



Medicaid Pharmacy News

Dear Providers:

June 27, 2014

CHANGES MADE TO PRESCRIPTION DRUG ASSISTANCE PROGRAM

Effective April 30, 2014, the following changes were made to the Prescription Drug Assistance Program (PDAP), which is the plan that covers three prescriptions each month per client.

- Sovaldi, opioid narcotics including buprenorphine products, and Vivitrol are no longer covered.
- The copays have changed to \$25 for both brand name and generic medications.

CLIENT ID NUMBERS

Clients may be presenting letters of eligibility to pharmacies that include ID numbers. In some cases, the leading zero has been omitted in those letters, resulting in claims being rejected due to missing/invalid client ID. All client ID numbers begin with a leading zero and contain 10 digits.

FRAUD

The GHS Pharmacy Help Desk occasionally contacts pharmacies when a client is eligible but the eligibility isn't current in the system. If at any time the pharmacy has received a phone call asking the pharmacy to fill a prescription due to eligibility issues and the pharmacy suspects that the phone call has not originated from the GHS Pharmacy Help Desk, please call the GHS Pharmacy Help Desk for verification at 1-877-207-1126.

PHARMACY 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.wyomedicaid.org. More information will be provided soon via fax.

PULMONARY ANTIHYPERTENSIVES

Effective June 18, 2014, all pulmonary antihypertensive medications (Adcirca, sildenafil, Letairis, Tracleer, Adempas, and Opsumit) will require documentation of right-heart catheterization validating the diagnosis. All medications currently require prior authorization.

NALTREXONE AND VIVITROL

Effective June 18, 2014, naltrexone and Vivitrol will require prior authorization. This medication will only be approved for those clients with a confirmed diagnosis of alcohol or opioid dependence. Please refer to the Preferred Drug List available at wymedicaid.org.

ADDITIONAL CONTACT INFORMATION

If providers are having difficulty reaching the GHS Pharmacy Help Desk at any of the toll-free numbers during regular business hours (8 am to 5 pm, Monday through Friday), the following numbers may also be used:

- (307)426-4161
- (307) 633-2191 (pager)