCP” (CCC Plus). Additional Medicaid expansion resources for providers can be found on the DMAS Medicaid Expansion webpage at: http://www.dmas.virginia.gov/#/medex.
<table>
<thead>
<tr>
<th>PROVIDER CONTACT INFORMATION &amp; RESOURCES</th>
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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.virginiameteraid.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 |
| **KEPRO**  
Service authorization information for fee-for-service members. | https://dmas.kepro.com/ |

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<tr>
<th><strong>Managed Care Programs</strong></th>
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<tr>
<td>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.</td>
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<tr>
<td><strong>Medallion 4.0</strong></td>
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<td><strong>CCC Plus</strong></td>
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<td><strong>PACE</strong></td>
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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: VAPrviderQuestions@MagellanHealth.com, or call: 1-800-424-4046 |

| **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 |