

PHARMACY



COVERED SERVICES AND LIMITATIONS MODULE



Pharmacy Covered Services and Limitations Module

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Covered Drugs

Prescription Services

- Prescription services may be provided by and reimbursed to a licensed enrolled retail pharmacy upon the order of a licensed practitioner. **EXCEPTION:** Parenteral nutrition must be dispensed by a provider enrolled as both a pharmacy and a DME provider.
- A licensed pharmacist or pharmacy intern(s) under the direct supervision of a licensed pharmacist must provide prescription services.

Legend and Over-the-Counter (OTC) Drugs

- Legend drugs may be covered only if:
 - Ordered by a licensed prescribing provider;
 - The manufacturer has signed the rebate agreement with the Centers for Medicare and EqualityCare Services (CMS);
 - The product has been assigned an NDC number;
 - The manufacturer has submitted all product data to First Data Bank; and
 - The drug is not a DESI drug.
- OTC drugs and products may be covered if:
 - Ordered by a licensed prescribing practitioner;
 - Furnished to a client who is **NOT** residing in a nursing facility;
 - The product has been assigned an NDC number; and
 - The manufacturer has submitted all product data to First Data Bank.
- The EqualityCare pharmacy program covers many therapeutic classes of OTC drugs. In general this includes:
 - Analgesic medications
 - Antacids (including H-2 Antagonists)
 - Antidiarrheal medications
 - Antihistamines
 - Antitussive medications
 - Artificial tears
 - Bronchodialators
 - Contraceptive products
 - Cough and cold products
 - Food Thickeners
 - Insulin
 - Laxatives
 - Miscellaneous topical agents
 - Nutrition products (enteral nutrition)
 - Pediatric and Prenatal Vitamins
 - Sodium Chloride for nebulizer
 - Supplements (calcium and iron)
 - Topical Antibiotics, Antifungals, Antiparasitics
 - Vaginal Anti-infectives

Additional OTC drugs may be covered, if they are medically necessary, and if their use will reduce the cost of therapy when compared to a prescription drug therapy. A physician, or a pharmacist on behalf of a physician may submit a request for coverage in writing to:

Office of Pharmacy Services
6101 Yellowstone Ave., Ste. 259A
Cheyenne, WY 82002

If it is determined that coverage of such products may benefit several clients, the product may be added to the OTC formulary, and you will be notified in writing.

EqualityCare does not normally cover infant formulas, because they are provided through the Women Infants and Children (WIC) program. An EqualityCare eligible client will also be eligible for the WIC program.

Compound Drugs

Compounded prescriptions are covered if the main active ingredient or ingredients are drugs covered by EqualityCare. See Pharmacy Billing Services Module.

Dispensing Requirements

- Quantity of Medication
 - All prescriptions should be dispensed in a minimum quantity equal to a thirty-four day supply or 100 quantity, whichever is greater, if the physician order allows.
 - Prescriptions for oral contraceptives or maintenance drugs should be dispensed in a ninety-day supply, unless forbidden by physician order.
- 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
 - Antiparkinsonism medications
 - Diuretic medications
 - Hormonal medications (Estrogenic, Progestational, Thyroid)
 - Hypotensive medications
 - Lipotropic medications

Federal Maximum Allowable Cost (FMAC) Drugs

The Federal Maximum Allowable Cost (FMAC) pertains to multi-source generic drug products. The FMAC limitations shall not apply in those cases where the prescriber certifies in his or her own handwriting that a specific brand name drug is medically necessary for the patient. The prescriber certifies medical necessity by writing the words "**BRAND MEDICALLY NECESSARY**" or "**BRAND NECESSARY**" on the face of the prescription at the time it is written. Then, and only then, can a pharmacy assign a positive "**DAW**" indicator to the claim. **Never use a positive DAW indicator (DAW "YES" or DAW 1) on any claims for a generic drug.**

State Maximum Allowable Cost (SMAC) Drugs

The State Maximum Allowable Cost (SMAC) pertains to multi-source generic drug products. The State MAC limitations shall not apply to those cases where the prescriber certifies in his or her own handwriting that a specific brand name drug is medically necessary for the patient. The prescriber certifies medical necessity by writing the words "BRAND MEDICALLY NECESSARY" on the face of the prescription at the time it is written. Then, and only then, can a pharmacy assign a positive "DAW" indicator to the claims.

