



EqualityCare Pharmacy News

January 21, 2011

COMPOUND CLAIM REMINDER

The GHS Helpdesk has received calls from many pharmacies for assistance with compound claims. This is a reminder that pharmacies have until **FEBRUARY 1, 2011**, to work with the GHS Helpdesk (877-209-1264) to submit compounds correctly. After **FEBRUARY 1, 2011**, all compound claims billed to Wyoming EqualityCare incorrectly are subject to **FULL RECOVERY**. **ANY PRESCRIPTION** that is dispensed as a compound must be submitted as a **multi-ingredient** compound claim to ensure the accuracy of the EqualityCare client’s profile. If it is found that a claim was not submitted as a compound though the prescription was written as a compound, recovery is possible. Also, any EqualityCare clients that are turned away from an EqualityCare pharmacy provider because the pharmacy did not want to or know how to bill for a compound claim could be terminated as an EqualityCare pharmacy provider.

A **Compound Training Sheet** was faxed to pharmacies on November 29, 2010, and is available at <http://wyequalitycare.org/>. Any questions concerning compounds should be directed to the GHS Helpdesk (877-209-1264).

QUANTITY/DAY SUPPLY

A prescription’s day supply must match the SIG on the prescription; this must equal the quantity of drug dispensed divided by the daily dose prescribed. ***If the day supply exceeds Wyoming EqualityCare limits and the medication is a package size that can’t be broken (i.e. injectable product, etc.), contact the GHS Helpdesk (877-209-1264) to request an override.***

Exceptions to the rule are when it is clinically appropriate (i.e. USP Standard, blood thinners, food products, diaper/incontinence, products, etc.). EqualityCare reserves the right to make the final determination of the appropriateness to this exception.

DOSING LIMIT CHANGES

Effective **FEBRUARY 2, 2011**, Adderall (Dextroamphetamine and Amphetamine) immediate release max dose will be 60mg/day.

STATE MAXIMUM ALLOWABLE COST (SMAC) – HEMOPHILIA AGENTS & SYNAGIS

Effective **FEBRUARY 2, 2011**, Wyoming EqualityCare will implement SMAC prices on hemophilia agents and Synagis (see below for a list of medications). The State Maximum Allowable Cost (SMAC) is the maximum allowable cost the State of Wyoming will pay for medications. Please see page two and three for a list of the corresponding SMAC prices that will be in effect.

- Advate
- Alphanate
- Alphanine
- Bebulin
- Benefix
- Kogenate
- Monoclate
- Mononine
- Novoseven
- Profilnine
- Feiba
- Helixate
- Hemofil
- Humate
- Koate
- Recombinate
- Riastap
- Synagis
- Wilate
- Xyntha

**Wyoming Medicaid
State Maximum Allowable Cost (SMAC) List - PROPOSED
Effective 02-02-2011**

Drug Generic Name	Drug Name	Current Wyoming SMAC	New Proposed Wyoming SMAC
ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1750-3250	FEIBA NF 1,750-3,250 UNIT VIAL		1.43000
ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1750-3250	FEIBA VH IMMU 1,750-3,250 UNIT		1.43000
ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 400-850 U	FEIBA NF 400-850 UNIT VIAL		1.43000
ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 400-850 U	FEIBA VH IMMUNO 400-850 UNITS		1.43000
ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 651-1200 U	FEIBA NF 651-1,200 UNIT VIAL		1.43000
ANTI-INHIBITOR COAGULANT COMPLEX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 651-1200 U	FEIBA VH IMMUNO 651-1,200 UNIT		1.43000
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS KIT 1000 (+/-)	XYNTHA 1,000 UNIT KIT		1.09847
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS KIT 2000 (+/-)	XYNTHA 2,000 UNIT KIT		1.09847
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS KIT 250 (+/-)	XYNTHA 250 UNIT KIT		1.09847
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS KIT 500 (+/-)	XYNTHA 500 UNIT KIT		1.09847
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)	ADVATE 801-1,200 UNITS VIAL		1.03000
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)	ADVATE 1,201-1,800 UNITS VIAL		1.03000
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)	ADVATE 1,801-2,400 UNITS VIAL		1.03000
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)	ADVATE 200-400 UNITS VIAL		1.03000
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3000 (+/-)	ADVATE 2,400-3,600 UNITS VIAL		1.03000
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE) INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)	ADVATE 401-800 UNITS VIAL		1.03000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)	HELIXATE FS 1,000 UNIT VIAL		0.95000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)	KOGENATE FS 1,000 UNITS VIAL		0.99000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)	RECOMBINATE 801-1,240 UNIT VL		1.02000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)	RECOMBINATE 1,241-1,800 UNIT V		1.02000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)	HELIXATE FS 2,000 UNIT VIAL		0.95000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)	KOGENATE FS 2,000 UNIT VIAL		0.99000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2000 (+/-)	RECOMBINATE 1,801-2,400 UNIT V		1.02000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)	HELIXATE FS 250 UNIT VIAL		0.95000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)	KOGENATE FS 250 UNIT VIAL		0.99000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (+/-)	RECOMBINATE 220-400 UNIT VIAL		1.02000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3000 (+/-)	HELIXATE FS 3,000 UNITS VIAL		0.95000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 3000 (+/-)	KOGENATE FS 3,000 UNITS VIAL		0.99000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)	HELIXATE FS 500 UNIT VIAL		0.95000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)	KOGENATE FS 500 UNIT VIAL		0.99000
ANTIHEMOPHILIC FACTOR, HUM REC INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)	RECOMBINATE 401-800 UNIT VIAL		1.02000
ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 1000 (+/-)	KOATE-DVI 1,000 UNITS KIT		0.68720
ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 1000 (+/-)	MONOCLATE-P 1,000 UNITS KIT		0.60000
ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 1500 (+/-)	MONOCLATE-P 1,500 UNITS KIT		0.60000
ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 250 (+/-)	KOATE-DVI 250 UNIT KIT		0.68720
ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS KIT 500 (+/-)	KOATE-DVI 500 UNITS KIT		0.68720
ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1701-2000	HEMOPIL M 1,701-2,000 UNITS VL		0.76000
ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 220-400 U	HEMOPIL M 220-400 UNITS VIAL		0.76000
ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 401-800 U	HEMOPIL M 401-800 UNITS VIAL		0.76000

