



Wyoming
Department
of Health

Division of Healthcare Financing

Medicaid Pharmacy News

Dear Providers:

July 6, 2018

SUBOXONE/SUBUTEX CHANGES

Prior to February 2018, product labeling for Suboxone listed pregnancy and breastfeeding as a contraindication to use because of concerns regarding the effects of the naloxone component during pregnancy and breastfeeding. Consistent with that labeling, Wyoming Medicaid previously allowed single agent buprenorphine (Subutex) to be prescribed for pregnant and breastfeeding women. In a February 2018 update, the pregnancy and breastfeeding contraindication was removed from Suboxone labeling. In response to the labeling change and feedback regarding the issues with use of buprenorphine monotherapy, Wyoming Medicaid now prefers oral buprenorphine/naloxone (Suboxone) for all clients unless the client has a documented allergy to oral naloxone, which must be indicated on the prior authorization request form.

COMPOUND CLAIM REMINDERS

Wyoming Medicaid is requesting pharmacies closely review compound billing practices to ensure compound claims are correctly submitted to Wyoming Medicaid. Recently, many claims have been submitted by selection of a recipe that already exists in the pharmacy's POS system. The ingredients in the initial recipe and the prescription being dispensed are the same, but the quantities in the initial recipe differ from the compound quantities being dispensed. This may result in claims which convert the individual ingredient quantities into a percentage of the quantity from the initial recipe. Thus, the quantities of tablets, etc. are being billed, for example, as 10.134 tablets. It is recommended that a new recipe be entered each time a compound is dispensed if the quantities differ at all to ensure that claims are not being billed for quantities different than what is dispensed.

Claims not meeting the requirements below may be subject to subsequent recovery and further audit proceedings:

- ALL individual ingredients must be entered with the correct quantity and cost for each ingredient included.
- The medication and NDC number billed to Wyoming Medicaid must exactly match the medication and NDC number dispensed to the client.
- The quantity of medication billed to Wyoming Medicaid must exactly match the quantity dispensed to the client.

USE OF EMERGENCY FILL OPTION WITH ONDANSETRON

Ondansetron ODT tablets are preferred. Wyoming Medicaid will allow claims for ondansetron ODTs for a three (3) day supply, up to 12mg daily, every thirty (30) days for clients that are eleven (11) years of age and younger. Use of the emergency supply for non-emergency situations or to override the prior authorization process will result in recovery of claim payment and further audit proceedings. If the prescription is written for a non-preferred form of ondansetron or exceeds quantity or day supply limits, the prescriber must submit a prior authorization request.

VALID OTHER COVERAGE CODES (OCC'S)

| OCC | Description | Comments |
|----------|---|--|
| 0 | Not Specified by Patient (No Insurance) | |
| 1 | No Other Coverage (Insurance on File, verified with Client they do not have insurance) | Only use this OCC if verified with client they do NOT have other insurance. <i>Default OCC = 1 Not Allowed</i> If patient does not have insurance on file and OCC '1' is submitted, claim will reject for "13 – M/I Other Coverage Code". |
| 2 | Other Coverage Exists – Payment Collected | Other Payer Amount Paid (431-DV) REQUIRED <i>Must Provide OPAP Qualifier (342-HC) = 07 (Drug Benefit)</i> Other Payer Patient Responsibility Amount (352-NQ) REQUIRED <i>Must Provide OPPRA Qualifier (351-NP) = 06 (Patient Pay)</i> <i>Note: If claim rejected for "DV - Amount under minimum allowed", contact Help Desk.</i> |
| 3 | Other Coverage Billed – Claim Not Covered | Must submit reject codes received from primary insurance after exhausting all rejections from primary insurance. <i>Note: If claim rejected for "6E – M/I Other Payer Reject Code", contact Help Desk.</i> |
| 4 | Other Coverage Exists – Payment <u>NOT</u> Collected | Other Payer Patient Responsibility Amount REQUIRED <i>Must Provide OPPRA Qualifier (351-NP) = 06 (Patient Pay)</i> |

AUTOMATIC REFILL POLICY

All prescription fills must be requested at the time of the fill by the Wyoming Medicaid 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 and further audit proceedings. 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.

WYOMING MEDICAID CLIENT ID NUMBERS

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