NEVER USE A POSITIVE "DAW" INDICATOR (DAW 1) ON ANY CLAIMS FOR A GENERIC DRUG. Proper use of the "DAW" indicator on pharmacy claims will be audited.

Documentation for a positive "DAW" on telephone prescriptions must be on file within thirty (30) days of prescription origination.

Documentation for a positive "DAW" for nursing facility recipient prescription claims must consist of a letter on file in the pharmacy, signed by the physician, for each prescription where a positive "DAW" is affixed to the claim.

The following drugs have a State Maximum Allowable Cost

Fluoxetine HC1 10mg Cap	Sotalol 160mg
Fluoxetine HC1 10mg Tab	Sotalol 120mg
Fluoxetine HC1 20mg Cap	Sotalol 80mg
Fluoxetine HC1 20mg Tab	Tramadol 50mg
Fluoxetine HC1 20mg/5ml	Lisinopril 2.5mg Tab
Fluoxetine HC1 40mg Cap	Lisinopril 5mg Tab
Metformin 1000mg Tab	Lisinopril 10mg Tab
Metformin 500mg Tab	Lisinopril 12.5mg Tab
Metformin 850mg Tab	Lisinopril 20mg Tab
NaCl 0.9 Soln 50ml	Lisinopril 30mg Tab
NaCl 0.9 Soln 100ml	Lisinopril 40mg Tab
NaCl 0.9 Soln 250ml	
NaCl 0.9 Soln 500ml	
NaCl 0.9 Soln 1000ml	

Requirements for Dispense As Written

If the prescriber simply signs the prescription on the right hand signature line above the words "dispense as written" but does not write "BRAND MEDICALLY NECESSARY" or "BRAND NECESSARY" on the prescription, **this does not meet the Federal requirement and the pharmacist may not assign a positive "DAW" indicator to the claim.** Proper use of the "DAW" indicator on pharmacy claims will be audited.

NEVER USE A POSITIVE "DAW" INDICATOR (DAW 1) ON ANY CLAIMS FOR A GENERIC DRUG.

Documentation for a positive "DAW" on telephone prescriptions must be on file within thirty days of prescription origination.

Documentation for a positive "DAW" for nursing facility client prescription claims must consist of a letter on file in the pharmacy, signed by the physician, for each prescription where a positive "DAW" is affixed to the claim.

Signature Log

Wyoming EqualityCare Pharmacy Program requires that each pharmacy keep a dated log of when a patient or the patient's representative picks up their medication. It is required that the pharmacy has a signature and a date on the log. The log can either be manual or electronic and should comply with all HIPAA regulations.

Return Medications

If a recipient has not picked up a medication within 10 days of the date it was filled, Wyoming EqualityCare Pharmacy Program requires that the claim be reversed and the medication be put back into stock.

Nursing Facilities Returning Medications

According to the Wyoming State Board of Pharmacy Rules and the Federal Rules we understand that it isn't mandatory that medications be returned to the pharmacy once a patient has passed away. In the Wyoming State Board of Pharmacy Rules in Chapter 2 section 15 it says that it is legal to return medications to the pharmacy under certain circumstances. Wyoming EqualityCare Pharmacy Program does require that the nursing facility return any unused medication to the pharmacy the medication was dispensed at within 30 days of the patient's death. If the medication is not returned, recovery could be possible.

DESI Drugs

DESI (Drug Efficacy Study Implementation), **as well as similar, related or identical** drugs considered to be less than effective by the Food and Drug Administration (FDA) and compound prescriptions, which include a DESI drug, are not covered. Claims submitted via the Point-of-Sale (POS) system for a DESI drug will immediately deny. If you hand bill claims and are unsure whether or not a drug is a DESI drug you can call the POS Help Desk at (800) 365-4944.

Medical Supplies

Under the pharmacy program, certain medical supplies can be billed to EqualityCare on a Universal Claim Form or via Point of Sale if:

- Ordered by a licensed prescribing practitioner.
- Furnished to a client NOT residing in a nursing facility.
- The product has been assigned an NDC number.
- The manufacturer has submitted all product data to First Data Bank.

