



# Medicaid Pharmacy News

Dear Providers:

May 1, 2012

## QUETIAPINE (SEROQUEL)

Effective May 2, 2012, **BRAND NAME SEROQUEL** will *no longer be preferred*. Wyoming Medicaid will *now prefer* the **generic quetiapine**. Please note that the generic quetiapine will still have the same dosage limitations/criteria as the brand name Seroquel had. This includes doses <100mg requiring prior authorization, unless the client has a diagnosis of major depressive disorder or mood disorder, as well as the maximum dosage limits of 600mg for clients under the age of 13, 900mg for clients between the ages of 13 and 17, and 1200mg for clients over the age of 17. This information can also be found on the Preferred Drug List and Dosage Limitation Chart at [www.wyequalitycare.org](http://www.wyequalitycare.org).

## GHS MEDICAID PHARMACY HELP DESK CONTACT INFORMATION

As a reminder if you experience any difficulty contacting the GHS pharmacy help desk, please use one of the alternative numbers below.

Prior Authorization Phone Number:	877-207-1126
Point-of-Sale Phone Number:	877-209-1264
General Number:	877-205-8083
Local Number:	307-426-4161

## **SUBOXONE AND BUPRENORPHINE (SUBUTEX)**

Effective June 1, 2012, **all Suboxone and buprenorphine (Subutex) claims will require prior authorization**. The following prior authorization form will need to be completed for all Suboxone and buprenorphine (Subutex) requests. Prior to approval of Suboxone and buprenorphine (Subutex), clients must have a **diagnosis of opioid dependence or abuse** and the **total daily dose must be less than or equal to 24mg per day**. Additionally, buprenorphine (Subutex) will only be approved for clients that are **pregnant or nursing or that have a documented allergy to naloxone**. Wyoming Medicaid will also only allow **one (1) narcotic prescription between fills of Suboxone or buprenorphine (Subutex)** and clients will be limited to **two (2) years of Suboxone or buprenorphine (Subutex) use**.

For those clients that have been on Suboxone or buprenorphine (Subutex) for greater than two (2) years, a treatment plan outlining a tapering schedule to allow the client to taper off the medication will also be required prior to any additional doses being approved. If necessary, the treatment plan should be submitted with the prior authorization form and that treatment plan will need to be submitted monthly if it will take longer than thirty (30) days for the client to taper off the medication. If further resources are needed to formulate a tapering treatment plan, please consider using a program that will provide assistance to physicians that have patients with opioid dependence or addiction, such as Project ROAM (Rural Opiate Addiction Management) with the University of Washington, Department of Family Medicine (<http://depts.washington.edu/fammed/roam>). For more information on Project ROAM, please contact the GHS pharmacy help desk at 877-209-1264.

FAX completed form to  
Goold Health Systems (GHS)  
1-866-964-3472

Wyoming Medicaid – Pharmacy Services Program  
PRIOR AUTHORIZATION REQUEST FORM  
**Suboxone® and buprenorphine (Subutex®)**

PHONE  
(For questions or inquiries ONLY)  
1-877-207-1126

Provider must fill in all information below. It must be legible, correct and complete or the form will be returned.

Client ID #: \_\_\_\_\_

Client's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Prescriber NPI: \_\_\_\_\_

Prescriber XDEA (Required): \_\_\_\_\_

Prescriber's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Prescriber Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacy NPI: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- | Drug Name (Only 1 Drug per Form)  | Strength | Dosage Instructions | Days Supply                             | Quantity                                 | Refills |
|---|----------|---------------------|---|--|---------|
| 1. Is this <u>only</u> a dose or quantity change from a previously approved PA?       |          |                     | <input type="checkbox"/> Yes (go to #2) | <input type="checkbox"/> No (skip to #3) |         |
| 2. Can the previously approved PA be cancelled?                                       |          |                     | <input type="checkbox"/> Yes            | <input type="checkbox"/> No              |         |
| 3. Client's Medical Diagnosis _____   |          |                     |   |  |         |
| 4. Is this client currently being treated with Suboxone® or buprenorphine (Subutex®)? |          |                     | <input type="checkbox"/> Yes            | <input type="checkbox"/> No              |         |
| 5. If yes, when was the treatment initiated? _____                                    |          |                     |   |  |         |

**Suboxone® and buprenorphine (Subutex®) criteria**

- The client must have diagnosis of opioid dependence or abuse. These medications will not be covered for the treatment of chronic pain.
- The client will be limited to a maximum daily dosage of 24mg/day
- The client will only be allowed one (1) narcotic prescription between Suboxone or buprenorphine fills.
- The client will be limited to two (2) years of Suboxone or buprenorphine use.
- Buprenorphine will only be approved for clients that are pregnant, nursing, or have a documented allergy to naloxone.

- ❖ To request a client's Control Substance (II-IV) profile please contact the Wyoming Board of Pharmacy Prescription Drug Monitoring Program at 307-634-9636 or <http://pharmacyboard.state.wy.us>.
- ❖ For more information regarding the Wyoming Medicaid Pharmacy Lock-in Program, which limits certain Medicaid clients to receiving prescription services from a single designated pharmacy provider, please contact the Medicaid Pharmacy Case Manager at 307-777-8773.

Prescriber Signature: \_\_\_\_\_ Date(s) of Submission: \_\_\_\_\_

\*MUST MATCH PRESCRIBER LISTED ABOVE