



**WEST VIRGINIA MEDICAID PHARMACY DEPARTMENT**

<http://www.dhhr.wv.gov/bms/Pharmacy>

**PROVIDER SERVICES**

888-483-0793  
888-483-0801 (Pharmacy)  
304-348-3360  
Monday – Friday  
8:00 am until 5:00 pm

**PHARMACY HELP DESK & PHARMACY PRIOR AUTHORIZATION (RATIONAL DRUG THERAPY PROGRAM)**

800-847-3859 (Phone)  
800-531-7787 (Fax)  
Monday – Saturday  
8:30 am until 9:00 pm  
Sunday 12:00 pm until 6:00 pm

**MEMBER SERVICES**

888-483-0797  
304-348-3365  
Monday – Friday  
8:00 am until 5:00 pm

**PREFERRED DRUG LIST**

For a copy of the most recent preferred drug list, visit:

<http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pdl.aspx>

**STATE MAXIMUM ALLOWABLE COST (SMAC)**

SMAC Review Form:

<http://www.dhhr.wv.gov/bms/Pharmacy/Pages/smac.aspx>

Please refer questions to Magellan at 1-800-763-7382 or e-mail to [StateSMACProgram@magellanhealth.com](mailto:StateSMACProgram@magellanhealth.com).

**TIPS FOR PHARMACY PROVIDERS, MEDICARE'S LI NET PROGRAM**

The Centers for Medicare & Medicaid Services (CMS) created the Limited Income Newly Eligible Transition (LI NET) Program to provide point-of-sale (POS) prescription drug coverage to individuals with Medicare's Low-Income Subsidy (LIS) who are not yet enrolled in a Medicare Part D prescription drug plan and to provide retroactive prescription drug coverage for individuals who are newly eligible for both Medicare and Medicaid or Medicare and Supplemental Security Income (SSI). All LI NET enrollees are temporally covered by Medicare's LI NET Program while CMS enrolls them in a Medicare Part D plan.

Four Steps for Pharmacy Providers:

1. Request a Plan ID Card: If the patient has a Part D plan ID card or an LI NET Program enrollment letter with 4Rx data, submit the claim to that payer. If not, go to step 2. Of note, there is not an LI NET Program ID card. If the patient has an LI NET Program enrollment confirmation letter, use the 4Rx data provided.
2. Submit an E1 Transaction: Submit a query to Medicare's online eligibility query system. If the query returns a Bank ID Number (BIN), submit the claim to the plan indicated. Contact the plan for the 4Rx data if the query returns a contract ID and help-desk numbers. If the query does not return enrollment information, go to step 3.
3. Verify Eligibility: If the individual cannot provide proof of eligibility, refer them to his or her State Health Insurance Assistance Program (SHIP). Note: West Virginia's Bureau of Senior Services supports a toll-free help line for providers and members at 1-877-787-4463. If the patient is eligible for the LI NET Program, go to step 4.
4. Submit Claim to the LI NET Program.

For more information, see the LI NET Program payer sheet at

[www.humana.com/pharmacists/pharmacy\\_resources/information.aspx](http://www.humana.com/pharmacists/pharmacy_resources/information.aspx) or call the LI Net Program Help Desk: 1-800-783-1307.

**PARTICIPATION IN CMS' SURVEY OF RETAIL PRICES NEEDED**

The Centers for Medicare & Medicaid Services (CMS) has entered into a contract with Myers & Stauffer, LC to perform a survey entitled, "Survey of Retail Prices: Payment and Utilization Rate and Performance Rankings." The purpose of this survey is to perform a monthly nationwide survey of retail community pharmacy prices for prescription drugs in order to generate pricing files that will be available publicly. These pricing files will provide State Medicaid agencies a wide variety of covered outpatient drug acquisition costs and consumer purchase prices. State agencies can then use this pricing file to compare their own pricing methodologies and payments to those derived from these surveys.

Beginning June 1, 2012, the Retail Price Survey was sent to random chain and independent pharmacies throughout the US. These surveys typically take less than 30 minutes of a non-pharmacists time to complete. Data can be collected through electronic or hard copy records and submitted via fax, email or US mail without any specific formatting requirements. Purchase records may come directly from wholesalers as well. All data collected is exclusively controlled by the US government and will be kept confidential.

If you have received this survey, please complete it so your pharmacy specific prices can be taken into consideration by West Virginia Bureau for Medical Services.

## UPCOMING PREFERRED DRUG LIST (PDL) CHANGES

Please be advised that the Bureau for Medical Services, based on recommendations made at the August 15, 2012 meeting of the West Virginia Medicaid Pharmaceutical & Therapeutics Committee, is making the following changes to the Preferred Drug List (PDL).