Medical Supplies reimbursable through the pharmacy program include:

- Adhesives
- Contraceptive products
- Diabetic supplies
- Gloves
- Humidifiers
- Incontinence products
- Irrigation equipment
- Medical supplies IV equipment
- Medical supplies miscellaneous
- Ostomy supplies
- Urologic supplies

Additional medical supplies and durable medical equipment may be covered under the EqualityCare Medical Supplies Program. A pharmacy must enroll separately as a medical supplies provider to receive reimbursement for these additional products. Contact ACS, Inc. at 1-800-251-1268 for information on enrolling as a Medical Supplies Provider.

NOTE: All medical supplies used by clients residing in a nursing facility are included in the nursing facility's per diem rate and will not be reimbursed separately.

Enteral/Parenteral Nutrition

Enteral Nutrition Therapy

Please refer to the CMS Billing Module for further information on billing with HCPCS codes for enteral or parenteral nutrition. A pharmacy NOT enrolled as a Medical Supplies Provider may NOT bill for enteral or parenteral nutrition products.

Enteral Nutrition Therapy is considered reasonable and necessary for a patient with a functioning gastrointestinal tract who, due to pathology or non-function of the structures that normally permit food to reach the digestive tract, is unable to maintain weight, strength, and overall health status. Enteral therapy may be given by nasogastric, jejunostomy or gastrostomy tubes.

- Must be ordered by a physician, and the physician must have seen the patient within thirty days prior to ordering the therapy.
- Patient must have a permanent impairment. (Permanence is greater than or equal to 90 days)
- Must have a condition involving the GI tract somewhere between the mouth and the duodenum.
- Patient must require tube feeding to sustain life.
- Adequate nutrition must not be possible by dietary adjustments and/or oral supplements.
- Enteral therapy is not covered for patients whose nutritional deficiencies are due to a lack of appetite or cognitive problem.
- Must provide sufficient nutritional benefits.
- Enteral nutrition is considered a food and is not covered in a nursing facility.

Documentation: Refer to the CMS-1500 Billing Module

Parenteral Nutrition Therapy

NOTE: You must be enrolled as both a retail pharmacy provider and a medical supplies (DME) provider to be eligible for reimbursement for parenteral nutrition.

Parenteral nutrition is considered reasonable and necessary for a patient with severe pathology of the alimentary tract that does not allow absorption of sufficient nutrients to maintain weight, strength and general health status. Parenteral therapy is given intravenously.

- Must be ordered by a physician, and the physician must have seen the patient within 30 days prior to ordering the therapy.
- Patient must have a permanent impairment. (Permanence is greater than or equal to 90 days).
- Must have a condition of the GI tract that prevents absorption of sufficient nutrients.
- Patient must require IV feedings to sustain life.
- Adequate nutrition must not be possible by dietary adjustments, oral supplements, or tube enteral nutrition.
- Parenteral therapy is not covered for patients whose nutritional deficiencies are due to a lack of appetite or cognitive problem.
- Must provide sufficient nutritional benefits.
- Parenteral therapy is covered in a nursing facility if patient meets the requirements.

Medical supplies used in conjunction with enteral or parenteral therapy, such as IV poles,

pumps, cassettes, etc., may be covered when all medical necessity criteria and other required documentation is present. These items must be billed through the medical supplies program. Pharmacies enrolled in that program may bill for these products on the CMS-1500 form.

EqualityCare under Home Health Services, not under Pharmacy Services, covers home nursing services. In order for home nursing services to be covered by EqualityCare, the provider has to meet all outlined criteria required by Home Health Services. This policy applies only to services provided in a client's home. When these services are provided to a nursing facility resident, they are included in the nursing facility's per diem rate and will not be reimbursed separately.

Excluded Products and Limits

Classes of Legend Drugs

The following classes of legend drugs are not covered under EqualityCare:

- Anorexiant products not indicated for narcolepsy or hyperkinetic states.
- Androgenic or Anabolic steroids used for weight gain.
- Agents used to promote fertility.
- Retin-A, when used for cosmetic purposes. Not allowed for clients over 21 years of age.
- Agents used for the stimulation of hair growth. (i.e. Rogaine)
- Agents used for smoking cessation.
- DESI (Drug Efficacy Study Implementation), **as well as similar, related or identical** drugs considered to be less effective by the Food and Drug Administration (FDA); compound prescriptions, which include a DESI drug, are not covered.

