



EqualityCare Pharmacy News

Dear Providers:

May 20, 2011

SUBOXONE AND SUBUTEX NEW CRITERIA

Effective June 15, 2011, all Suboxone and Subutex prescriptions will only be allowed for clients with a diagnosis of opioid dependence or abuse and will also be limited to a dosage of 24mg/day or less. In addition, Subutex will only be allowed for pregnant or nursing women, or clients with a documented allergy to naloxone.

NATIONAL PROVIDER IDENTIFIER REQUIREMENTS

All Wyoming EqualityCare pharmacy claims require both a **valid** pharmacy provider's National Provider Identifier (NPI) number and a **valid** prescriber's NPI number to be populated when submitting pharmacy claims. Claims will not be reimbursed by Wyoming EqualityCare if both NPI numbers are not valid and populated on the claim. An invalid Prescriber NPI number **may not be substituted** with the submitting pharmacy's NPI. These claims will reject with "Invalid Prescriber NPI" or equivalent code. The use of the EqualityCare approved dummy NPI number is allowed **for one claim submission**. The correct NPI number must be obtained before the next claim submission or funds could be returned to the State. The EqualityCare approved dummy NPI number is 9995555999.

PREFERRED DRUG LIST UPDATES AND REMINDERS

- Effective May 25, 2011 Venlafaxine ER **CAPSULES** ***will no longer be covered***. The Venlafaxine ER **TABLETS** ***will be considered preferred agents***.
- Due to updated rebate information, the oral contraceptive preferred drug list implementation has been postponed until further notice for additional analysis to be done.

MULTIPLE PRESCRIPTIONS FOR TITRATING DOSES

Wyoming EqualityCare recommends that when multiple prescriptions are written at one time for titrating doses and medication trials, the pharmacy fill only one (1) medication/prescription at a time. Many times therapeutic doses are reached before the entire trial/titration schedule has been completed. If all the prescriptions are filled at one time, this can result in medications that will not be used available for potential abuse, overdose, as well as increasing costs.

COUGH AND COLD PRODUCTS

According to the Centers for Medicare and Medicaid Services (CMS), in accordance with the notice published in the Federal Register titled, "Drugs for Human Use: Unapproved and Misbranded Oral Drugs Labeled for Prescription Use and Offered for Relief of Symptoms of Cold, Cough or Allergy; Enforcement Action Dates", the following active cold, cough and allergy NDCs qualify as unapproved new drugs within the meaning of section 201(p) of the Federal Food, Drug, and Cosmetic Act, are subject to enforcement action, and should not be marketed without appropriate Food and Drug Administration (FDA) approval (76 Fed. Reg. 11794 (March 3, 2011)). Therefore, in accordance with the notice, we have determined that the NDCs listed below do not meet the definition of a covered outpatient drug as defined in Section 1927(k) of the Social Security Act and are subsequently no longer eligible for inclusion in the rebate program. As a result Wyoming EqualityCare has ***DISCONTINUED COVERAGE*** of the following medications:

