Wyoming
Department
of Health

Division of Healthcare Financing

Medicaid Pharmacy News

Dear Providers: March 27, 2014

PRESCRIPTION DRUG ASSISTANCE PLAN CHANGES

The Prescription Drug Assistance Plan (PDAP), which is the plan that covers only three prescriptions per month per client, has implemented or will be implementing the following changes:

- Hemophilia agents are currently not covered by PDAP,
- Effective April 30, 2014, Sovaldi and opioid narcotics, including Suboxone and buprenorpine, will no longer be covered by PDAP, and
- Effective April 30, 2014, the copay for generic medications will change to $25 per prescription.

ORAL BUPRENOPHINE/NALOXONE & BUPRENORPHINE

Effective immediately, oral buprenorphine/naloxone and buprenorphine sublingual tablets and films will no longer be covered if the directions indicate they are to be split or cut. Splitting or cutting oral buprenorphine/naloxone and buprenorphine is not recommended by the manufacturer as the dose is not distributed evenly in the product, the stability of the product after cutting or splitting cannot be verified, and it creates a greater risk that a child may ingest the product.

BRING TO DR'S OFFICE

Per the Wyoming Medicaid Pharmacy Provider Manual, a prescription's days supply must equal the quantity of drug dispensed divided by the daily dose prescribed. All prescriptions written with "**Bring to Dr. Office"** directions *MUST* be verified with the prescribing entity in order to obtain an actual dosing regimen for day supply calculation. This must be documented on the prescription hard copy. For example, if a pharmacy is filling a prescription for Stelara and the directions say "Bring to Office for Injection," it is not permissible to bill Stelara for a one day supply. It should be billed for the day supply according to the dosage regimen. A prescription claim will be subject to subsequent recovery and further audit proceedings if the pharmacy has not taken appropriate action to obtain and document on the prescription the actual dosing directions given by the practitioner.

MISCELLANEOUS

- **Trokendi XR** – is limited to its approved FDA indication of seizures.
- **Opsumit** – is non-preferred and will require a diagnosis of pulmonary hypertension, verification of right heart catheritization, and justification as to why the preferred agents (Letairis and Tracleer) are not appropriate treatment.
- **Fetzima** – is non-preferred, limited to a maximum daily dose of 180mg per day, and will require a 6 week trial venlafaxine ER capsules AND a 6 week trial of one other preferred antidepressant (mirtazapine, bupropion ER/SR/XL, citalopram, escitalopram, fluoxetine capsules, paroxetine IR/CR, or sertraline).
- **Sovaldi** – requires prior authorization.
- **Farxiga** – requires a 90 day trial and failure of metformin and a 90 day trial and failure of Invokana within the last 12 months.