Over-the-Counter Drugs and Medical Supplies/DME

Over-the-counter drugs, products and medical supplies ordered by a physician for use by persons residing in a nursing facility **are included in the nursing facility's per diem rate** and cannot be reimbursed separately, with the following exceptions:

- Hearing aids
- Orthotics, prosthetics
- Ventilators
- Customized wheelchairs

Limits on Prescriptions

- There are no limits on prescriptions as far as the number of prescriptions a client can have for one month. All prescriptions must be medically necessary. An exception to this would be the Prescription Drug Assistance Program (PDAP).
- Prescriptions are limited by quantity and system editing for Refill Too Soon and DUR conflict, Intervention and outcome codes.
- Prescriptions are only valid for one year from the date written. Prescriptions must be renewed annually.

Co-payment

- All EqualityCare prescriptions require a \$2 co-payment. Recipients on the PDAP will have a \$10 co-payment for generic drugs and a \$25 co-payment for name brand drugs.
- Clients are not required to make a co-payment when:
 - They are under 21 years of age; or
 - They are pregnant; or
 - They are living in a nursing facility; or
 - They are receiving family planning services; or
 - They are receiving Long Term Care/Home and Community Based Waiver Services or Assisted Living Facility Waiver Services.

NOTE: The pregnancy exception to copay ends on the day of delivery.

Prescription Drug Assistance Program (PDAP)

The Prescription Drug Assistance Program (PDAP) provides limited drug and oxygen benefits for low-income persons.

Prescription Drugs

- Limited to three per month, legend, compound or OTC. **NO EXCEPTIONS.** (All prescriptions are limited to a one-month supply.)
- Any drug which is not covered by EqualityCare (such as Nicoderm Patches) are not covered by PDAP.
- A **MAXIMUM ONE-MONTH SUPPLY** per prescription may be dispensed.
- A **\$10 COPAYMENT IS REQUIRED** on each Generic prescription
- A **\$25.00 COPAYMENT IS REQUIRED** on each Brand name prescription.

Oxygen

- Oxygen services will be covered for clients who need oxygen who **ARE NOT ELIGIBLE FOR MEDICARE.**
- All policy related to coverage of oxygen under the EqualityCare program will apply to PDAP oxygen services.
- A co-payment is **NOT** required.

Medical Supplies are not covered under the PDAP program.

Drug Utilization Review (DUR)

Under the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), each state is required to establish a drug use review program for covered outpatient drugs for EqualityCare patients. This is to assure that prescriptions are appropriate, medically necessary and are not likely to result in adverse effects.

Each state Drug Utilization Review program is made up of the following components:

Prospective DUR

Prescriptions will be screened for drug therapy problems before they are filled at the point of sale. Pharmacists or their designee must offer to counsel patients (unless counseling is refused) on the following items:

- Name and description of the medication
- Dosage form, dosage, route of administration and duration of therapy
- Special directions, precautions for preparation, administration and use of the medication
- Common severe side effects, adverse effects or interactions and therapeutic contraindications
- Proper storage, refill information
- Actions in case of a missed dose

Pharmacists must also make a reasonable effort to maintain patient profiles.

The Wyoming State Board of Pharmacy details specific patient counseling regulations in the Board of Pharmacy Administration Rule, Section IX. Information covered during counseling should be determined by the pharmacist's professional judgment.

New prescriptions are covered by the counseling provision. Mail order prescription outlets must offer counseling and provide a toll free telephone number.

When submitting a claim through the Point-of-Sale (POS) System, the claim may alert or deny for a number of different DUR conflict codes. Most codes will post an alert message, but High Dose (HD) or Therapeutic Duplication (TD) may deny in certain circumstances.

If you have a claim deny for HD or TD you can document a DUR Intervention and Outcome with the following codes. You must be accurate. These claims may be audited.