NDC	Product Name	NDC	Product Name	NDC	Product Name
00037-0655	RYNA 12 SUSP	28595-0602	ALLRES G	63717-0290	NASOHIST DROPS
00037-0673	RYNA -12 TITRATABLE TABLETS	42192-0507	BP 8 COUGH SUSPENSION	63717-0291	NASOHIST DM DROPS
00037-0692	TUSSI-12D TABS	50383-0871	CP DEC ORAL DROPS	63717-0552	CORZALL LIQUID
00037-0693	TUSSI-12D SUSPENSION	50383-0873	CP DEC-DM ORAL DROPS	63717-0554	EXALL LIQUID
00037-1708	RYNA -12X TABLETS	50991-0126	POLY HIST DM	63717-0555	EXALL D LIQUID
00037-4214	ORGANIDIN NR LIQUID	50991-0320	POLY-TUSSIN DM	64376-0530	PCM CHEWABLE TAB
00037-4312	ORGANIDIN NR TABS	50991-0412	POLYTAN	64376-0537	PHENCARB GG SYRUP
00037-6301	SINA -12X TABLETS	50991-0607	ALA-HIST LQ	64376-0543	BPM 6MG TAB
00095-0645	LODRANE 12 D TABLETS	51991-0131	TRITAL DM LIQUID	64376-0544	BPM PSEUDO 6/45MG TAB
00095-1200	LODRANE 24 EXTENDED RELEASE CAPSULES	51991-0145	COLFEDA CAPSULES	64376-0546	PSEUDO CM NF TAB
00095-1290	LODRANE 24 D EXTENDED RELEASE CAPSULES	51991-0211	DYNATUSS-EX SYRUP	64376-0707	P CHLOR GG DROPS
00185-1304	CPM 8MG/PSEUDO ER 120MG	51991-0513	QUARTUSS SYRUP	64376-0710	PDM GG SYRUP
00277-0160	DALLERGY TABLETS	51991-0534	ALLERGY DN II TABLETS	64376-0711	DEXPC SYRUP
00277-0182	DALLERGY CAPLETS	51991-0591	DURADRYL CHEWABLE TABLETS	64376-0712	PSEUDO DM GG SYRUP
00277-0183	DALLERGY-JR CAPSULES	51991-0633	GUIADRINE DX LIQUID	64376-0714	CPM PSE SYRUP
00485-0054	EDA-HIST TABS	54838-0123	GUAIFENESIN-NR LIQUID	64376-0716	PSEUDOEPHEDRINE GG SYRUP
00485-0055	EDA-HIST LIQUID	54838-0124	GUAIFENESIN DM NR LIQUID	64376-0721	PSE BPM LIQUID
00485-0071	EDA-HIST DM	54838-0542	SILDEC PE SYRUP	64376-0723	PEDIAHIST DM SYRUP
00485-0072	ED-CHLOR-TAN	54838-0544	SILDEC PE-DM SYRUP	64376-0726	C PHEN DM DROPS
00485-0074	ED CHLORPED	58605-0274	BROVEXADT SUSPENSION	64376-0727	C PHEN DM SYRUP
00603-1066	CARDEC ORAL DROPS 1MG-3.5MG/1ML 30ML	58605-0277	BROVEXPD SUSPENSION	64376-0728	C PHEN DROPS
00603-1068	CARDEC DM ORAL DROPS 1MG-3.5MG-3MG/1ML 30ML	58605-0414	AMBIFED	64376-0729	C PHEN SYRUP
00603-1069	CARDEC DM SYRUP 4MG-12.5MG-15MG	58605-0415	AMBIFED DM	64376-0733	PSUEDO COUGH LIQUID
00603-1328	IOPHEN NR LIQUID LIQ	58809-0303	CARBA-XP	64376-0737	DEXPHEN M SOLN
00603-1330	IOPHEN-DM NR LIQ	58809-0536	CARBATUSS	64543-0091	RESCON MX
00603-4886	ORGANI-NR	58809-0707	CARBATUSS-CL	64543-0096	RESCON TABLETS
00642-0645	TUSSO-DMR	60258-0220	DEHISTINE SYRUP	64661-0050	J-TAN D SR 100TB
10122-0650	ALLERX DOSEPACK	60258-0221	CHLOR-MES D LIQUID	66870-0030	MAXIPHEN ADT
10122-0702	ALLERX D	60258-0238	CORFEN-DM	66870-0701	TIME-HIST QD
10122-0704	ALLERX DOSEPACK DF	60258-0239	DECHLORDM LIQUID	66992-0146	LUSONAL LIQUID
10122-0705	ALLERX DOSEPACK PE	60258-0240	DE-CHLOR DR LIQUID	66992-0230	VAZO BID
11528-0115	TENAR PSE	60258-0246	CHLORDEXGP	68013-0007	BROMPHENIRAMINE TANNATE CHEWABLE 12MG
11528-0120	TENAR DM	60258-0262	GANI-TUSS DM NR LIQUID	68013-0014	VISRX DOSE PACK
13811-0001	Z-DEX PEDIATRIC DROPS	60258-0335	DYPHYLLINE-GG ELIXIR	68032-0191	REME TUSSIN DM
13811-0002	Z-DEX SYRUP	60258-0371	DY-G LIQUID	68032-0192	REME HIST DM
13811-0003	Z-DEX 12D	60258-0395	NEUTRAHIST PEDIATRIC DROPS	68032-0276	GUAIFENESIN 200MG/PHENYLEPHRINE HYDROCHLORIDE 5MG SYRUP
15370-0006	RU-TUSS DM SYRUP	60258-0414	CERON SYRUP	68032-0320	SONAHIST DM PEDIATRIC DROPS
16477-0130	DONATUSSIN DM SUSPENSION	60258-0415	CERON DM SYRUP	68032-0324	BROMPHENIRAMINE MALEATE 1MG DROPS
16477-0132	DONATUSSIN DM SYRUP	60258-0425	PULMARI-GP SYRUP	68032-0325	BROMPHENIRAMINE MALEATE 1MG/PSEUDOEPHEDRINE 7.5MG DROPS
16477-0146	DALLERGY PSE TABLET	60258-0426	SIMUC-DM ELIXER	68032-0326	SONAHIST PEDIATRIC DROPS
16477-0819	DALLERGY SYRUP	60258-0429	BROMHIST PDX SYRUP	68032-0368	REPHENYLEPHRINE 1.5 MG / GUAIFENESIN 20 MG DROPS
23359-0003	EXPECTUSS	60258-0431	TUSDEC DM SYRUP	68047-0153	EXEFEN DMX
23359-0011	DOXYTEX	60258-0446	BROMHIST DM SYRUP	68047-0160	NOHIST
23589-0011	VIRAVAN-P SUSPENSION	60258-0760	DIHYDRO-CP	68047-0167	NOHIST-DMX
23589-0013	VIRAVAN-PDM	60258-0761	DIHYDRO-GP	68047-0270	CORYZA-DM
24839-0346	RYNEZE LIQUID	60258-0762	DIHYDRO-PE	68047-0330	SUDAHIST
28595-0110	SERADEX LA 6-19 MG	60575-0619	RESPAHIST 2		