



Medicaid Pharmacy News

Dear Providers:

September 6, 2011

VENLAFAXINE EXTENDED RELEASE CAPSULES AND TABLETS

Effective January 1, 2012 **Venlafaxine extended release (ER) capsules will be preferred**, while **the Venlafaxine ER tablets will become non-preferred**. Currently both products are preferred, however dients who are taking the ER tablets will be asked to switch over to the capsule formulation after January 1, 2012. In addition any clients who have a prior authorization in place for the Venlafaxine ER tablets will also be switched to capsules.

QUANTITY BILLING ISSUES

PLEASE BE AWARE...

Changes in drug files, manufacturer pack size values, and software limitations/conversions are resulting in medications quantities (i.e. cetirizine syrup, SMZ-TMP suspension, azithromycin suspension, triamcinolone ointment, etc) being transmitted incorrectly. For example, 200ml of SMZ-TMP suspension is dispensed to a client, the pharmacy enters 200ml in the quantity field, and the quantity billed to Wyoming Medicaid is converted 202.959ml. This "conversion" results in either underpayment to the pharmacy or overpayment by Medicaid.

Wyoming Medicaid requires the quantity of medication dispensed to a client(s) to **exactly match** the quantity billed to Medicaid. Claims billed to Medicaid for a quantity which does not exactly match what was dispensed to the client are subject to recovery and possibly further Program Integrity actions. Please work with your software vendors to correct this issue if you are one of the pharmacies experiencing this issue.

USE OF EMERGENCY SUPPLY OVERRIDES

In the event of an emergency, the pharmacy is authorized to dispense up to a seventy-two (72) hour emergency supply. An emergency supply may only be used twice for each drug per month. A dispensing fee will not apply. Please refer to the payer sheet for instructions for PA code type and PA number field. Use of the emergency supply for non-emergency situations, to override the PA process, or to bypass plan limitations will result in recovery of daim payment and possibly further Program Integrity actions.

TRAMADOL AND CARISOPRODOL

Effective July 1, 2011, tramadol and carisoprodol became Schedule IV controlled substances in Wyoming. All pharmacies will now be required to follow the Wyoming Controlled Substances Act, Rules and Regulations requirements for a controlled substance when filling prescriptions for these medications. This includes limiting **ALL** prescriptions (even those received before July 1st) to **6 months from the date the prescription is written, only allowing 5 refills, and only being able to transfer those prescriptions once**.

TUBERCULOSIS PLAN

As of August 8, 2011, Goold Health Systems has begun to process claims for Tuberculosis (TB) clients. Co-payments for clients covered under this plan will be zero dollars (\$0) for generic, brand, and compounded medications. The formulary for this plan will include **only** the following medications:

Product Description
ISONIAZID (INH)
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LIQUID INH
RIFAMPIN (RIF)
RIFAMPIN (RIF)
PYRAZINAMIDE (PZA)
ETHAMBUTOL (EMB)
ETHAMBUTOL (EMB)
LEVOFLOXACIN (LEVAQUIN)
LEVOFLOXACIN (LEVAQUIN)
MOXIFLOXACIN (AVELOX)

MEDICAID THIRD PARTY LIABILITY (MEDICARE PART D)

Wyoming Medicaid will cost avoid third party liability (TPL) claims for Medicare Part D plans. According to the Centers for Medicare and Medicaid Services (CMS), "the ***Medicaid program by law is intended to be the payer of last resort***; that is, all other available third party resources must meet their legal obligation to pay claims before the Medicaid program pays for the care of an individual eligible for Medicaid". Therefore, when billing claims to a client who is eligible for both Medicare Part D and Medicaid, due diligence should be used to bill the claim to Medicare Part D first. Please note that for dual eligible clients the Medicaid formulary is limited. Please call the GHS pharmacy help desk with any questions about billing for clients with TPL at 877-207-1126.