DUR CONFLICT CODES

AT	ADDITIVE TOXICITY	LD	LOW DOSE ALERT
CH	CALL HELP DESK	LR	UNDER USE PRECAUTION
DA	DRUG ALLERGY ALERT	MC	DRUG DISEASE PRECAUTION
DC	INFERRED DRUG DISEASE PRECAUTION	MN	INSUFFICIENT DURATION ALERT
DD	DRUG-DRUG INTERACTIONS		EXCESSIVE DURATION ALERT
DI	DRUG INCOMPATIBILITY	OH	ALCOHOL PRECAUTION
DL	DRUG LAB CONFLICT	PA	DRUG AGE PRECAUTION
DF	DRUG FOOD INTERACTION	PG	DRUG PREGNANCY ALERT
DS	TOBACCO USE PRECAUTION	PR	PRIOR ADVERSE DRUG REACTION
ER	OVERUSE PRECAUTION	SE	SIDE EFFECT ALERT
HD	HIGH DOSE ALERT	SX	DRUG GENDER ALERT
IC	IATROGENIC CONDITION ALERT	TD	THERAPEUTIC DUPLICATION
ID	INGREDIENT DUPLICATION		

DUR INTERVENTION CODES

M0 (M, Zero)	MD Interfaces
P0 (P, Zero)	Patient Interaction
R0 (R, Zero)	Pharmacist Reviewed

DUR OUTCOME CODES

1A	Filled, False Positive
1B	Filled As Is
1C	Filled With Different Dose
1D	Filled With Different Directions
1E	Filled With Different Drug
1F	Filled With Different Quantity
1G	Filled After Prescrbr Apprvl Obtained
2A	Not Filled
2B	Not Filled, Directions Clarified

Retrospective DUR

Drug claims data will be reviewed periodically, using predetermined standards, to monitor for therapeutic appropriateness. Retrospective DUR also includes educational programs, conducted through State DUR boards, and interventions to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

Screening of claims will occur bimonthly. Screening will be based on predetermined criteria and involve monitoring the following:

- Therapeutic appropriateness, over and under utilization, appropriate use of generic products
- Therapeutic duplication
- Drug disease contraindications
- Drug interactions
- Incorrect dosage or duration of therapy and clinical abuse or misuse

The predetermined standards must be consistent with the peer reviewed medical literature, as well as:

- *AMA Drug Evaluations*
- *USP Drug Information*
- *American Hospital Formulary Service Drug Information*
- *DrugDEX Information System*

Therapeutic Duplicate

EqualityCare implements limits on the following medications and supplies as suggested by the Wyoming Drug Utilization Review Board. It is EqualityCare's intent to promote pharmaceutical care by ensuring that prescriptions are appropriate, medically necessary and unlikely to result in adverse medical results.

The following specific examples will deny:

- Two drugs in the same therapeutic class are dispensed concurrently (with overlapping dates of service) and belong to one of the following specific therapeutic classes:
 - Sedative/Hypnotics
 - Skeletal Muscle Relaxants
 - NSAIDS
 - H2 Antagonists/Inhibitors (to include Cytotec)
 - Anti-Hemophilic Factors
- Two drugs in same therapeutic class are dispensed concurrently, **originated from two different prescribers according to the claim information you have submitted**, and belong to one of the following specific Therapeutic classes:
 - Narcotic Analgesics or Non-Narcotic Analgesics
 - Anti-Anxiety Drugs (primarily the Benzodiazepines)
 - Anti-Hyperkinesia Agents (primarily Ritalin)
 - Aromatic Adrenergic Agents (primarily Amphetamines)

Some pharmacies mistake “refill too soon” rejections for therapeutic duplication edits. This seems to occur frequently with Ritalin. It may appear that the claim is rejecting because two different strengths of the same medication are being dispensed (as is frequently and appropriately the case with Ritalin), but that is not why the claim denies. The claim **will deny**, if based on the information you submit, there is a concurrent therapeutic duplication and **two different** doctors are prescribing. Refer to the Therapeutic Duplication Edit above, regarding Anti-Hyperkinesia Agents.

Drug Quantity Limits

Please note there is no grace period for day supply with these edits. The full quantity of medication or supply must be used before another claim can be transmitted.

- **Ambien:**
 - 1) Ambien 5mg limited to 15 tablets maximum in 31 days.
 - 2) Ambien 10mg limited to 15 tablets maximum in 31 days.
- **Amerge:**
 - 1) Amerge 1mg limited to 22 tablets in 31 days.
 - 2) Amerge 2.5mg limited to 9 tablets in 31 days.
- **Axert:**
 - 1) Axert 6.25mg limited to 24 tablets maximum per 31 days.
 - 2) Axert 12.5mg limited to 24 tablets maximum per 31 days.
- **Frova:**
 - 1) Frova 2.5mg limited to 18 tablets maximum in 31 days.
- **Imitrex:**
 - 1) Imitrex kit 6mg/0.5ml limited to a maximum of 3 kits in 31 days.
 - 2) Imitrex vial 6mg/0.5ml limited to a maximum of 2 vials in 31 days.
 - 3) Imitrex 20mg nasal spray limited to 6 bottles maximum in 31 days.
 - 4) Imitrex 25mg tablets limited to 36 tablets maximum in 31 days.
 - 5) Imitrex 50mg tablets limited to 18 tablets maximum in 31 days.

