



EqualityCare Pharmacy News

To: Wyoming EqualityCare Providers
From: Wyoming Medicaid Office of Pharmacy Services
Date: 05/22/09
Re: Policy Updates Effective 5/28/09 (New PBM vendor Goold Health Systems (GHS))
 & Provider Quick Reference Guide

Provider Quick Reference Guide

BIN	014293
PCN	WYOPOP
Group #	No Group Required
GHS POS Pharmacy Helpdesk	877-209-1264 (8-5 PM MDT)
GHS Provider Prior Authorization Helpdesk	877-207-1126 (8-5 PM MDT)
GHS Fax (PA Forms)	866-964-3472
ACS Provider Relations Helpdesk (non-pharmacy inquiries)	800-251-1268 (9-5 PM MDT)
Automated Option: Receive Client's ID# using SS#	800-251-1270
SMAC Inquiries	877-206-4714
Website	www.wyequalitycare.org
Updated Provider Manual/PDL/PA Forms/SMAC List	www.wyequalitycare.org
Dummy Dr NPI (see next page)	999555999
72 HOUR EMERGENCY OVERRIDE <i>*Can be used twice per drug per month</i> *Reject Message if > 2 times per month - EU M/I PRIOR AUTHORIZATION TYPE CODE- Med cert 8 already used for this medication and 75 PRIOR AUTHORIZATION REQUIRED- Non-preferred <i>*Can NOT enter > a 3 day supply</i> *Reject Message if > 3 day supply entered - AG DAYS SUPPLY LIMITATION FOR PRODUCT/SERVICE- Med cert 8 cannot exceed 3 day supply and 75 PRIOR AUTHORIZATION REQUIRED- Non-preferred <i>*No dispensing fee or co-pay applied</i>	PA TYPE CODE FIELD: (Enter 2=MEDICAL CERTIFICATION) PA # FIELD: (Enter 8)
REFILL TOO SOON OVERRIDE (NCPDP Reject Code 79) <i>*Rejection message</i> – 79 REFILL TOO SOON and 34 M/I SUBMISSION CLARIFICATION CODE – A code is required for RTS (see next column) <i>*Must call GHS helpdesk (877-209-1264) to obtain override</i> <i>*Can be used once per client per year</i> *Reject Message if >1 per year – 79 REFILL TOO SOON “NPI:RX:DOS: PHARM PH#:PHARM NAME and 76 PLAN LIMITATION EXCEEDED Maximum overrides used for Submission <i>*Vacation requests will be denied</i>	SUBMISSION CLARIFICATION CODE: (Enter 4=LOST MEDICATION) (Enter 5=THERAPY CHANGE)
PREGNANCY *Co-payment exception ends on the day of delivery	PA TYPE CODE FIELD: (Enter 2=MEDICAL CERTIFICATION) PA # FIELD: (Enter 4) or PA TYPE CODE FIELD: (Enter 4=EXEMPT FROM CO-PAY)

COMPOUNDS *Only the covered ingredients will be processed for payment	SUBMISSION CLARIFICATION CODE: (Enter 8=PROCESS COMPOUND FOR APPROVED INGREDIENTS)
THIRD PARTY LIABILITY (TPL)	01 =No other coverage identified 02 =Other coverage exists-payment collected 03 =Other coverage exists-this claim not covered 04 =Other coverage exists-payment not collected

The following is a list of Policy Updates/Clarifications effective May 28, 2009:

***51 REJECT CODE:** If a pharmacy provider submits the ACS BIN# after 6:00 PM (MDT) on May 26, 2009, the provider will get a “**51 REJECT CODE**” with a message of “**Non-Matched Group ID.**”

***NPI/DEA:** All pharmacy claims, including controlled substances must be submitted with a pharmacy and prescriber NPI. Claims will reject if the NPI is not used. Prescribers of controlled substances must also have a federal DEA number on file for the claim to pay. The EqualityCare approved Dummy Dr NPI is 9995555999. The use of the Dummy NPI is allowed for **ONE** non-controlled claim submission. The correct NPI must be obtained before the next claim submission or funds could be recovered by the State.

***TIME FRAME:** Prescriptions for non-controlled medications are only valid for **ONE** year from the date written. Contact the prescribing physician to obtain a new prescription.

***RETURN TO STOCK:** Claims must be returned to stock within **10 days** of the date it was filled if the client has not picked up the medication.

***DRUG QUANTITY LIMITS:** An updated list of medications with quantity and day supply limits can be found in the EqualityCare Provider Manual at www.wyequalitycare.org.

***OTC/DME NDC #:** The GHS pharmacy helpdesk will **NOT** be allowed to give out specific covered NDC #s.

The following is a list of Preferred Drug List (PDL) Updates effective May 28, 2009:

***DURAGESIC:** Brand name Duragesic patches will be preferred over the generic. Current Prior Authorizations for fentanyl will be honored through 8/31/09; then the client will have to switch to the brand name Duragesic patch.

***STADOL/BUTORPHANOL:** New quantity limits will become effective limiting this drug to one inhaler per month. Prior authorization will be required for quantities exceeding these limits.

***PENTAZOCINE/NALOXONE:** New quantity limits will become effective limiting this drug to 60 tablets per month. Prior authorization will be required for quantities exceeding these limits.

***ATOPICLAIR:** Prescriptions will be limited for children under the age of six (6). Prior authorization will be required for recipients six or older.

***JULY PDL UPDATES:** Further information regarding changes will follow in future [EqualityCare Pharmacy News](#).