



February 2008

## ATTENTION EQUALITYCARE PROVIDERS

Pharmacy  
Bulletin  
08-001

### IMPORTANT INFORMATION ON ANTIDEPRESSANTS

Effective April 1, 2008 the following step therapy requirements will be implemented for the Wyoming EqualityCare Pharmacy program. These requirements will only apply to those clients who are treatment naive for antidepressant therapy. It does **NOT** apply to those clients currently taking an antidepressant.

**Please note, a documented** adverse reaction to a medication prior to the completion of a six week trial will serve as a trial of the medication.

If you have any questions about this step therapy requirement, please contact the Wyoming Department of Health, Office of Pharmacy Services at 1-800-438-5785.

#### FINAL STEP UTILIZATION FOR ANTIDEPRESSANTS

**Step 1 for all clients:**  
**One six week trial required**

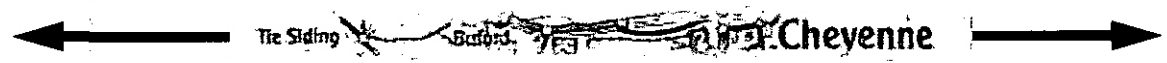
- Citalopram (all strengths)
- Fluoxetine (all strengths)
- Bupropion SR (all strengths)

**Step 2 for all clients:**  
**A six week trial of two different agents required**

- Sertraline (all strengths)
- Paroxetine (all strengths)
- Bupropion XL 300mg and Wellbutrin XL 150mg)
- Mirtazapine (all **generic** strengths, not including rapid dissolve tablets)
- Effexor XR

**Step 3 for all clients:**

- Cymbalta (all strengths)
- \*PA will **NOT** be required for a diagnosis of diabetic peripheral neuropathy
- Lexapro (all strengths)



**Medications not Requiring PA:**

Trazodone and nefazodone (generics)  
MAO Inhibitors (generics)  
Tricyclic antidepressants (generics)  
Buspirone (generic)  
Fluvoxamine (generic)  
Immediate release Bupropion & Venlafaxine

**Medications Requiring PA:**

Mirtazapine (rapid dissolve tablets)  
All brand name versions of generics listed above

**OTHER IMPORTANT INFORMATION  
FROM THE OFFICE OF PHARMACY SERVICES**

Also effective April 1, 2008, the drug Invega will require prior authorization. Clients must meet criteria for both indication and dosage.

A recent update to the Point of Sale system has been made to prevent the payment of claims for medications which are not considered maintenance medications. A "maintenance medication" is a medication used to treat a chronic condition over months or years. When a client has been stabilized on a dosage of maintenance medication the physician may choose to prescribe the medication for a ninety-day supply. EqualityCare will reimburse for maintenance dose prescribing of the following therapeutic classes when all other criteria and conditions have been met:

- Antiarrhythmic medications
- Antiasthmatic medications
- Anticonvulsant medications
- Antidiabetic medications
- Diuretic medications
- Hormonal medications (Estrogenic, Progestational, Thyroid)
- Hypotensive medications
- Lipotropic medications

Medications not falling into one of the above categories can be dispensed up to a maximum of a 34 day supply.

If you have any questions pertaining to this bulletin, please contact the Wyoming Department of Health, Office of Pharmacy Services at 1-800-438-5785.