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Drug Generic Name	Drug Name	Current Wyoming SMAC	New Proposed Wyoming SMAC
ANTIHEMOPHILIC FACTOR,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 801-1700 U	HEMOPIL M 801-1,700 UNITS VIAL		0.76000
ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 1000-2400	HUMATE-P 2,400 UNIT VWF:RCO		0.80000
ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 250-800 U	HUMATE-P 600 UNIT VWF:RCO		0.80000
ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 450-450	WILATE 450-450 UNIT KIT		1.10400
ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 500-1200 U	HUMATE-P 1,200 UNIT VWF:RCO		0.80000
ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS KIT 900-900	WILATE 900-900 UNIT KIT		1.10400
ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (400)	ALPHANATE 1,000-400 UNIT VIAL		0.79000
ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (600)	ALPHANATE 1,500-600 UNIT VIAL		0.79000
ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 250 (100)	ALPHANATE 250-100 UNIT VIAL		0.79000
ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (200)	ALPHANATE 500-200 UNIT VIAL		0.79000
ANTIHEMOPHILIC FACTOR,HUMAN/VON WILLEBRAND FACT,HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1 MG	NOVOSEVEN RT 1,000 MCG VIAL		1.39000
COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1200MCG	NOVOSEVEN 1,200 MCG VIAL		1.17560
COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2 MG	NOVOSEVEN RT 2,000 MCG VIAL		1.39000
COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 2400MCG	NOVOSEVEN 2,400 MCG VIAL		1.17560
COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 4800 MCG	NOVOSEVEN 4,800 MCG VIAL		1.17560
COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 5 MG	NOVOSEVEN RT 5,000 MCG VIAL		1.39000
COAGULATION FACTOR VIIA RECOMB INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 8 MG	NOVOSEVEN RT 8,000 MCG VIAL		1.39000
FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)	PROFILNINE SD 1,000 UNITS VIAL		0.62220
FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)	PROFILNINE SD 1,500 UNITS VIAL		0.62220
FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)	PROFILNINE SD 500 UNITS VIAL		0.62220
FACTOR IX COMPLEX HUMAN INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 700 (+/-)U	BEBULIN VH IMMU 200-1,200 UNIT		0.94350
FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 1000 UNIT	BENEFIX 1,000 UNIT VIAL		0.83750
FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 2000 UNIT	BENEFIX 2,000 UNIT VIAL		0.83750
FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 250 UNIT	BENEFIX 250 UNIT VIAL		0.83750
FACTOR IX HUMAN RECOMBINANT INTRAVENOUS KIT 500 UNIT	BENEFIX 500 UNIT VIAL		0.83750
FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)	ALPHANINE SD 1,000 UNITS VIAL		0.74000
FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1000 (+/-)	MONONINE 1,000 UNITS VIAL		0.83000
FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 1500 (+/-)	ALPHANINE SD 1,500 UNITS VIAL		0.74000
FACTOR IX INTRAVENOUS VIAL (SDV,MDV OR ADDITIVE) (EA) 500 (+/-)	ALPHANINE SD 500 UNITS VIAL		0.74000
FIBRINOGEN INTRAVENOUS EACH 900-1300MG	RIASTAP VIAL		0.87200
PALIVIZUMAB INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 100 MG/ML	SYNAGIS 100 MG/1 ML VIAL		2083.00000
PALIVIZUMAB INTRAMUSCULAR VIAL (SDV,MDV OR ADDITIVE) (ML) 50MG/0.5ML	SYNAGIS 50 MG/0.5 ML VIAL		1091.04000