Louisiana Medicaid | Provider UPDATE

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Review of Metformin Single-Ingredient Products

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Metformin is an oral antihyperglycemic drug indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes mellitus. Metformin decreases hepatic glucose production, decreases intestinal glucose absorption, and improves insulin sensitivity by increasing peripheral glucose uptake and utilization. It is available in various formulations, including solution, immediate-release tablets, and extended-release tablets. Although metformin is available in many combination products, as well as the single-ingredient formulations, this review will focus only on single-ingredient metformin products.

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Brand Name	Dosage and Administration	Maximum Dosage
Glucophage® (metformin, immediate release) Available in 500 mg, 850 mg, and 1000 mg tablets	**Adults:** 500 mg orally twice a day or 850 mg once a day, given with meals Increase the dose in increments of 500 mg weekly or 850 mg every 2 weeks on the basis of glycemic control and tolerability, up to a maximum dose of 2550 mg per day, given in divided doses. **Pediatric patients 10 years of age and older**: 500 mg orally twice a day, given with meals Increase the dose in increments of 500 mg weekly on the basis of glycemic control and tolerability, up to a maximum of 2000 mg per day, given in divided doses twice daily.	**Adults:** 2550 mg per day **Pediatric patients 10 years of age and older** 2000 mg per day
Glucophage XR® (metformin, extended release 24hr) Available in 500 mg and 750 mg tablets	**Adults:** 500 mg orally once daily with the evening meal Increase the dose in increments of 500 mg weekly on the basis of glycemic control and tolerability, up to a maximum of 2000 mg once daily with the evening meal. Swallow Glucophage XR® tablets whole and never crush, cut or chew.	**Adults**: 2000 mg per day for adults

Fortamet® (metformin, extended release 24hr-OSM) Available in 500 mg and 1000 mg tablets	**Adults:** 500 mg orally once daily with the evening meal Increase the dose in increments of 500 mg weekly on the basis of glycemic control and tolerability, up to a maximum of 2000 mg once daily with the evening meal. Swallow Fortamet® tablets whole and never crush, cut or chew.	**Adults**: 2000 mg per day for adults
Glumetza® (metformin, extended release 24hr-MOD) Available in 500 mg and 1000 mg tablets	**Adults:** 500 mg orally once daily with the evening meal Increase the dose in increments of 500 mg every 1 to 2 weeks on the basis of glycemic control and tolerability, up to a maximum of 2000 mg once daily with the evening meal. Swallow Glumetza® tablets whole and never crush, cut or chew.	**Adults:** 2000 mg per day
Riomet® (metformin) Available in 500 mg/5ml oral solution	**Adults:** 500 mg (5 mL) twice a day or 850 mg (8.5 mL) once a day, given with meals Increase the dose in increments of 500 mg (5 mL) weekly or 850 mg (8.5 mL) every 2 weeks, up to a total of 2000 mg (20 mL) per day, given in divided doses. Patients can also be titrated from 500 mg (5 mL) twice a day to 850 mg (8.5 mL) twice a day after 2 weeks. Riomet® may be given to a maximum daily dose of 2550 mg (25.5 mL) per day. **Pediatric patients 10 to 16 years of age**: 500 mg (5 mL) twice a day, given with meals Increase the dose in increments of 500 mg (5 mL) weekly up to a maximum of 2000 mg (20 mL) per day, given in divided doses. The dosage of Riomet® must be individualized on the basis of both effectiveness and tolerability.	**Adults:** 2550 mg (25.5 ml) per day **Pediatric patients 10 to 16 years of age**: 2000 mg (20 ml) per day

Contraindications, Precautions and Warnings

- Metformin is contraindicated in patients with severe renal impairment, in patients with a hypersensitivity to metformin, and those with acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma.

- Metformin may lower vitamin B_{12} levels. Hematological parameters should be measured annually and vitamin B_{12} should be measured at 2 to 3 year intervals. Any abnormalities should be managed.

- There is an increased risk of hypoglycemia when metformin is used in combination with insulin and/or an insulin secretagogue. A lower dose of insulin or insulin secretagogue may be required.

- Healthcare providers should refer to the most recent prescribing information when prescribing metformin to patients with renal impairment. Renal function should be assessed with estimated glomerular filtration rate (eGFR) prior to initiation of metformin and periodically while taking metformin. Metformin is contraindicated in patients with severe renal impairment (eGFR below 30 mL/min/1.73 m^2) and initiation is not recommended in those with an eGFR between 30 to 45 mL/minute/1.73 m^2. Risk to benefit ratio should be assessed if eGFR falls below 45 mL/min/1.73 m^2 and metformin should be discontinued if eGFR falls below 30 mL/min/1.73 m^2.

