



# EqualityCare Pharmacy News

Dear Providers:

February 18, 2010

## **\*\*\*POINT OF SALE SYSTEM WILL BE UNAVAILABLE MONDAY FEBRUARY 21, 2010 FROM 8PM TO 10PM MST\*\*\***

Please note that the Wyoming Equality Care Pharmacy claims system (Bin: 014293 PCN: WYOPOP) will be unavailable during a system maintenance window from 8-10PM MST. No claims will be allowed to process during this time.

### **COMPOUND CLAIMS**

The Wyoming EqualityCare Pharmacy Program faxed pharmacies a **Compound Training Sheet** on November 29, 2010, allowing pharmacies until **February 1, 2011**, to work with the GHS Helpdesk (877-209-1264) to submit compound claims correctly. Currently, compound claims are being reviewed and claims billed incorrectly to Wyoming EqualityCare will result in **RECOVERY**.

### **TAMIFLU COMPOUNDS**

Due to the shortage of Tamiflu suspension, pharmacies are compounding Tamiflu capsules with Cherry or Ora-Sweet Syrup. The majority of these claims received since February 1, 2011, appear to be billed **incorrectly**. Pharmacies that have billed incorrectly will be receiving a recovery notification letter.

#### **IMPORTANT TIPS:**

- The pharmacy staff should **NOT** select a recipe that is already entered in the system for Tamiflu and Cherry or Ora-Sweet Syrup unless the quantities and NDCs of each ingredient being dispensed match the recipe **exactly**. Choosing a "pre-made" recipe, in which the quantities differ from what is being dispensed, is resulting in claims "converting" the individual ingredient quantities into a percentage of the quantity from the *initial recipe*. For example, the quantities of Tamiflu capsules are being billed as 5.2 capsules and the Syrup is being billed as 25.13ml. **This is incorrect and will result in full recovery of payment. Therefore, we recommend that each time a compound is dispensed that a new recipe be entered if the quantities differ at all.** This will help ensure that claims are not being billed for quantities different than what is dispensed.
- The **Compound Training Sheet**, along with additional compound information, is available at <http://wyequalitycare.org/>.
- Questions concerning compounds should continue to be directed to the **GHS Helpdesk (877-209-1264)**.

## **IMPORTANT REMINDER FOR WYOMING EQUALITYCARE PROVIDERS**

It is each provider's responsibility to verify the person receiving services is the same person listed on the EqualityCare ID card. If necessary, providers should request additional materials such as a driver's license to confirm identification. It is illegal for anyone other than the person named on the EqualityCare ID card to obtain or attempt to obtain services by using the card. Providers who suspect misuse of a card should report the occurrence to either GHS or the Pharmacy Program Integrity Case Manager at 1-800-438-5785.

## **NEW MISCELLANEOUS PRIOR AUTHORIZATION FORM**

The Wyoming Medicaid Miscellaneous Prior Authorization (PA) form has been revised. Please see page two for a copy of this revised form and it is available online at [www.wyomingequalitycare.org](http://www.wyomingequalitycare.org), as well. 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 to have these forms faxed to you.

- Miscellaneous PA Form: This form is used for most prior authorization; 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 by a completed FDA MedWatch form.

**Wyoming Medicaid – Pharmacy Services Program  
PRIOR AUTHORIZATION REQUEST FORM**

FAX completed form to  
**1-866-964-3472**

MAIL: **Goold Health Systems (GHS)**  
P.O. Box 21719  
Cheyenne, WY 82003

PHONE: **1-877-207-1126**  
(For questions or inquiries ONLY)

**Provider must fill in ALL information below. It must be legible, correct and complete or form will be returned.**

Client ID #:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Client's Full Name:	_____								DOB:	_____
Prescriber NPI:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Prescriber's Full Name:	_____								Phone:	_____
Prescriber Address:	_____								Fax:	_____
Pharmacy NPI:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Pharmacy Name:	_____								Phone:	_____

**\*\*To request a client's Control Substance (II-IV) profile, including carisoprodol (Soma) and tramadol (Ultram), contact the Wyoming Board of Pharmacy Prescription Drug Monitoring Program at 307-634-9636 or <http://pharmacyboard.state.wy.us>.**

<b>Drug Name</b> (Only 1 Drug per Form)	<b>Strength</b>	<b>Dosage Instructions</b>	<b>Days Supply</b>	<b>Quantity</b>	<b>Refills</b>
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1. Is this only a dose or quantity change from a previously approved PA?     Yes (go to #2)     No (skip to #3)
2. Can the previously approved PA be cancelled?     Yes (skip to #7)     No (skip to #7)

**Medical Necessity Documentation Required:** (Attach copies of supporting documentation.)

3. Client's Medical Diagnosis \_\_\_\_\_

4. Why is this medication necessary for this client? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What other "preferred" alternatives (**including samples**) have been tried and why they were discontinued. Please include the dates of each trial or explain why the dates are unknown. Please provide as much information as possible. (The Preferred Drug List (PDL) is available at [www.wyqualitycare.org](http://www.wyqualitycare.org)).

<u>Medication</u>	<u>Dates of use</u>	<u>Reason for Discontinuing</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

6. Explain why each untried "preferred" alternative is unsuitable or less desirable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. **Provider Signature:** \_\_\_\_\_ **Date of Submission:** \_\_\_\_\_

*\*MUST MATCH PROVIDER LISTED ABOVE*