



EqualityCare Pharmacy News

Dear Providers:

October 29, 2010

Please see below for the following changes to Wyoming EqualityCare:

SYNAGIS® PRIOR AUTHORIZATION PROCEDURE

Wyoming EqualityCare requires a prior authorization for **ALL** Synagis® claims. There is a **separate authorization request** form that is required and it is available on <http://wyequalitycare.org/>. **Requests will be accepted starting November 1, 2010 for a medication start date of November 15, 2010.** Requests will be approved for a max of 5 doses at a dosing interval of not less than 28 days between injections. The provider must sign the request form for the first dose. For each subsequent dose, the client's weight, the medication administration date, and the date of submission must be updated and the provider (or provider's agent) must initial the form. Authorizations for subsequent doses **will not be approved** without that updated information. Wyoming EqualityCare will approve Synagis® prior authorization requests that meet the criteria below. If a client does not meet the criteria, please provide as much information as possible, and those requests will be reviewed by the state on a case by case basis.

- **CHRONIC LUNG DISEASE:** Client is ≤ 24 months of age at start of therapy and has chronic lung disease of prematurity (i.e. bronchopulmonary dysplasia) requiring medication (bronchodilator, diuretic, or chronic corticosteroid therapy) or oxygen within 6 months of the start of RSV season.
- **CONGENITAL HEART DISEASE:** Client is ≤ 24 months of age at start of therapy and has hemodynamically significant congenital heart disease and one or more of the following:
 - Is receiving medication to control congestive heart failure
 - Has a diagnosis of moderate to severe pulmonary hypertension
 - Has a diagnosis of cyanotic heart disease
- **PREMATURITY:**
 - Client is ≤ 12 months of age at the start of RSV season and born at ≤ 28 weeks, 6 days gestational age.
 - Client is ≤ 12 months of age at the start of RSV season and born at 34 weeks, 6 days or less gestational age and has either severe neuromuscular disease or congenital abnormalities, either of which compromise handling of respiratory secretions.
 - Client is ≤ 6 months of age at the start of RSV season and born between 29 weeks, 0 days and 35 weeks, 6 days gestational age.

COUGH AND COLD PRODUCTS

The Wyoming EqualityCare **Pharmacy** Program will begin to cover only the **preferred** cough and cold products that are listed on the Covered Cough and Cold Products Chart available at <http://wyequalitycare.org/>. If a product is not listed, it is considered non-preferred and will not be covered by Wyoming EqualityCare. The tentative effective date is mid November 2010.

PROCEDURE FOR BILLING NEWBORN CHILDRENS' CLAIMS

Pharmacies are not allowed to bill claims for a newborn child to the mother's ID number. All claims must be billed to the child's ID number. In the event that an ID number is not available or unknown, pharmacies should call the GHS pharmacy help desk at (877) 209-1264 to inform them that the ID number is needed. GHS will start the process of obtaining the ID number for the child and GHS will then contact the pharmacy and provide the newborn's ID number for pharmacy claims processing. The pharmacy should allow a seventy-two (72) hour turn around time before receiving the infants ID number. If the situation is an emergency, the pharmacy may dispense a 72 hour emergency supply and bill the supply to the infant's EqualityCare ID number once it is obtained. The pharmacy is not allowed to bill the 72 hour emergency supply to the mother's ID number. Payment will only be made if the newborn is found eligible for EqualityCare Pharmacy services.

COLCHICINE

The Wyoming EqualityCare **Pharmacy** Program has **DISCONTINUED** covering the products below. The Food and Drug Administration (FDA) has determined that the following active single-ingredient oral colchicine NDCs are unapproved new drugs within the meaning of section 201(p) of the Federal Food, Drug, and Cosmetic Act, subject to enforcement action, and cannot be marketed without appropriate FDA approval. According to the FDA, these products do not have approved New Drug Applications; therefore, the NDCs do not meet the definition of a covered outpatient drug as defined in Section 1927(k) of the Social Security Act and are subsequently no longer eligible for inclusion in the rebate program.

PRODUCT NAME	NDC
COLCHICINE 0.6MG	00591-0944
COLCHICINE 0.6MG TAB	00603-3052
COLCHICINE USP	51552-0991

DOSAGE LIMIT CHANGES

The Wyoming EqualityCare **Pharmacy** Program is anticipating implementation of the following dosage limits for the following stimulants listed below. The projected effective date is tentatively mid November 2010.

PRODUCT NAME	MAX DOSAGE (mg/day)
ADDERALL	60
ADDERALL XR (Brand is preferred)	60

PRODUCT NAME	MAX DOSAGE (mg/day)	
	<17 YEARS OF AGE	>17 YEARS OF AGE
FOCALIN XR	45	60