



# 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

<b>BIN</b>	014293
<b>PCN</b>	WYOPOP
<b>Group #</b>	No Group Required
<b>GHS POS Pharmacy Helpdesk</b>	877-209-1264 (8-5 PM MDT)
<b>GHS Provider Prior Authorization Helpdesk</b>	877-207-1126 (8-5 PM MDT)
<b>GHS Fax (PA Forms)</b>	866-964-3472
<b>ACS Provider Relations Helpdesk (non-pharmacy inquiries)</b>	800-251-1268 (9-5 PM MDT)
<b>Automated Option: Receive Client's ID# using SS#</b>	800-251-1270
<b>SMAC Inquiries</b>	877-206-4714
<b>Website</b>	<a href="http://www.wyequalitycare.org">www.wyequalitycare.org</a>
<b>Updated Provider Manual/PDL/PA Forms/SMAC List</b>	<a href="http://www.wyequalitycare.org">www.wyequalitycare.org</a>
<b>Dummy Dr NPI (see next page)</b>	999555999
<b>72 HOUR EMERGENCY OVERRIDE</b> <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 &gt; 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>	<b>PA TYPE CODE FIELD:</b> (Enter 2=MEDICAL CERTIFICATION) <b>PA # FIELD:</b> (Enter 8)
<b>REFILL TOO SOON OVERRIDE (NCPDP Reject Code 79)</b> <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>	<b>SUBMISSION CLARIFICATION CODE:</b> (Enter 4=LOST MEDICATION) (Enter 5=THERAPY CHANGE)
<b>PREGNANCY</b> *Co-payment exception ends on the day of delivery	<b>PA TYPE CODE FIELD:</b> (Enter 2=MEDICAL CERTIFICATION) <b>PA # FIELD:</b> (Enter 4) or <b>PA TYPE CODE FIELD:</b> (Enter 4=EXEMPT FROM CO-PAY)

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