



## **Virginia Premier Individual Plans 2020 Comprehensive Formulary (List of Covered Drugs)**

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 9/1/2020. For more recent information or other questions, please contact Virginia Premier Individual Plans Member Services, at 1-833-672-8075 or, for TTY users, 711, Monday – Friday 7 am to 7 pm; Saturday 8 am to 3 pm, or visit [www.virginiapremier.com/individual-family](http://www.virginiapremier.com/individual-family).

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## What is the Virginia Premier Individual Plans' Formulary?

A formulary is a list of covered drugs selected by Virginia Premier Individual Plans (Virginia Premier) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Virginia Premier will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Virginia Premier network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Age Limits:** Virginia Premier limits the ages around certain drugs. This means that you [or your physician] will need to get approval from Virginia Premier before you fill your prescriptions if you are not within the ages limit. If you don't get approval, Virginia Premier may not cover the drug.
- **Gender Restriction:** Virginia Premier restricts certain drugs to gender specific. This means that you [or your physician] will need to get approval from Virginia Premier before you fill your prescriptions if you are not within the gender specific guidelines. If you don't get approval Virginia Premier may not cover the drug.
- **Prior Authorization:** Virginia Premier requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Virginia Premier before you fill your prescriptions. If you don't get approval, Virginia Premier may not cover the drug.
- **Quantity Limits:** For certain drugs, Virginia Premier limits the amount of the drug that Virginia Premier will cover. For example, Virginia Premier provides 30 capsules per prescription for Linzess Oral Capsules 72 MCG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Virginia Premier requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Virginia Premier may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Virginia Premier will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site at [www.virginiapremier.com/individual-family](http://www.virginiapremier.com/individual-family).

## What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services at 833-672-8075 and ask if your drug is covered. If you learn that Virginia Premier does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Virginia Premier. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Virginia Premier.
- You can ask Virginia Premier to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the Virginia Premier Formulary?**

You can ask Virginia Premier to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Virginia Premier limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Virginia Premier will only approve your request for an exception if the alternative drugs would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

If there is a restriction for your drug, it usually means that you or your provider will have to take extra steps in order for us to cover the drug. If you want us to waive the restriction for you, you will need to use the coverage decision process and ask us to make an exception.

You should contact us to ask for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

For more information about how to request a coverage determination visit our Web Site, [www.virginiapremier.com/individual-family](http://www.virginiapremier.com/individual-family) or contact our member services at 833-672-8075.

## **How Much Will My Prescriptions Cost?**

Your pharmacy benefit and the medications listed in the formulary are assigned a "TIER." There are six (6) tiers in the Formulary. Generally, the higher the "TIER," the higher your cost will be. Carefully review your Schedule of Cost Shares and Benefits to ascertain if you have a pharmacy benefit and/or any pharmacy benefit limitations.

## **How Can I Obtain My Prescriptions?**

In most cases, your prescriptions are covered only if they are filled at the plan's network pharmacies. A network pharmacy is a pharmacy that has a contract with the plan to provide your covered prescription drugs. The term "covered drugs" means all prescription drugs that are covered on our plan's formulary.

For certain kinds of drugs, you can use the plan's network mail-order services. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.

To find a network pharmacy, you may look in your *Provider & Pharmacy Directory*, visit our website ([www.virginiapremier.com/individual-family](http://www.virginiapremier.com/individual-family)), or call Member Services (phone numbers are printed on the back cover of this booklet).

You may go to any of our network pharmacies. If you switch from one network pharmacy to another, and you need a refill of a drug you have been taking, you can ask to have your prescription transferred to your new network pharmacy.

## List of Abbreviations

### Status

- **T1** = Tier 1 Preferred Generic
- **T2** = Tier 2 Non-Preferred Generic
- **T3** = Tier 3 Preferred Brand
- **T4** = Tier 4 Non-Preferred Brand
- **T5** = Tier 5 Specialty
- **T6** = Tier 6 Preventative

### Notes

- **AL** = Must meet Age Limit
- **GR-F** = Gender Restriction (Female Only)
- **GR-M** = Gender Restriction (Male Only)
- **PA** = Prior Authorization
- **QL** = Quantity Limit
- **ST** = Step Therapy

Drug Name	Status	Notes
<b>&lt;Therapeutic Category Name 1&gt;</b>		
<Drug Name 1, Dosage Form A, Strength A>	<Tier 1>	<Util. Mgmt.>
<Drug Name 3, Strength A>	<Tier 4>	<Util. Mgmt.>
<b>&lt;Therapeutic Category Name 2&gt;</b>		
<Drug Name 3, Dosage Form A, Strength A >	<Tier>	<Util. Mgmt.>
<Drug Name 4>	<Tier>	<Util. Mgmt.>

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*You can find information on what the symbols and abbreviations on this table mean by going to the List of Abbreviations on page V*



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## Multi-Language Insert Multi-Language Interpreter Services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-833-672-8075 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-672-8075 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-833-672-8075 (TTY: 711) 번으로 전화해주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Xin gọi số 1-833-672-8075 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-833-672-8075 (TTY: 711)。

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-833-672-8075 (الهاتف النصي (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, may mga magagamit kang libreng serbisyo ng tulong sa wika. Tumawag sa 1-833-672-8075 (TTY: 711).

توجه: اگر بہ زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره 1-833-672-8075 (TTY: 711) تماس بگیرید.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-833-672-8075 > (መስማት ለተሳናቸው፡ 711)።

توجه دیں: اگر آپ اردو بولتے ہیں تو، زبان سے متعلق اعانت کی خدمات، آپ کے لیے مفت دستیاب ہے۔ 1-833-672-8075 (TTY: 711) پر کال کریں۔

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-833-672-8075 (ATS: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-833-672-8075 (линия ТТУ: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-833-672-8075 (TTY: 711) पर कॉल करें।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-833-672-8075 (TTY: 711).

