



Medicaid Pharmacy News

Dear Providers:

November 18, 2015

NARCOTIC LIMITS

Wyoming Medicaid will be instituting the following limits on narcotic medications as follows:

- Effective December 1, 2015, the short-acting narcotic tablets/capsules will be limited to 6 tablets/capsules per day AFTER a client has had 42 consecutive days of use with any combination of the short-acting narcotics. Any dose exceeding these limits will require a prior authorization to be submitted **with a treatment plan** on or before that date, as Wyoming Medicaid expects prescribers to appropriately decrease medication doses that currently exceed this threshold. Additionally, clients will be limited to one short-acting narcotic at a time. This includes the following medications: codeine sulfate, hydrocodone/APAP, hydrocodone/IBU, hydromorphone, morphine sulfate, oxycodone, oxycodone/APAP, oxycodone/ASA, levorphanol, Nucynta, Oxaydo, Oxecta, oxymorphone, and oxycodone/IBU.
- Effective December 1, 2015, the short-acting narcotic liquids will be limited to the quantities listed below AFTER a client has had 42 consecutive days of use with any combination of the short-acting narcotics. Any dose exceeding these limits will require a prior authorization to be submitted **with a treatment plan** on or before that date, as Wyoming Medicaid expects prescribers to appropriately decrease medication doses that currently exceed this threshold. Additionally, clients will be limited to one short-acting narcotic at a time.

Codeine/APAP Oral Suspension/Solution	30ml/day
Hydrocodone/APAP Oral Solution	90ml/day
Hydromorphone Oral Liquid	12ml/day
Meperidine Oral Solution	30ml/day
Morphine Concentrate Oral Solution	6ml/day
Morphine Oral Solution	30ml/day
Oxycodone/APAP Oral Solution	30ml/day
Oxycodone Concentrate Oral Solution	6ml/day
Oxycodone Oral Solution	30ml/day

- Effective December 2, 2015, the long-acting narcotics will be limited to 180 morphine equivalents daily. Those limits are outlined in the table below. Any dose exceeding these limits will require a prior authorization to be submitted ***with a treatment plan*** on or before that date, as Wyoming Medicaid expects prescribers to appropriately decrease medication doses that currently exceed this threshold. Additionally, clients will be limited to one long-acting narcotic at a time. This includes the following medications: morphine sulfate ER tablets, fentanyl patches, tramadol ER, Butrans, Embeda, hydromorphone ER, Nucynta ER, oxymorphone ER and Oxycontin.

Butrans (mcg/hr)	20 mcg
Fentanyl (mcg/hr)	75 mcg
Hydromorphone ER	32 mg
Morphine ER	180 mg
Nucynta ER	490.5 mg
Oxycontin	120 mg
Oxymorphone ER	60 mg
Tramadol ER	300 mg

- Effective December 2, 2015, all methadone doses will be limited to three tablets daily, with the exception of methadone 40 mg tablets, which will no longer be covered by Wyoming Medicaid. Any dose exceeding these limits will require a prior authorization to be submitted ***with a treatment plan*** on or before that date, as Wyoming Medicaid expects prescribers to appropriately decrease medication doses that currently exceed this threshold.
- Effective November 18, 2015, all injected forms and suppositories of narcotics will require prior authorization.

These limits will not apply to clients with a diagnosis of cancer on file.

Please note that the University of Washington TelePain program is an available resource for prescribers to obtain patient-specific assistance with this process. For more information regarding the UW TelePain program, please visit <http://depts.washington.edu/anesth/care/pain/telepain/>.

Please refer to the Preferred Drug List and the Dosage Limitation List, which can be obtained at www.wyomedicaid.org, or call the GHS Pharmacy Help Desk at 877-207-1126 with any further questions.