



EqualityCare Pharmacy News

Dear Providers:

March 29, 2010

REMINDER ABOUT CHANGES APRIL 1ST:

DIABETIC SUPPLIES:

Effective April 1, 2010, the Wyoming EqualityCare **Pharmacy** Program will cover only preferred diabetic meters and supplies for EqualityCare clients. **If a meter is NOT listed below, then it is considered non-preferred and will require prior authorization before EqualityCare Pharmacy Program will cover the meter or the supplies used with it.** The best way to obtain a **FREE** preferred meter is by contacting one of the manufacturers listed below either by phone, website or e-mail.

Meter	Manufacturer	Phone Number	Website	Email
FreeStyle Lite	Abbott	1-866-224-8892	www.Meters.AbbottDiabetesCare.com	orderfulfillment@ abbottcustomercare.com
FreeStyle Freedom Lite		Hours: 6 am – 8 pm MT Monday – Friday.		
Precision Xtra		All orders shipped FedEx overnight. Orders received by 12pm CST will be received the next day.		
One Touch® Ultra®	LifeScan, Inc	1-888-437-7522	www.onetouch.orderpoints.com	N/A
One Touch® Ultra 2®		Account Code: 552SWY001		
One Touch® UltraSmart®		Call Center open 24 hours/day, 7 days/week		
One Touch® Ultra Mini®				

Testing strips for the One Touch® Basic®, One Touch®Profile®, One Touch®Fasttake® and One Touch® SureStep®meters are being discontinued by the manufacturer. Clients can obtain the test strips without prior authorization as long as the strips are available on the market. When the strips are no longer available, clients can switch to a preferred meter without prior authorization.

If you switch to one of the preferred meters, a new prescription will need to be issued by your doctor for the strips. EqualityCare has notified doctors of this change, and therefore they should be aware of your need for a new prescription for testing supplies.

Pharmacy claims for non-preferred products will be allowed through March 31, 2010 to provide sufficient time to obtain a new **FREE** meter. The preferred drug list for glucose meters and supplies does **NOT** apply to claims submitted through the Durable Medical Equipment (DME) program.

If you have any questions, please contact the EqualityCare pharmacy claims processor, GHS, toll free at (877) 209-1264.

CO-PAY CHANGES:

Also, effective April 1, 2010 Wyoming EqualityCare will be implementing a new co-payment structure for prescription services.

The co-payments charged to EqualityCare clients will be as follows:

Generic medications = \$1.00

Brand Name medications = \$3.00

Please note that the following clients are **exempt** from the co-payment requirement:

Residents of a nursing facility or in swing beds

Pregnant clients

Clients under age twenty-one

Family planning services

Hospice Services

MISCELLANEOUS:

- **BYETTA:** Byetta has been removed from the Preferred Drug List (PDL); there is no longer a preferred drug for 2nd line injectable therapy. All products are covered with no preferences.
- **DEXILANT:** Brand name of Kapidex (dexlansoprazole) has been changed to Dexilant. Dexilant is preferred.
- **INTUNIV:** Requires the following criteria for approval: diagnosis of ADHD or ADD, a trial and failure of a stimulant greater than or equal to a 14 day supply **OR** a trial and failure of Strattera greater than or equal to a 30 day supply, **AND** a 14 day trial and benefit of guanfacine (Tenex). Prior authorization required for clients under the age of 5.
- **ZYPREXA RELPREVV:** Will be preferred.