

VIRGINIA PREMIER HEALTH PLAN, INC.

PROVIDER NOTIFICATION

New: Pharmacy Benefits Manager changes from Express Scripts to EnvisionRxOptions effective July 1, 2012.

Effective July 1, 2012, EnvisionRxOptions will administer the prescription drug benefits for Virginia Premier Members. Envision is committed to providing significant pharmacy benefit savings, excellent management and superior customer service while providing clarity, integrity and accountability in pricing, discounts and management.

Providers should call the EnvisionRxOptions/Virginia Premier dedicated customer service line at: 1-855-872-0005 or fax requests to 1-877-503-7231; to initiate Prior Authorization requests, or for any additional questions or concerns. The EnvisionRxOptions customer service team is available 24 hours, 7 days a week.

While the transition should be transparent to our membership, we will be issuing new cards with the PBM information for pharmacies.

Effective July 1, 2012, members must use the new ID card. The old ID card must be destroyed and not used after June 30, 2012.

Virginia Premier has modified the new Preferred Drug ("PDL"). The new PDL will be effective July 1, 2012 and can be downloaded off the Virginia Premier web site www.virginiapremier.com or off of Epocrates Online at <https://online.epocrates.com>. If you are unable to download the PDL, please contact VPHP's network development department at 800-727-7536, option 6.

Changes to the member ID card are:

- Rx Benefit Manager Name Change to EnvisionRxOptions
- Rx Bin #: 009893
- Rx PCN: ROIRX
- Phone number for pharmacy/prescription questions, please call 1-855-872-0005.

Pharmacy:

- Pharmacy phone number for pharmacy/prescription questions: please call EnvisionRxOptions at 1-855-872-0005.

VA Premier
Health Plan, Inc.

Name:
DOB:
ID#:
Effective:

PCP SPC RXS

RxBin#: 009893
RxPCN#: ROIRX
RxGroup#: V7HA

EnvisionRxOptions
Pioneers in Transparency

RxBin# change

RXPCN# change

RX Benefit Manager
Name Change to
EnvisionRxOptions

Members:

1. If medical assistance is needed when your doctor's office is closed, please call: **VPHP Nurseline 1-800-256-1982**
2. Do not let anyone else use this card. Call VA Premier to report a lost or stolen card. **If you lose your eligibility for health benefits, this card is no longer valid.**
3. If you have questions, call the Member Services Department, Monday - Friday, 8:00 a.m. - 5:00p.m. **Richmond: (804-819-5151)** or (1-800-289-4970) **Tidewater (757-461-0064)** or (1-800-828-7953) **Roanoke (540-344-8838)** or (1-888-338-4579).
4. If you have questions about your prescriptions or pharmacies, please call EnvisionRxOptions at 1-855-872-0005.

Call at least 72 hours in advance for medical transportation Mon.-Fri., 8:00a.m. - 5:00p.m.

Providers: For Authorizations, please contact our UM Department
1-888-251-3063. Pharmacists may call 1-855-872-0005.

HMO Claims Address:
Virginia Premier Health Plan Inc. P.O. Box 5207 • Richmond, VA 23220-0208



VA Premier Richmond
P.O. Box 5307
Richmond, Virginia 23220-0307

VA Premier Roanoke
4910 Valley View Blvd., NW
Suite 202
Roanoke, Virginia 24008

VA Premier Tidewater
5029 Corporate Woods Drive
Virginia Beach, VA 23462

VA Premier Harrisonburg
2322 Bluestone Hills Drive
Suite 220
Harrisonburg, VA 22801

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Effective July 1, 2012, Virginia Premier will be working with a new company, EnvisionRxOptions to manage pharmacy services, including prescription drug benefit. EnvisionRxOptions' Pharmacy and Therapeutics Committee has a list of recommended medications called a formulary. The formulary lists all preferred brand and generic medications. EnvisionRxOptions' chooses drugs for the formulary after a complete review of safety and effectiveness for these products.

Below is a list of the drugs added and changed on the formulary.

FORMULARY CHANGE IMPACT EFFECTIVE JULY 1, 2012

Currently on Formulary, Adding PA Requirement:

- Oxycodone-ER, (Oxycontin®) - **PA Required**
- Butorphanol Nasal Spray - **PA Required**
- Opana-ER® - **PA Required**

Formulary Additions with Specific Clinical Criteria:

- Methylphenidate ER (Generic Concerta®) 18, 27, 36, & 54 mg
 - o QL 1 per day except for 36 mg = 2 per day. MADD = 72 mg
- Premarin® Vaginal Cream
 - o **For ages less than 8 only.**
 - o **For 8 and older, PA Required**
- Incivek® Formulary with PA
- Intuniv® Formulary with Step Edit
- Savella® Formulary with PA
- Ventolin® Inhaler - Formulary
 - o **No PA Required**
- Lansoprazole ODT
 - o **For ages less than 12**