



Editor

Your comments and suggestions regarding this Clinical Preferred Drug List are encouraged. Your input is vital to this Clinical Preferred Drug List's continued success. All responses will be reviewed and considered. Please send your comments to:

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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 Express Scripts. Prior Authorization requests should be faxed to Express Scripts. Requests that cannot be approved through Express Scripts will 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.

Pharmacy and Therapeutics (P&T) Committee

Actions: Closed Class List

This Preferred Drug List includes Closed Classes whereby only the drugs listed with the classes are covered. Drugs or medications not on our Preferred Drug List can be reviewed through the Prior Authorization process. Decisions for non-specialty drugs selected for the closed classes are made by the Express Scripts Pharmacy & Therapeutics (P&T) Committee. The Express Scripts National P&T Committee consists of non-employee physician members and pharmacist 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, Epocrates and individual provider mailings as necessary. The goal of the preferred drug list is to provide clinically efficacious, safe, and cost-effective pharmacological therapies based on prospective, concurrent and retrospective peer reviewed medical literature.

Product Selection Criteria

The Express Scripts P&T Committee will consider all non-specialty FDA approved drugs for inclusion on the Preferred Drug List. Express Scripts' 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 an annual basis, the National P&T Committee will review the final formulary recommendations, by drug class, for the upcoming plan year. The Committee utilizes this opportunity to ensure adherence to previously established formulary placement recommendations, and to recommend any additional changes to ensure that the formulary is clinically appropriate.

Prior Authorizations

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

Express Scripts at **800-417-8164**

Or by faxing your request to:

Express Scripts at **800-357-9577**

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

Important Contact Information

Physician Prior Authorization: 800-417-8164

Fax: 800-357-9577

Hours: 24 hours daily

Transmission Errors: 800-824-0898

Hours: 24 hours daily

Member Eligibility:

Richmond: 800-289-4970

Hours: M-F 9am – 1am

Tidewater: 800-828-7989

Hours: 24 hours daily

Roanoke: 888-338-4579

Hours: 24 hours daily

Smoking Cessation: Fax: 800-827-7192

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.

Member Prescription Benefit Plans:

Virginia Premier Medallion II

Medallion II member may receive up to a 34 day supply of medication without a copay.

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:**

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.