- **Maxalt:**
 - 1) Maxalt 5mg and Maxalt MLT 5mg limited to 24 tablets in 31 days.
 - 2) Maxalt 10mg and Maxalt MLT 10mg limited to 12 tablets in 31 days.
- **Oxandrin:**
 - Oxandrin 2.5mg limited to 248 tablets maximum per 31 days.
 - Oxandrin 10mg limited to 62 tablets maximum per 31 days.
- **Prosom:**
 - 1) Prosom 1mg limited to 15 tablets maximum in 31 days
 - 2) Prosom 2mg limited to 15 tablets maximum in 31 days
- **Sonata:**
 - 1) Sonata 5mg limited to 15 tablets in 31 days
 - 6) Sonata 10mg limited to 15 tablets in 31 days
- **Stadol:**
 - 1) Stadol Nasal Spray 10mg/ml limited to a maximum of 4 bottles in 31 days.
- **Toradol:**
 - 1) Toradol 39mg Tubex limited to maximum of 5-day duration of therapy.
 - 2) Toradol 30mg syringe limited to a maximum of 5-day duration of therapy.
 - 3) Toradol 15mg syringe limited to a maximum of 5-day duration of therapy.
 - 4) Toradol 10mg tablet limited to maximum of 5-day duration of therapy.
- **Zomig:**
 - 1) Zomig 2.5mg and Zomig ZMT 2.5mg limited to 18 tablets in 31 days
 - 2) Zomig 5mg limited to 9 tablets in 31 days
- **Viagra:**

The issue of whether EqualityCare programs must cover Viagra is governed by the Omnibus Budget Reconciliation Act of 1990 (OBRA '90), which established the drug rebate program. This law requires, with a few limited exceptions, that a State who chooses to include outpatient drugs within its EqualityCare program must cover, for their medically accepted indications, all FDA approved prescription drugs of manufacturers that have entered into drug rebate agreements. The specific exceptions include: drugs used for weight loss or weight gain; drugs to treat infertility; drugs for cosmetic purposes or hair growth; drugs for the symptomatic relief of cough and colds; and drugs to promote smoking cessation. Each State EqualityCare program may choose to cover or not to cover these types of medications. The FDA has approved Viagra to treat erectile dysfunction in men. Viagra does not fall within any of the allowable exclusions listed above.

It is important to remember that ninety percent of EqualityCare beneficiaries are women and children. The number of men on EqualityCare with a diagnosis of erectile dysfunction is very small. However, in an effort to prevent over utilization, we are placing limits on the number of tablets EqualityCare will pay for in a month. We will also monitor, in conjunction with our Drug Utilization Review Board, for appropriate diagnosis, type of prescriber, etc.

Viagra (Pfizer) is limited to six tablets in thirty-one days for all three strengths (25mg, 50mg, 100mg).

Supply Quantity Limits

- **Diapers:**
 - Restrict all diapers to a maximum of 13 per day, a maximum of 31 day supply at one time, and clients three years of age and older.
- **Catheters:**
 - Restrict all catheters to a maximum of 10 per day, and a maximum of 31 day supply at one time.
 - Disposable – 10 per day and 31 day supply.
 - All Others – 5 per month or 5 per 31 days.

Refill Too Soon

This edit posts when a refill is requested at 80-percent or less of the day supply of the previous fill. **The application of this edit requires that the day supply information that you assign to a claim is accurate.** For a prescription with a thirty-day supply there is an eight-day grace period. All submitted claims are compared against claims history based on two times the day supply. For example, if a day supply is set at thirty days, POS will compare submitted claims against sixty days of claims history. If the first refill claim is submitted twenty-five days after the original claim, five days of the grace period have been used, leaving three left for the period (sixty days). If a second refill is submitted twenty-six days after the first refill, this refill claim requires at least four grace period days, but there are only three grace period days remaining in this sixty day period and the edit will post and reject the claim. The on-line rejection will include a date that the claim should go through. If the second refill had been submitted twenty-seven days after the first refill the claim would have been accepted.

