



Medicaid Pharmacy News

Dear Providers:

May 20, 2014

MISCELLANEOUS

- Effective May 28, 2014, rizatriptan will be covered for clients ages 6 to 17 years without a prior authorization. Dosing limits will still apply.
- Kalydeco will now be approved through prior authorization for treatment of cystic fibrosis with the following mutations in the CFTR gene: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, or S549R.
- Olysio requires prior authorization prior to approval.
- Adasuve requires a prior authorization prior to approval.
- Zohydro ER requires prior authorization prior to approval.
- Hetlioz requires prior authorization and will be approved for clients with a diagnosis of Non-24 Hour Sleep-Wake Disorder.
- Eliquis will be allowed for the expanded indication of prophylaxis of DVT in knee and hip replacement, as well as non-valvular atrial fibrillation.

INSULIN

Effective June 4, 2014, prior authorization will be required if a client is using two different delivery forms of the same type of insulin concurrently (for example, Lantus vials and Lantus Solostar).

HYPNOTICS

Effective May 28, 2014, prior authorization will be required if the client is taking more than one hypnotic agent concurrently. Affected medications are zolpidem, zaleplon, Rozerem, eszopiclone and zolpidem ER. Please note that these medications are not covered for clients less than 18 years of age and dosing limits still apply as noted in the Preferred Drug List.

PHARMACY RE-ENROLLMENT

The Affordable Care Act of 2011 (ACA) requires all Medicaid providers to be screened and to re-enroll with Wyoming Medicaid at a minimum of every five (5) years. The federal regulations specific to provider screening and reenrollment can be viewed at: <http://www.gpo.gov/fdsys/pkg/FR-2011-02-02/pdf/2011-1686.pdf>. **Pharmacy re-enrollment** began on **May 15, 2014** and must be completed no later than **October 31, 2014**. **All pharmacies must re-enroll**. Enrollment packets may be obtained by calling the GHS Pharmacy Help Desk at 877-205-8083 ext. 1051, by emailing the GHS Pharmacy Help Desk at wyprowider@ghsinc.com, or by obtaining the packet at www.wymedicaid.org.