মনোযোগ দিন: আপনি যদি বাংলাতে কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-877-739-1370 (TTY: 711)।

YI LE: I balè u pot tila hop won ngim bod i kobol mahop i la hola wè ni hop won, u saa béé to yom. Sébél 1-833-672-8075 (TTY: 711).

GENU NTI: Ọ buru na ina asu asusu Igbo, enyemaka na-ahazi asusu, bu n'efu, diri gi mgbe niile. Kpoo nomba ndi a 1-833-672-8075 (TTY: 711).

AKIYESI: Bi o ba nsò èdè Yorùbá, ọfé ni iranlọwọ lori èdè wa fun yin. Ẹ pe ẹrọ-ibanisọrọ yi 1-833-672-8075 (TTY: 711).

## Notice of Non-Discrimination

Virginia Premier Health Plan, Inc. (Virginia Premier) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Virginia Premier does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Virginia Premier:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services 1-833-672-8075, TTY: 711.

If you believe that Virginia Premier has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a complaint with:

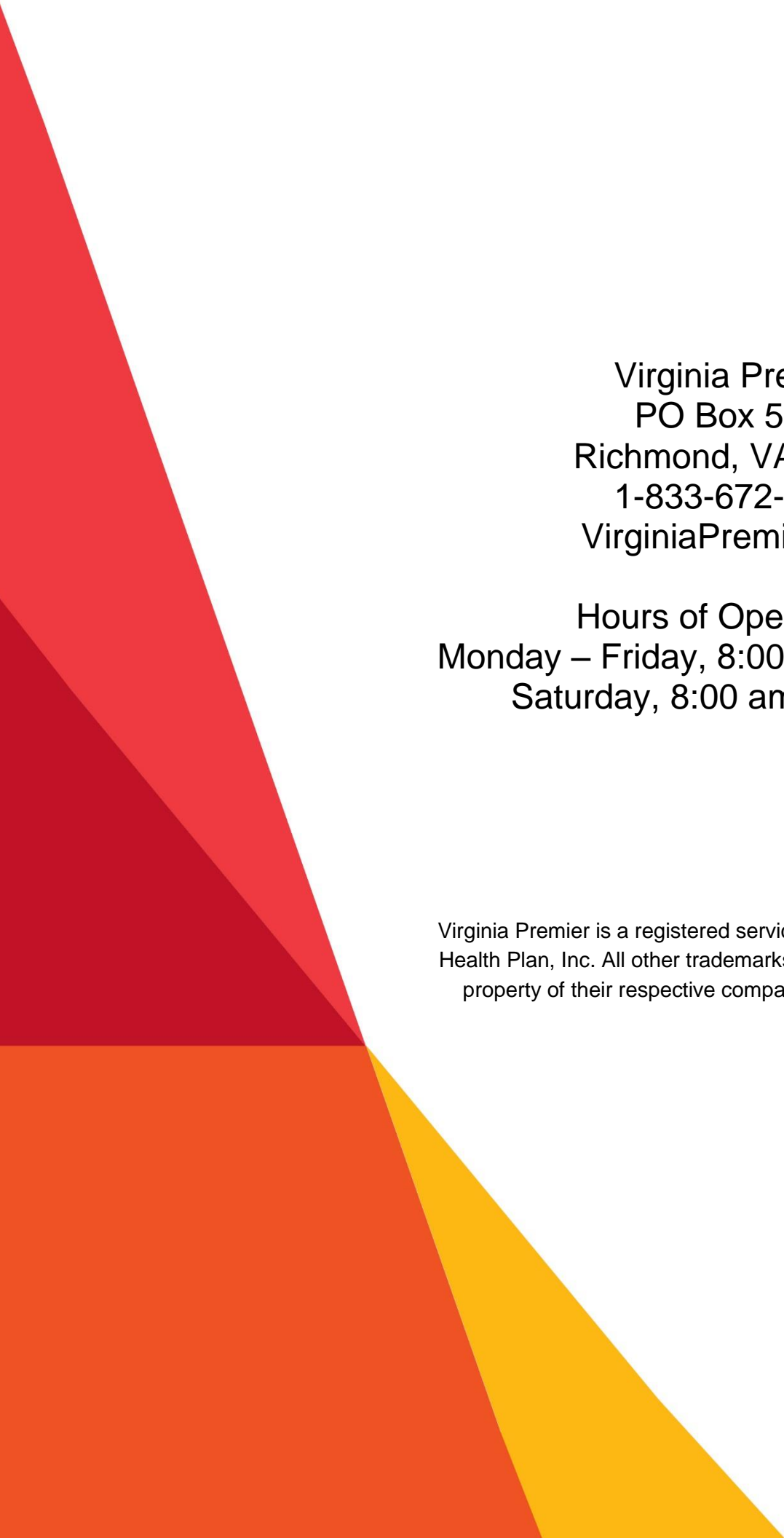
Virginia Premier Individual Plans  
Attn: Complaints & Appeals Manager  
P.O. Box 5547  
Richmond, VA 23220-0547  
1-833-672-8075, TTY: 711  
Fax: 1-877-240-4214  
[complaintsandappeals@viriniapremier.com](mailto:complaintsandappeals@viriniapremier.com)

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, the Complaints & Appeals Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Virginia Premier  
PO Box 5547  
Richmond, VA 23220  
1-833-672-8075  
VirginiaPremier.com

Hours of Operations  
Monday – Friday, 8:00 am to 6:00 pm;  
Saturday, 8:00 am - 2:00 pm

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