Medicaid Pharmacy News

Dear Providers: June 10, 2011

STATE BOARD OF PHARMACY LICENSE REMINDERS

All pharmacies are required to submit their ***CURRENT*** state board of pharmacy licenses to Goold Health Systems (GHS) to prevent their Wyoming EqualityCare provider numbers from being terminated. Please note that the Wyoming State Board of Pharmacy's expiration date for pharmacy licenses is June 30th, and therefore any pharmacy with a Wyoming pharmacy license will need to submit their renewed license to GHS by that date.

USING SAMPLES TO BYPASS PRIOR AUTHORIZATION CRITERIA

It is Wyoming Medicaid's policy that providing samples to Wyoming Medicaid clients as a method to avoid the prior authorization (PA) process ***will not be allowed***. Though a patient may be stabilized on a medication obtained through samples it is no guarantee that a PA request for the sampled medication will be approved. A trial and failure of preferred agents ***can and will be required***.

AUTOMATIC PRESCRIPTION FILLS

All prescription fills must be requested at the time of the fill by the client or their representative. Wyoming Medicaid does not pay for prescriptions filled based on a "cycle", "push", or "auto" filling policy. Any prescriptions filled without a request from a client or their representative will be subject to recovery. Any pharmacy provider with a policy that includes filling prescriptions on a regular date or any type of cyclical procedure will be subject to audit, claim recovery, and possible suspension or termination of the provider agreement.

LONG TERM CEFTIN SUSPENSION UNAVAILABILITY

Due to the long term backorder of generic cefuroxime suspension and no anticipated date of the medication's availability, Wyoming Medicaid will no longer automatically allow overrides for the brand Ceftin. If pharmacies receive a prescription for cefuroxime suspension, the prescriber should be contacted, informed of the shortage, and if possible a new prescription for a similar second generation cephalosporin that is available should be obtained.

COVERAGE OF DIAPERS AND UNDERPADS REMINDER

As a reminder, Wyoming Medicaid ***does cover*** diapers with the following limitations: a maximum of 13 diapers per day and a maximum of a 34 day supply at one time, for clients who are 3 years of age and older. However, underpads, liners, shields, etc. ***are not covered*** by Wyoming Medicaid.

ARTIFICIAL TEARS

Effective July 15, 2011, the Wyoming Medicaid Pharmacy Program will no longer cover any form of artificial tears.

NEW CRITERIA (effective June 15, 2011)

PRODUCT NAME	NEW CRITERIA
BENZACLIN	Requires a diagnosis of acne vulgaris and will only be covered for clients who are ≤20 years of age; will require prior authorization for clients under the age of 12.
BYETTA	Requires a 90 day trial of metformin before approval.
DALIRESP	Requires adjunct therapy for COPD which must include at least one long-acting anti-muscarinic
FRESHKOTE	Requires a 14 day trial and failure of two different over-the-counter agents consisting of at least one artificial tear & lubricant product. The trial should also consist of two separate types of agents. If possible, the trial should include Murine Tears for Dry Eyes as this is the most closely related OTC product to FreshKote.
GILENYA	Requires a trial and failure of one (1) interferon agent AND trial and failure of Copaxone.
KAPVAY	Requires a 14 day trial and benefit of immediate release clonidine before approval.
MAKENA	Not covered through pharmacy.
NATROBA	Requires a trial and failure of both permethrin and lindane before approval.
NEXICLON XR	Must use immediate release clonidine.
NUEDEXTA	Requires a diagnosis of pseudobulbar affect.
RIBAPAK	Must use individual ribavirin tablets.

An updated version of the Preferred Drug List (PDL), effective May 25, 2011, is available at www.wyequalitycare.org. All updated PDLs will be posted at this web address. In addition, for other medications that are not included on the PDL, but that have limitations, the Additional Therapeutic Classes with Clinical Criteria chart and Dosage Limitation list can also be found at www.wyequalitycare.org.

HYOSCYAMINE PRODUCTS

Wyoming Medicaid has **DISCONTINUED** covering the products below. The Food and Drug Administration (FDA) has determined that the following extended release Hyoscyamine products are subject to Federal regulations at 21 CFR 310.502(a)(14), which state that timed-release dosage forms are new drugs within the meaning of section 201(p) of the Federal Food, Drug, and Cosmetic Act, and that such drugs require FDA approval before marketing. According to the FDA, these products do not have approved applications; therefore, CMS has determined that 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.

NDC	PRODUCT NAME
00574-0251	**HYOSCYAMINE SULFATE EXTENDED-RELEASE TABLETS**
13925-0108	**HYOSCYAMINE .375 EXTENDED RELEASE TABLETS**
24486-0602	**HYOMAX SR**
24486-0604	**HYOMAX DT**
43199-0014	**HYOSCYAMINE SULFATE EXTENDED RELEASE TABLETS 0.375MG**
51252-0156	**HYOSCYAMINE SR 0.375MG(100) TAB**
58177-0017	**L-HYOSCYAMINE SULFATE**
58177-0237	**HYOSCYAMINE .375MG**
64125-0110	**HYOSCYAMINE SULFATE 0.375 MG ER TABLETS**
64543-0112	**SYMAX SR**
64543-0118	**SYMAX DUOTAB**
68032-0251	**HYOSCYAMINE SULFATE 0.125 MG IR, HYOSCYAMINE SULFATE 0.25 MG SR**
68220-0115	**LEVBID**