



Medicaid Pharmacy News

Dear Providers:

10/7/2024

REMINDER ON CALCULATING DAYS SUPPLIES

Pursuant to the restoration of prior authorization and therapy edits, an increase in claims resubmitted using an inaccurate days supply has been noticed. As can be found in the Provider Manual under “Dispensing Limitations:”

A prescription’s days supply must equal the quantity of drug dispensed divided by the daily dose prescribed. A prescription claim will be subject to subsequent recovery and further audit proceedings if:

- (i) The days supply submitted is not supported by the dosing direction as prescribed;
- (ii) The dosing directions are given as “take as directed” and the pharmacist has not taken appropriate action to obtain and document on the prescription the actual dosing directions given by the practitioner;
- (iii) Extra doses are being billed. The Wyoming Medicaid Pharmacy Program does not pre-emptively pay for extra doses in the anticipation of lost or wasted medication or for any other reasons; or The dispense date submitted is not the date the pharmacy dispensed the medication to the client.

For any claims that reject due to an accurately calculated days supply that otherwise meet the requirements spelled out within the Provider manual, please contact the Pharmacy Helpdesk at 877-209-1264 for assistance and/or an override.

PREFERRED DRUG LIST (PDL) CHANGES (Effective 10/9/2024)

Please refer to www.wyomedicaid.org for the complete PDL.

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
Addiction Naloxone	Naloxone nasal spray generics and Rextovy will be preferred. Zimhi will be non-preferred.
Crohn’s Immunomodulators	Skyrizi will be non-preferred.

Dermatology Atopic Dermatitis	Zoryve will be non-preferred.
Diabetes DPP-4 Combo Agents	Sitagliptin/metformin will be non-preferred.
Diabetes GLP-1 Agents	Liraglutide will be non-preferred.
Hormones Oral Contraceptives	Opill will be non-preferred.
Hypertension/Cardiology Combination Products	Entresto sprinkles will be non-preferred.
Inflammation Oral Corticosteroids	Emflaza will be non-preferred.
Mental Health Selective Alpha-Adrenergic Agents	Clonidine and Clonidine ER will be preferred for diagnoses of ADD or ADHD.
Migraine Acute Migraine Treatment (Step 1)	Zavzpret will be non-preferred.
Overactive Bladder	Mirabegron will be non-preferred.
Pulmonary Antihypertensives	Opsynvi and Winrevair will both be non-preferred.
Ulcerative Colitis	Skyrizi will be non-preferred.

For any questions, please call the Change Healthcare Pharmacy Help Desk at 877-209-1264.