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IMPORTANT NOTICE FOR WYOMING MEDICAID PROVIDERS

Effective November 1, 2005 Wyoming Medicaid will be implementing a Mandatory Generic Program for prescription services. This means that brand name drugs with A rated generics will only be reimbursed if there is a documented allergy or adverse reaction to 2 or more of its generic versions. (i.e. Vasotec (enalapril maleate), Soma (carisoprodol), Motrin (ibuprofen).)

For example, if a prescription claim for Darvocet N-100 brand name rejects because two or more A rated generics have *not* been tried, the pharmacy will receive a rejection message. (Please note, "**Brand Name Medically Necessary**" is still required to be written in the prescriber's own handwriting on the prescription if the prescriber wants the brand name drug to be dispensed.) The prescriber will then have to be notified and asked to fill out a **Brand Name Drug Request Form** and fax it to Wyoming Department of Health's Medicaid Pharmacy Services at **307-777-8623**. If the request is approved, a prior authorization will be given within 72 hours of the Pharmacy Services receiving the request. Both the prescriber and the pharmacy will be notified of the approval and the pharmacy will then be able to process the claim. If the request is denied, both the prescriber and the pharmacy will be notified either by fax or phone of the denial and the reasons for the denial. If a prescription is written for a name brand drug, it will automatically be filled with a generic medication (if one is available) if "**Brand Name Medically Necessary**" is not written on the prescription.



Those medications that will be exempt from the Mandatory Generic Program are as follows:

- Coumadin
- Depakene
- Dilantin
- Lanoxin(including Lanoxicaps)
- Levothroid
- Levoxyl
- Mysoline
- Synthroid
- Tegretol (not including XR)

The decrease in expenditures for brand name medications due to the use of clinically equivalent less expensive alternatives will assist the Medicaid Pharmacy Services program to continue providing the services currently available to our Medicaid clients within our appropriated budget.

Questions may be directed to the ACS Help Desk's toll free number at 1-800-365-4944.

More information and Brand Name Drug Request Forms may be found on the Wyoming Department of Health Pharmacy Services web page at:

<http://pharmacy.state.wy.us>

PRIOR AUTHORIZATION REQUIRED FOR ZOFTRAN

Effective November 1, 2005, the Wyoming EqualityCare Office of Pharmacy Services will require prior authorization of Zofran prescriptions. The Prior Authorization Appeal form for Zofran will be available on the Wyoming Department of Health Pharmacy Services website at: **<http://pharmacy.state.wy.us>**, starting October 17, 2005.

For further information on prior authorization, please contact the ACS PA Help Desk at 1-866-213-6066.