



# EqualityCare Pharmacy News

Dear Providers:

January 4, 2010

Recent Wyoming DUR recommendations have been approved by the Department of Health Office of Pharmacy Services and will be implemented in various therapeutic drug categories. There are **MANY** changes that will take effect **JANUARY 6, 2010**; please refer to the enclosed Preferred Drug List (PDL)/Clinical Criteria; in addition, the PDL and Prior Authorization forms are available online at [www.wyequalitycare.org](http://www.wyequalitycare.org).

## NEW THERAPEUTIC CATEGORIES/PREFERRED DRUG LIST CHANGES (Effective 01/06/2010)

THERAPEUTIC CATEGORY	PREFERRED MEDICATIONS
ANALGESICS – LONG ACTING NARCOTICS (CIIs)	fentanyl patches, morphine sulfate <b>Note: BRAND Duragesic is no longer preferred. However, to allow pharmacies time to adjust their inventory, clients may receive brand Duragesic until 02/02/2010.</b>
ANALGESICS – SHORT ACTING NARCOTICS (CIIs)	codeine sulfate, hydromorphone, morphine sulfate, oxycodone, oxycodone/APAP, oxycodone/ASA
ANTIDEPRESSANTS	STEP 1: bupropion ER/SR, citalopram, fluoxetine, paroxetine IR, sertraline, mirtazapine 15mg, 30mg, 45mg STEP 2: bupropion XL, Lexapro, paroxetine CR, venlafaxine ER STEP 3: Aplenzin, Cymbalta, Effexor XR, Pristiq <b>Note: Brand Wellbutrin XL is no longer a Step 2 antidepressant.</b>
DIABETES AGENTS	acarbose, Actos, glimeperide, glipizide, glyburide, metformin, Starlix
DIABETES AGENTS REQUIRING CLINICAL CRITERIA	Byetta, Januvia, and Onglyza will require a 90-day trial of metformin <b>and</b> no concomitant use of insulin.
FIBROMYALGIA AGENTS	STEP 1: amitriptyline, cyclobenzaprine STEP 2: Savella STEP 3: Cymbalta, Lyrica
HEPATITIS C-INTERFERONS	Pegasys
INSOMNIA AGENTS	zaleplon, zolpidem <b>Note: Lunesta is no longer preferred.</b>
MESALAMINE AGENTS	Apriso, Asacol, Pentasa (250mg only)
MIGRAINE AGENTS	Maxalt MLT, sumatriptan <b>Note: Maxalt and Relpax are no longer preferred.</b>
MULTIPLE SCLEROSIS	Avonex, Betaseron, Copaxone, Rebif
OSTEOPOROSIS BISPHOSPHONATE	alendronate, Boniva
OSTEOPOROSIS NASAL CALCITONIN	calcitonin-salmon, Fortical
PROTON PUMP INHIBITORS	omeprazole, Kapidex <b>Note: Prevacid, Protonix, and Prilosec OTC are no longer preferred.</b>
STIMULANTS	ADDERALL XR, Vyvanse, amphetamine salts combo, dextroamphetamine, Strattera, Concerta, Focalin XR, methylin ER, methylphenidate ER/CR/SR, methylin (tabs), methylphenidate, FOCALIN. <b>Note: BRAND FOCALIN is preferred.</b>
TRAMADOL AGENTS	tramadol

## **MISCELLANEOUS INFORMATION: (Effective 1/06/2010):**

- **PROVIGIL** Will be approved for clients  $\geq 16$  years of age with the following diagnosis: narcolepsy, obstructive sleep apnea or shift work sleep disorder. A diagnosis of MS fatigue will require a fatigue severity scale score of 5.0, a 60-day trial of amantadine **and** discontinuation of medications that may contribute to drowsiness and fatigue.  
Non-preferred agents will require a 14-day trial and failure of Provigil prior to approval.
- **STIMULANTS** In addition to the current criteria, stimulants will be approved for clients with the following diagnosis: narcolepsy, obstructive sleep apnea or shift work sleep disorder. A diagnosis of MS fatigue will require a fatigue severity scale score of 5.0, a 60-day trial of amantadine **and** discontinuation of medications that may contribute to drowsiness and fatigue. A diagnosis of depression will require a 6-week trial and failure of an antidepressant (monotherapy) and continued concomitant use of the antidepressant with the stimulant.
- **SYNAGIS** Due to system issues, Synagis claims will continue to receive a "75 PRIOR AUTHORIZATION REQUIRED" reject message. **Pharmacies must contact the GHS Pharmacy Help Desk for an override on ALL Synagis Claims.** As a reminder, Synagis is limited to **5 doses per season** and each dose must be at least a **28-day** supply or greater.
- **MEDICAL FOODS** Will no longer be covered; this includes the following medications: ALLANTEX, CALAFOL RX, CEREFOLIN/NAC, DEPLIN, FOLAMIN, FOLBALIN, FOLBIC, FOLNATE, FOLTX, FOSTEUM, LIMBREL, MACUTEK, METANX, METHYLFOLATE B6-B12, PROBARIMIN, VITA-RESPA, and ZERVALX.
- **LATE REFILL EDIT "88 REJECT"** Pharmacies will receive a LATE REFILL rejection for clients that fill their maintenance medication(s) late by greater than or equal to 20% of the day supply. For example, if a client filled a 30-day supply of a maintenance medication and did not refill it until 36-days after the previous fill, the claim would reject for the pharmacist to acknowledge the client is filling their medication late.

## **PRESCRIBERS - NEW MISCELLANEOUS PRIOR AUTHORIZATION FORMS:**

Wyoming Medicaid Miscellaneous Prior Authorization (PA) form has been revised and is available online at [www.wyequalitycare.org](http://www.wyequalitycare.org). Please discard any old forms and use these forms immediately for general prior authorization requests. There are no changes to the Brand Name PA Form. Please contact the GHS PA Help Desk at 877-207-1126 if you would like these forms faxed to you.

- Miscellaneous/PA Form: This form is used for most prior authorizations; please refer to the exception below when a Brand Name PA form is required.
- Brand Name PA Form: *Please use only if brand is medically necessary when an A/B rated generic equivalent is available.* This form must be accompanied with a completed FDA MedWatch.