- Avoid use of metformin in patients with hepatic impairment.

- All metformin products have a FDA Boxed Warning, also known as a *black box warning*, regarding the risk of lactic acidosis. Postmarketing cases of metformin-associated lactic acidosis have resulted in death, hypothermia, hypotension, and resistant bradyarrhythmias. The onset of metformin-associated lactic acidosis is often subtle, accompanied only by nonspecific symptoms such as malaise, myalgias, respiratory distress, somnolence, and abdominal pain. Metformin-associated lactic acidosis was characterized by elevated blood lactate levels, anion gap acidosis, increased lactate/pyruvate ratio, and metformin plasma levels generally >5 mcg/mL. Risk factors include renal impairment, concomitant use of certain drugs, age ≥65 years old, radiological studies with contrast, surgery and other procedures, hypoxic states, excessive alcohol intake, and hepatic impairment. Steps to reduce the risk of and manage metformin-associated lactic acidosis in these high risk groups are provided in the prescribing information. If metformin-associated lactic acidosis is suspected, metformin should be discontinued and general supportive measures should be provided in a hospital setting. Prompt hemodialysis is recommended.

Dosage Form Considerations

- There are three extended-release formulations of metformin tablets, each with a different method of drug release.

- Glumetza® is considered the modified release (MOD) metformin product. Advanced polymer delivery technology is utilized to deliver metformin to the duodenum over a period of eight to nine hours. The tablet then remains in the stomach for an extended period until the active drug is released. Glumetza® is available in a generic formulation (metformin ER 24 hour extended release tablets).

- The osmotic release (OSM) metformin product, Fortamet®, utilizes single-composition osmotic technology. When the tablet is swallowed, water is taken up through the membrane of the pill, which dissolves the drug in the core enabling metformin to exit through laser drilled ports in the membrane. The rate of drug delivery is constant and continues as long as there is undissolved drug present in the core tablet. Once the drug is dissolved, the rate of delivery slowly decreases and eventually stops. Fortamet® is available in a generic formulation (metformin ER 24 hour extended release tablets).

- Glucophage XR® utilizes a dual hydrophilic polymer matrix system to release metformin. Metformin is combined with a drug release controlling polymer to form an "inner" phase, which is then incorporated as discrete particles into an "external" phase of a second polymer. After administration, fluid from the gastrointestinal (GI) tract enters the tablet, causing the polymers to hydrate and swell. The drug is released slowly from the dosage form by a process of diffusion through the gel matrix. The hydrated polymer system is not rigid and is expected to be broken up by normal peristalsis in the GI tract. Glucophage XR® is available in a generic formulation (metformin ER 24 hour extended release tablets).

- Patients receiving immediate-release metformin may be switched to Glucophage XR®, Fortamet®, or Glumetza® daily at the same total daily dose, up to 2000 mg once daily.

- Although Fortamet®, Glumetza®, and Glucophage XR® are all extended-release metformin formulations, each product releases metformin differently. Therefore, they are not equivalent to each other and cannot be substituted for each other.

References

Fortamet (metformin) [prescribing information]. Florham Park, NJ: Shionogi; November 2018. https://www.shionogi.com/wp-content/themes/pdfs/fortamet.pdf

Glucophage and Glucophage XR (metformin hydrochloride) [prescribing information]. Princeton, NJ: Bristol-Myers Squibb; May 2018. https://packageinserts.bms.com/pi/pi_glucophage.pdf

Glumetza (metformin hydrochloride) [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals; August 2019 https://shared.salix.com/shared/pi/glumetza-pi.pdf

Riomet (metformin hydrochloride) [prescribing information]. Jacksonville, FL: Ranbaxy Laboratories, Inc; April 2017 https://27cvho1o7gs8zr8lo4084rnj-wpengine.netdna-ssl.com/wp-content/uploads/sites/2/PI20DEC16Riomet-1.pdf

U.S. Food and Drug Administration, Center for Drug Evaluation and Research. *Drugs@FDA*; Accessed January 28, 2020 https://www.accessdata.fda.gov/scripts/cder/daf/

U.S. Food and Drug Administration, Center for Drug Evaluation and Research. *Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations*; Accessed January 28, 2020.https://www.accessdata.fda.gov/scripts/cder/ob/index.cfm

U.S. Pharmacist Product Information Guide. *Glumetza (metformin HCL extended-release tablets): Initial Therapy in Adult Patients with Type 2 Diabetes*; October 2011. https://www.uspharmacist.com/CMSDocuments/2011/10/Glumtzta%20Product%20Information%20Guide%20October%202011.pdf

PHARMACY FACTS

Program Updates from Louisiana Medicaid

Pharmacy Facts can also be found online at: http://ldh.la.gov/index.cfm/page/3036.

