



October 2006

ATTENTION PHARMACY PROVIDERS

Pharmacy Bulletin
06-012

Prior Authorization Updates

- 1. Clarification:** There was an oversight on Pharmacy Bulletin Release 06-010. Loratadine and Loratadine-D are still the preferred non-sedating antihistamines for the Wyoming EqualityCare Pharmacy Program. The brand name versions, Claritin OTC and Claritin D, still require prior authorization. We apologize for any confusion this may have caused you.
- Effective on October 1, 2006, the Wyoming EqualityCare Pharmacy Program added the **combination ACE Inhibitor—HCTZ (hydrochlorothiazide)** products on the Wyoming Preferred Drug List (PDL.) The preferred ACE Inhibitor products will now include captopril, captopril-HCTZ, enalapril, enalapril-HCTZ, lisinopril and lisinopril-HCTZ. All other ACE Inhibitors, either as a single agent or in combination with HCTZ will require prior authorization if certain clinical criteria are not met.
- Also effective November 1, pharmacies will be able to dispense an emergency 72-hour supply of a brand name medication with multi-source generics. In the event of an emergency and the ACS Clinical Call Desk is closed, the pharmacy is authorized to dispense up to a 72-hour emergency supply to the client by entering a med cert code 8 in the PA medical certification field, the first position of NCPDP field number 416. A **Dispense As Written (DAW) code of 1 must be used.** A med cert code 8 can be used once for each drug per month. A dispensing fee will not apply.

Please remember that generic medications considered “**branded generics**” may process with a co-payment of \$3.00. To avoid this, these claims need to be billed with **DAW-6.** This applies to any medication, known to be generic, which returns a co-pay of \$3.00.

The Starling

Barford

Cheyenne

If you submit a claim with a med cert code other than 0 (a default number), 4 (to obtain a \$0.00 co-pay for pregnant clients), or 8 (emergency days supply on prior authorized medications), the following message will be returned: "INV PA MED CERT CD & NUM."

4. Effective on November 1, 2006, prior authorization will be required for the **Angiotensin II Receptor Blockers (ARB's)** either as single agents or in combination with hydrochlorothiazide (HCTZ), if certain clinical criteria are not met.
5. In addition to the ARB's, **Xolair** will also require prior authorization effective November 1.
6. As a reminder, prior authorization is required for Actiq for those Medicaid clients who do not meet clinical criteria. The newly released fentanyl buccal tablet, **Fentora**, also requires prior authorization. More information may be obtained on the Office of Pharmacy Services website at:

<http://wdh.state.us/pharmacy/index.asp>

Questions in regard to these new policies may be directed to the Wyoming Department of Health's Office of Pharmacy Services at 1-800-438-5785.