If you received a denied claim for Refill Too Soon (Edit 79) you must now call the ACS Prior Authorization Call Center at 1-866-556-9320. If the following criteria are met, the Prior Authorization Call Center will enter the override via a prior authorization system. They will inform you if the override is allowed and the override has been entered. You can then resubmit the claim that denied for Refill Too Soon.

Override criteria:

- Dosage change
- Lost prescription- 1 Refill Too Soon allowed per year per client

Prior Authorization

This process assures that the approved service is medically necessary and considered to be a benefit of the EqualityCare program. All claims, including those for PA must meet claim submission requirements before payment can be made (i.e., client eligibility, approval, timely filing, etc.)

The physician or the dispensing pharmacy may request prior authorization (PA). The requestor may submit a PA on the standard "Request for Prior Authorization" form for the requested drug via fax, mail, e-mail or by telephone to the ACS PA Program.

At this time we have PPI's, COX II and Oxycontin on PA, but refer to your provider bulletins for future medications or drug classes to be placed on PA.

Clinical staff will review the request and communicate the determination to the requesting physician during the initial contact in most cases. It will not be necessary for providers to enter a PA number on the claim. However, if PA was not granted, the POS will return Edit 75 with the following message: PA REQUIRED- PLEASE CONTACT ACS AT 866-556-9320 FOR A PA REQUEST. The dispensing pharmacy may contact ACS at 866-556-9320 to verify the status of a physician-initiated PA.

Contact information for Prior Authorization Submissions

ACS State Healthcare
Prescription Benefits Management
Prior Authorization Dept.
Phone: 866-556-9320
Fax: 866-879-0104
E-mail: WyomingEqualityCare.PA@acs-inc.com

Address for submitting PA requests:

ACS State Healthcare
Prescription Benefits Management
Prior Authorization Dept.
365 Northridge Road, Suite 400
Atlanta, GA 30350

Emergency Supply

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 recipient by entering a med cert code 8 in the PA medical certification field, the first position of NCPDP field number 416. A med cert code 8 can be used twice per month for each drug. A dispensing fee will not apply.

Prior Authorization Process

ACS Clinical Call Center in Atlanta, Georgia, reviews requests for prior authorization.

1. Requesting physician or dispensing pharmacy must contact ACS Clinical Call Center directly for PA request by phone, fax, e-mail, or mail submission.
2. Requestor should use the "Request for Prior Authorization" forms customized for each drug or drug class.
3. If PA is approved, ACS will enter the approval in the system immediately. Pharmacy can now process claim for recipient. Most PA requests are completed within 24 hours. Turnaround is contingent upon the accuracy of information obtained from the PA request.
4. If PA is not approved or not obtained, the claim will deny.
5. ACS will notify the requesting physician and the recipient of a PA denial.
6. Emergency or 72-Hour Supply. Should a pharmacy need to dispense an emergency supply for medication on prior authorization to a recipient and the ACS Clinical Call Center is closed, the pharmacist can dispense a 72-hour supply by entering a med cert code 8 in the PA medical certification field, the first position of NCPDP field number 416. A med cert code 8 can only be used twice for each drug per month. A dispensing fee will not apply.

Appeals Process

1. If a PA is denied, only the physician may submit an appeal. All appeals must be in writing on the standard "Request for Patient Exemption from Prior Authorization Criteria" form within 30 days of the date the original PA request was denied.
2. A clinical supervisor (and escalation to an ACS clinical pharmacist) reviews the appeal and determines if exception is warranted.
3. If an appeal is approved, ACS will enter an approval into the POS claims system. Pharmacy can now process claim for recipient.
4. If an appeal is denied, ACS will notify the requesting physician and recipient. Physician may submit a second appeal directly to the EqualityCare Pharmacy Program. All 2nd appeals must be in writing on the standard "2nd Request for Patient Exemption from Prior Authorization Criteria" form submitted by fax or mail to the following address:

Office of Pharmacy Services
Attn: Appeals Request Unit
6101 Yellowstone Ave., Ste. 259A
Cheyenne, WY 82002 Fax: (307) 777-8623

5. When directed by EqualityCare, ACS will enter an approval for the denied appeal for a 30-day supply until the State and the Drug Utilization Board on the 2nd request make a final decision. Pharmacy can process claim for recipient without an approved PA for one month.

