



# EqualityCare Pharmacy News

Dear Providers:

May 14, 2010

## A. ATYPICAL ANTIPSYCHOTIC DOSING LIMITS:

The Wyoming EqualityCare **Pharmacy** Program is anticipating implementation of the following dosing limits for the oral atypical antipsychotics listed below. The projected effective date is June 2, 2010.

PREFERRED AGENTS	MAX DOSE (mg/day)		
	<13 YEARS OF AGE	13-17 YEARS OF AGE	>17 YEARS OF AGE
ABILIFY	23	45	45
CLOZAPINE	1350	1350	1350
FAZACLO	1350	1350	1350
GEODON	180	180	300
INVEGA	18	18	18
RISPERIDONE	5	5	24
SEROQUEL	600	900	1200
ZYPREXA	15	30	30

NON-PREFERRED AGENTS*	MAX DOSE (mg/day)		
	<13 YEARS OF AGE	13-17 YEARS OF AGE	>17 YEARS OF AGE
FANAPT	36	36	36
SAPHRIS	30	30	30

\*Non-preferred agents will require a trial of **ALL** preferred agents (except clozapine) at max doses.

## **B. VITAMIN D/ERGOCALCIFEROL:**

The Wyoming EqualityCare Pharmacy Program will **DISCONTINUE** covering **OTC** Vitamin D/ergocalciferol. The Center for Medicare and Medicaid Services (CMS) has determined that these agents are not to be considered as outpatient covered drugs for the purposes of Medicaid or rebate.

## **C. AQUADEKS:**

The Wyoming EqualityCare Pharmacy Program will **DISCONTINUE** covering Aquadeks. The Center for Medicare and Medicaid Services (CMS) has determined that Aquadeks is not to be considered as a outpatient covered drug for the purposes of Medicaid or rebate.

## **D. STATE MAXIMUM ALLOWABLE COST:**

State Maximum Allowable Cost (SMAC) is the maximum allowable cost that the State of Wyoming will pay for generic multi-source medications. The State of Wyoming and Goold Health Systems will review and set new or adjust current SMAC's on a monthly basis.

Pharmacies who have questions or disputes can submit their invoice and claims data for prescriptions reimbursed below cost to the Wyoming SMAC Helpdesk via fax at 1-877-308-6931. GHS will review submitted invoices and claim information for any dispute on a weekly basis. GHS will submit to the Office of Pharmacy Services any adjustment to the current SMAC for State approval. Once approved, GHS will correspond back to the pharmacy all findings upon completion of the research. In cases where the dispute results in a change to the SMAC, the pricing will be backdated to the date of the claim, so it is important that we receive all requested information to best assist the pharmacy in getting correct reimbursement on their claims. To obtain a SMAC Review Form please go to [www.wyequalitycare.org](http://www.wyequalitycare.org) and submit as instructed.

Please contact GHS SMAC helpdesk for any questions or disputes pertaining to SMAC pricing at the following number: **1-877-206-4714**

Drugs with a SMAC can be found on the Wyoming EqualityCare website at: [www.wyequalitycare.org](http://www.wyequalitycare.org)



## SMAC Review Form

This form is to be completed by the pharmacy and faxed along with a copy of the invoice directly to Goold Health Systems 1-877-308-6931. GHS will research the “underpaid” claim and correspond back to the pharmacy all findings upon completion of research.

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NPI #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Pharmacy Phone #: \_\_\_\_\_

Pharmacy Fax #: \_\_\_\_\_

Drug Name: \_\_\_\_\_

NDC #: \_\_\_\_\_

Please include:

- Copy of recent Invoice for the claim in question. (All invoice information must be seen)
- Copy of the Claim initiating the inquiry for reimbursement review. (Claim must show RX#, NDC#, DOS and Amt paid).

Thank you,  
Wyoming SMAC Helpdesk  
1-877-206-4714 Phone  
1-877-308-6931 Fax



Wyoming  
Department  
of Health