On October 1, 2012, the following changes will be effective:

The following products will be added as **non-preferred products** and require prior authorization (PA):

- ◆ In the Anticonvulsants, Adjuvants class, Potiga™ (ezogabine)
- ◆ In the Psoriatic Agents, Topical class, Sorilux® (calcipotriene)
- ◆ In the *H. pylori* Combination Treatments class, Omeclamox-Pak® (omeprazole/amoxicillin/clarithromycin)
- ◆ In the Intranasal Rhinitis Agents, Combinations class, Dymista® (azelastine/fluticasone)
- ◆ In the Intranasal Rhinitis Agents, Corticosteroids class, Qnasl™ (beclomethasone) and Zetonna® (ciclesonide)
- ◆ In the Sedative Hypnotics, Other class, Intermezzo® (zolpidem)

PDL changes will be made in the following drug classes:

- ◆ Acne Agents, Topical, Anti-Infective
  - ❖ Azelex® (azelaic acid), clindamycin (gel, lotion, medicated swab, solution), erythromycin (gel, solution) and sulfacetamide suspension will be preferred.
  - ❖ Aczone™ (dapsone), Akne-Mycin® (erythromycin), Cleocin-T® (clincamycin), Clindacin Pac® (clindamycin), Clindagel® (clindamycin), clindamycin foam, erythromycin medicated swab, Evoclin™ (clindamycin), Klaron® (sodium sulfacetamide), Ovace®/ Plus (sulfacetamide) and sulfacetamide cleanser will be non-preferred and require prior authorization (PA).
- ◆ Acne Agents, Topical, Retinoids
  - ❖ Retin-A Micro® (tretinoin) and Tazorac® (tazarotene) will be preferred.
  - ❖ Adapalene, Atralin™ (tretinoin), Avita® (tretinoin), Differin® (adapalene), Retin-A® (tretinoin) and tretinoin (cream, gel) will be non-preferred and require prior authorization (PA).
- ◆ Acne Agents, Topical, Keratolytics
  - ❖ Benzoyl peroxide (cleanser OTC, 10% cream OTC, gel RX & OTC, lotion OTC, 5% & 10% wash OTC, medicated pads) and TL 4.25% BPO MX (benzoyl peroxide) will be preferred.
  - ❖ Benzefoam® (benzoyl peroxide), Benzefoam® Ultra (benzoyl peroxide), benzoyl peroxide (cloths), benzoyl peroxide/aloe OTC, benzoyl peroxide/urea, BPO® (benzoyl peroxide), Delos® (benzoyl peroxide), Desquam-X® (benzoyl peroxide), Lavoclen® (benzoyl peroxide), Pacnex®/HP/LP (benzoyl peroxide), Panoxyl®-4, -8 OTC (benzoyl peroxide), Persa-Gel® OTC (bezel peroxide), Sastid® (sulfur), Se-BPO® (benzoyl peroxide) and Sulpho-Lac® (sulfur) will be non-preferred and require prior authorization (PA).
- ◆ Acne Agents, Topical, Combination Agents
  - ❖ Erythromycin/benzoyl peroxide, sulfacetamide solution and sulfacetamide/sulfur (wash, cleanser) will be preferred.
  - ❖ 10-1 (sulfacetamide/sulfur), Acanya™ (clindamycin phosphate/benzoyl peroxide), Avar®/-E/-LS (sulfur/sulfacetamide), BenzaClin® gel (benzoyl peroxide/clindamycin), Benzamycin® Pak (benzoyl peroxide/erythromycin), benzoyl peroxide/clincamycin gel, benzoyl peroxide/urea, Cerisa® (sulfacetamide sodium sulfur), Clarifoam® EF (sulfacetamide/sulfur), Clenia® (sulfacetamide sodium/sulfur), Duac® (benzoyl peroxide/erythromycin), Epiduo™ (adapalene/benzoyl peroxide), Garimide® (sulfacetamide/sulfur), Inova™ 4/1, 8/2 (benzoyl peroxide/salicylic acid), NuOx® (benzoyl peroxide/sulfur), Prasacion® (sulfacetamide sodium/sulfur), Promiseb® Complete (emollient combo #43/skin cleanser #27), SE® 10-5 SS (sulfacetamide/sulfur), SSS® 10-4 (sulfacetamide/sulfur), sulfacetamide sodium/sulfur (cloths, lotion, pads, suspension), sulfacetamide sodium/sulfur/urea, Sumadan® (sulfacetamide/sulfur), Sumaxin®/TS (sulfacetamide sodium/sulfur), Veltin™ (clindamycin/tretinoin) and Ziana™ (clindamycin/tretinoin) will be non-preferred and require prior authorization (PA).
- ◆ Pediculicides/Scabicides, Topical
  - ❖ Permethrin (RX & OTC), pyrethrins-piperonyl butoxide OTC and Ulesfia™ (benzyl alcohol) will be preferred.
  - ❖ Eurax® (crotamiton), lindane, Lice Egg Remover OTC (benzalkonium chloride), malathion, Natroba™ (spinosad), Ovide® (malathion) and Sklice™ (ivermectin) will be non-preferred and require prior authorization (PA).

Thank you for helping West Virginia Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.