



# Medicaid Pharmacy News

Dear Providers:

July 23, 2012

## CIPRODEX

As a reminder, Ciprodex otic solution is a non-preferred agent. The preferred otic agents are Cortisporin otic solution, neomycin/polymyxin B sulfates/hydrocortisone otic suspension, and ofloxacin otic solution. Pharmacies should attempt to contact prescribers when they receive prescriptions for Ciprodex for Wyoming Medicaid clients to inform the prescriber of the preferred agents and try to obtain a new prescription for a preferred agent. If Ciprodex is medically necessary per the prescriber, a prior authorization will be required prior to approval, thus contacting the prescriber as soon as possible will help expedite this process. If an emergency situation does arise, please contact the GHS pharmacy help desk.

## PEDIATRIC MULTIVITAMIN DAY SUPPLY

Pediatric vitamin claims will now be allowed to process through the Point-of-Sale for up to a fifty (50) day supply without an override from the GHS Pharmacy Help Desk. Please note that Wyoming Medicaid will still require that the prescription's day supply **must** equal the quantity of the drug dispensed divided by the daily dose prescribed.

## QUANTITY/DAY SUPPLY

A prescription's day supply must match the directions on the prescription and therefore must equal the quantity of drug dispensed divided by the daily dose prescribed. ***If the day supply exceeds Wyoming Medicaid limits and the medication is a package size that can't be broken (i.e. injectable product, etc.), contact the GHS Pharmacy Help Desk (877-209-1264) to request an override.*** Wyoming Medicaid reserves the right to determine the appropriateness of such a request.

## SE-DONNA PB HYOS ELIXIR

The Food and Drug Administration (FDA) has determined that Se-Donna PB Hyos Elixir (NDC 13925-0158) is less than effective and subject to DESI NOOH (DESI 597, 48 FR 20495). Therefore, the appropriate DESI code for this drug is a code of 5 (i.e., less than effective/IRS drug for all indications). As a result, this drug is no longer eligible for coverage under the Medicaid Drug Rebate Program and will no longer be covered by Wyoming Medicaid.

## ISOMETHEPTENE-DICHLORAL-ACETAMINOPHEN CAPSULES

The FDA has classified products with the ingredients contained in Isometheptene-Dichloral-Acetaminophen (IDA) capsules (NDC 44183-0440) as less than effective/IRS drug for all indications, DESI code 5. As a result, this drug is no longer eligible for coverage under the Medicaid Drug Rebate Program and will no longer be covered by Wyoming Medicaid.

## **MEDICAID FRAUD HOTLINE**

Please note that Wyoming Medicaid has a new phone number to report provider and client fraud. To report any and all fraudulent activity with Wyoming Medicaid, please call **1-855-846-2563**.

## **MISCELLANEOUS**

- **Kalydeco** – Requires a prior authorization and will only be approved for clients with cystic fibrosis, specifically with the G551D genetic mutation.
- **Korlym** – Requires a prior authorization and will only be approved for clients with a diagnosis of hyperglycemia secondary to hypercortisolism in adult patients with Type 2 diabetes or glucose intolerance that have failed surgery or are not surgery candidates.
- **Oxecta** – Requires prior authorization and will only be approved for those clients with a history of opiate abuse or those that are at high risk for opiate abuse.
- **Rectiv** – Requires prior authorization and will only be approved after a trial and failure of the commercially available generic nitroglycerin ointment.
- **Zioptan** – Requires a prior authorization and will only be approved for clients that cannot tolerate the products with preservatives.