Pharmacy Lock-In Program

The pharmacy lock-in program “locks” recipients into one pharmacy provider to receive services.

The program criteria are as follows:

- Any recipient who receives prescriptions from two or more physicians
- And utilizes two or more pharmacies for filling prescriptions (excluding diagnosis of cancer, AIDS).

Billing

Denied claims - the claim will be denied if your pharmacy is not the recipient’s “lock-in” pharmacy. These are considered as non-covered.

Emergency situations - (car accidents, etc.) if the pharmacist feels that in their best professional judgment a prescription should be filled and they are not the lock-in provider, a hand-billed claim must be submitted to the EqualityCare Pharmacy Unit for review.

Office of Pharmacy Services
Attn: Pharmacy Case Manager
6101 Yellowstone Ave., Ste. 259A
Cheyenne, WY 82002

Hospice

When a client elects hospice care, they can only receive services provided by the hospice provider. The client is considered “locked-in” to their hospice provider. Therefore, services billed by any other provider are denied. If a pharmacy fills a prescription that is not for treatment of their hospice condition, the pharmacy must call the ACS POS Helpdesk for a PA to override the lockin edit.

First Data Bank - Product Information

Please note that even though a product may be listed as covered by EqualityCare (such as diapers or catheters), a particular manufacturer’s product may NOT be covered if the manufacturer has not submitted all product information to First Data Bank (FDB). It is the manufacturer’s responsibility to submit their product information to FDB.

If you become aware of a product that you believe should be covered by EqualityCare, but is not accepted by the system, please contact the manufacturer of the product to forward the necessary information to FDB. Sometimes the manufacturer is unwilling to give all the necessary information (usually pricing information), and in that case their product will NOT be covered.

Appendix A
Prior Authorization Criteria
Proton Pump Inhibitors

Aciphex, Nexium, Prilosec, Protonix, Prevacid, Omeprazole

Acute dosing for up to 60 days in each 12-month period does not require prior authorization. Additional therapy beyond 60 days requires the following:

1. One of the following diagnoses (approval will be granted for a lifetime):
 - a. Barret's esophagitis
 - b. Zollinger-Ellison Syndrome
 - c. Pathological hypersecretory condition

Or

2. One of the following diagnoses after initial treatment period:
 - a. Duodenal ulcer maintenance (approval granted for one 12 month period)
 - b. Benign gastric ulcer (approval granted for one 12 month period)
 - c. Erosive esophagitis (approval granted for one 12 month period) (not mandating a biopsy)
 - d. History of gastric ulcer and current NSAID therapy (approval granted for one 12 week period)
 - e. Recurrent gastroesophageal reflux disease (approval granted for one 8 week period)

Or

3. Both of the following qualifications (approval granted for one 12 month period):
 - a. Diagnosis of *H. pylori*
 - b. Concurrent antibiotic prescription with the PPI prescription

COX-2 Inhibitors
Bextra, Celebrex, Vioxx

Patient must be 18 years of age or older to receive prior authorization for a COX-2.

One of the following criteria required for approval:

1. Patient has a diagnosis of familial adenomatous polyposis

Or

2. Patient has one of the following diagnoses:
 - a. Osteoarthritis
 - b. Rheumatoid arthritis
 - c. Primary dysmenorrhea
 - d. Acute pain (covered for acute pain only if prescription is non-refillable and limited to therapy of 5 days or less)

and one of the following qualifications:

- a. Medical necessity for the concomitant use of low dose aspirin, warfarin or methotrexate
- b. Concomitant use of a non-COX-2 NSAID and an H-2 antagonist or proton pump inhibitor for the past three months
- c. History of peptic ulcer disease or GI bleeding
- d. Failure with or intolerance of a trial as designated by the provider of any three multi-source NSAIDS

Oxycontin

Oxycontin will be denied if the prescribed dosage exceeds two tablets per day with a maximum of three different strengths per month.

The patient is required to have a cancer diagnosis for approval of an unlimited dose of Oxycontin.

Appendix B

Appendix B

Appendix B

Appendix C

Appendix D