ANTIPYRINE/BENZOCAINE OTIC FORMULATIONS

Effective October 12, 2011, all brand antipyrine/benzocaine otic formulations will be considered non-preferred agents and will require a 5 day trial of a preferred agent before a prior authorization for the brand formulations will be approved. Non-preferred agents will include Auralgan, Treagan, and Otic Edge. The preferred agents will be considered any generic antipyrine/benzocaine formulation, which include the aurodex and antipyrine/benzocaine otic solution.

NATIONAL INVOICE SURVEY BY CMS/MYERS & STAUFFER

The Center for Medicare and Medicaid Services (CMS) recently announced that Myers and Stauffer, LC has been awarded a contract entitled "Survey of Retail Prices: Payment and Utilization Rates, and Performance Rankings." This contract was awarded after a thorough national search for a well-qualified vendor. The purpose of the Survey of Retail Prices is to develop a monthly survey of retail community pharmacy prescription drug prices and the generation of publicly available pricing files. The anticipation is that these files will afford State Medicaid agencies with a valid array of covered outpatient drug information, regarding retail prices for the ingredient costs of prescription drugs and consumer purchase prices for such drugs. Wyoming Medicaid will provide information regarding this survey through newsletters as the information is made available by CMS or Myers and Stauffer.

MISCELLANEOUS (Effective 10/12/2011 unless otherwise noted)

- Generic **levofloxacin tablets will be preferred** and brand name **Levaquin will be non-preferred**. If you have stocked the brand name Levaquin for Medicaid patients and need to use up your current stock, please call the GHS pharmacy help desk at 877-207-1126 for assistance with this matter.
- Inhale epinephrine products, including Primatene inhalers, will **no longer be covered**.
- Omeprazole **tablets** will **no longer be covered**.
- Promethazine 50mg suppositories will **require prior authorization**.
- Ondansetron 24mg tablets will **require prior authorization**.
- **AS OF AUGUST 31, 2011, Acthar gel will require prior authorization.**

PREFERRED UREA AND SALICYLIC ACID PRODUCTS (Effective 10/12/2011)

THERAPEUTIC CATEGORY	PREFERRED AGENTS	NON-PREFERRED AGENTS
TOPICAL UREA	Kerafoam Aerosol 30% Remeven Cream 50% Umecta PD Emulsion 40/0.3% Umecta PD Suspension 40/0.3% Uramaxin Aerosol 20% Uramaxin Cream 45% Uramaxin Gel 45% Uramaxin GT Solution 45% Uramaxin Lotion 45% urea hydration aerosol 35% urea emulsion 50% urea nail suspension 40% urea suspension 50% X-Viate Cream 40%	All other topical urea formulations
TOPICAL SALICYLIC ACID	Aliclen Shampoo 6% Salacyn Cream 6% Salacyn Lotion 6% Salicylic Acid Shampoo 6%	All other topical salicylic acid formulations

PREFERRED PRENATAL VITAMIN PRODUCTS (Effective 10/12/2011)

PREFERRED AGENTS	NON-PREFERRED AGENTS
BP MULTINATL TAB PLUS COMPLETE-RF CO-NATAL FA ELITE-OB FOLIVANE-OB INATAL ULTRA LACTOCAL-F MARNATAL-F MAXINATE NATAFORT O-CAL PRENAFIRST PRENAPLUS PRENATABS RX PRENATAL 19/CHEWABLE PRENATAL LOW IRON PRENATAL PLUS/FE SE-CARE/CHEWABLE SELECT-OB CHEWABLE SE-NATAL 19/CHEWABLE SE-NATAL 90 SE-NATAL ONE TARON-BC TARON-EC CAL TRIMESIS RX TRINATAL RX TRINATE TRI RX TRIVEEN-U VINATE II VINATE AZ VINATE C VINATE CAL VINATE IC VINATE M VINATE ONE VINATE ULTRA VITASPIRE VOL-TAB RX VOL-PLUS	ALL OTHER PRENATAL VITAMINS INCLUDING OVER- THE-COUNTER FORMULATIONS