



# Medicaid Pharmacy News

Dear Providers:

April 4, 2012

## SYNAGIS

Effective April 15, 2012, **new Synagis PA requests will no longer be approved.** Clients that have been approved for Synagis prior to that date will be allowed to finish the five (5) allowed doses.

## QUANTITY BILLING ISSUES

Per the Wyoming Medicaid Pharmacy Provider manual, a prescription's days supply must equal the quantity of drug dispensed divided by the daily dose prescribed. A prescription claim will be subject to subsequent recovery if:

- (i) The days supply submitted is not supported by the dosing directions as prescribed,
- (ii) The dosing directions are given as "take as directed" and the pharmacist has not taken appropriate action to obtain and document on the prescription the actual dosing directions given by the practitioner, or
- (iii) Extra Doses. The Department does not pre-emptively pay for extra doses in the anticipation of lost or wasted medication.

An example of these types of incorrect claims would be when a pharmacy dispenses two bottles of polyethylene glycol with a package size of 255gm, but the claim is submitted for a total quantity of 527gm.

## STROMEKTOL CRITERIA (Effective April 18, 2012)

Stromectol (ivermectin) will require prior authorization and will be approved for **only** those clients that have a documented diagnosis of **strongyloidiasis of the intestinal tract, onchocerciasis, or resistant head and body lice.**

## MISCELLANEOUS (Effective April 18, 2012 unless otherwise noted)

- Long-acting blood pressure medications will be limited to the labeled dosing plus one (ex. Metoprolol is labeled as once daily dosing and therefore will be limited to two tablets daily)
- Ferriprox will require prior authorization and will be approved for a diagnosis of transfusional iron overload due to thalassemia syndromes
- Onfi will require prior authorization and will be approved for a diagnosis of Lennox-Gastaut syndrome.
- Edarbyclor will be considered a non-preferred ARB (angiotensin receptor blocker) Combination agent.
- Edluar, Zolpimist, Intermezzo will require prior authorization and will only be approved for clients that are unable to swallow zolpidem tablets.
- Berinert and Firazyr will require prior authorization and will be approved only with lab-confirmed diagnosis of hereditary angioedema and 6 – 12 months of documented treatment in the physician's office.
- Effective April 1, 2012, the Freestyle InsuLinx Test Strips and Meter will be considered a **preferred choice** for diabetic testing supplies.