



EqualityCare Pharmacy News

Dear Providers:

February 22, 2010

A. PREFERRED DRUG LIST (PDL) CHANGES (Effective 03/03/2010):

1. **Lexapro**: Due to manufacturer supplemental rebate issues, Lexapro will move back to a Step 3 antidepressant. Prior authorizations that were approved prior to 03/03/2010 will be honored. However, after 03/03/2010, Lexapro will require a 6 week trial of a Step 1 **AND** a Step 2 antidepressant.
2. **Lifetime brand name Prevacid PAs**: Generic Prevacid (Lansoprazole) is currently available. Therefore, all previously approved (lifetime) prior authorizations for brand name Prevacid will be discontinued and will be changed to Lansoprazole. Wyoming EqualityCare has a mandatory generic program (please refer to the Provider Manual). If the brand name Prevacid is medically necessary, the provider can appeal by submitting a prior authorization form and a MedWatch form.
3. **NSAIDs**: Generic Ponstel(mefenamic acid) is currently not available. Therefore, brand name Ponstel requests will require submission of the Brand Name Prior Authorization form, documenting the medical necessity of Ponstel over the generic preferred NSAIDS.

B. DELAYED IMPLEMENTATION:

There was a delay in implementing the following criteria until 02/10/2010. Therefore, some claims (after 2/10/2010) may pay or deny differently than they did previously.

THERAPEUTIC CATEGORY	CRITERIA/UPDATES
ANTIDEPRESSANTS-LEXAPRO	Clinical edits updated.
ARB COMBINATIONS	Exforge/Exforge HCT and Twynsta will require a 14-day trial of an ACE inhibitor.
ASTHMA	Advair (7 and 14-day package), Serevent (14-day package) and Spiriva (5-day package) will be allowed one (1) time per recipient. Note: The limitation does not apply to the 30-day packages.
DIABETES	Preferred agents are acarbose, Actos, glimeperide, glipizide, glyburide, metformin and Starlix. Byetta and Onglyza will require a 90-day trial of metformin and no concomitant use of insulin.
GROWTH HORMONES	Omnitrope is a preferred agent joining Genotropin and Nutropin. All non-preferred agents will require prior authorization.
HEPATITIS C-INTERFERONS	Preferred agent is Pegasys. Peg-Intron will be approved for pediatric patients (aged 18 and under), for retreatment, and for dosage adjustments that cannot be achieved with Pegasys.
MEDICAL FOODS	The following medical foods will no longer be covered: ALLANTEX, CALAFOL RX, CEREFOLIN/NAC, DEPLIN, FOLAMIN, FOLAST, FOLBALIN, FOLBIC, FOLNATE, FOLTX, FOSTEUM, LIMBREL, MACUTEK, METANX, METHYLFOLATE B6-B12, PROBARIMIN, VITA-RESPA, and ZERVALX.
SHORT ACTING NARCOTICS (CIIs) To Be Implemented 02/24/2010	Preferred agents are codeine sulfate, hydromorphone, morphine sulfate, oxycodone, oxycodone/APAP and oxycodone/ASA.
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.

C. WEBSITE ADDITIONS:

1. **Dose Limitation Chart:** A dose limitation chart highlighting the limits placed on many medications and supplies is available at www.wyequalitycare.org.
2. **Additional Prior Authorization criteria not found on the Preferred Drug List (PDL):** A new chart highlighting clinical criteria requirements for additional therapeutic classes (not found on the PDL) is available at www.wyequalitycare.org.
3. **Prior Authorization forms:** New Prior Authorization forms are available at www.wyequalitycare.org.

D. CO-PAY CHANGES (Effective 04/01/2010):

1. **Co-pay changes:** Wyoming EqualityCare will be implementing a new co-payment structure for prescription services. The co-payments charged to EqualityCare clients will be as follows:

Generic medications = \$1.00
Brand Name medications = \$3.00

Please note that the following clients are *exempt* from the co-payment requirement:

Residents of a nursing facility or in swing beds
Pregnant clients
Clients under age twenty-one
Family planning services
Hospice Services

E. MISCELLANEOUS INFORMATION (Effective 03/03/2010):

1. **Late Refill Edit:** A “late refill” edit will be implemented to assist pharmacists with patient compliance. The edit will not cause the claim to reject, but a message will be displayed stating “late refill” when a client fills $\geq 20\%$ of the previous days 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 message will be displayed for the pharmacist to acknowledge the client is filling their medication late.