January 3, 2020

It has just come to our attention that correspondence went to pharmacy providers regarding Point of Sale Certification. This recertification information is used internally by pharmacy staff to ensure we have appropriate contact information as well as personnel for each enrolled pharmacy provider.

We apologize that the packet was released later than our usual date in October of each year. Providers have until (or before) March 31, 2020 to complete the form.

Brand Over Generic List

The Louisiana Department of Health (LDH) scheduled a Pharmaceutical & Therapeutics (P&T) meeting in November 2019. Although there was a quorum, it was not the appropriate mix of professionals required in the bylaws. Therefore, the Brand Over Generic list from the April 2019 P&T meeting will remain in place until the next meeting in the spring of 2020. For your reference, the list is below:

	Brand Over Generic
1	MAKENA SDV (INTRAMUSCULAR)—Brand and generic preferred
2	FOCALIN XR (ORAL)
3	COPAXONE 20 MG/ML (SUBCUTANE.)
4	TAMIFLU CAPSULE (ORAL)
5	NATROBA (TOPICAL)
6	VOLTAREN (TOPICAL) – Brand and generic preferred
7	XELODA (ORAL)
8	TOBRADEX SUSPENSION (OPHTHALMIC)
9	GLEEVEC (ORAL)
10	PROCENTRA (ORAL)
11	CATAPRES-TTS (TRANSDERM)
12	ALPHAGAN P 0.15% (OPHTHALMIC)
13	SUBOXONE FILM (SUBLINGUAL)
14	RENAGEL (ORAL)

Naloxone Standing Order
The Naloxone Standing Order for 2020 has been renewed by Dr. Rebekah Gee. Please refer to the Louisiana Department of Health website in January for information.

Enbrel
On January 13, 2020, Enbrel will be changed from non-preferred to preferred status.

Preferred Drug List (PDL) Cosmetic Modifications
For the January 1, 2020 PDL there will be some cosmetic modifications. The Point of Sale (POS) edits will be removed and placed into a document that can be found on the title page. See below:

Louisiana Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf

- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. In addition, there are medications and/or classes of medications that are not reviewed by the committee. Unless there is a clinical pre-authorization requirement for the entire class (as noted on the last page of the PDL) these medications will continue to be covered without prior authorization. **Examples: spironolactone, hydrochlorothiazide, amoxicillin suspension**
- There is a mandatory generic substitution **unless** the brand is preferred and the generic is non-preferred. When the brand is preferred and the generic is non-preferred, no special notations are required by the prescriber and the pharmacist enters "**9**" in the DAW field 408-D8.
- When the brand is non-preferred and the prescriber has determined it to be medically necessary, *"Brand medically necessary"* or *"Brand necessary"* must be written on the prescription in the prescriber's handwriting and the pharmacist enters "**1**" in the DAW field 408-D8. For more information, please refer to the following policy: **https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf**
- To locate any medication on this list, you may use the keyboard shortcut **CTRL + F** to search.
- New medications that enter the marketplace in classes reviewed by P&T committee will be considered non-preferred requiring prior authorization until the next P&T committee meeting. Please refer to the following criteria: **New Drugs Introduced into the Market / Non-Preferred**
- The PDL is arranged by therapeutic class with an item number and may contain a subset of medications under each therapeutic class.
- Medications listed as non-preferred are available through the prior authorization process. Each Managed Care Organization (MCO) and Fee for Service (FFS) have their own prior authorization departments.
- Any statement highlighted and underlined in blue is a hyperlink to go directly to forms and/or clinical criteria for medications with an explanation of the purpose and the requirements. **Example: Request Form**
- Point-of-Sale (POS) edits are used when additional limits are needed to ensure medications (whether they are Preferred, Non-Preferred, or not reviewed by the P&T Committee) are used safely and appropriately. For a list of POS edits applicable to each therapeutic class on the PDL/NPDL, and some medications not reviewed by the P&T Committee, please click **HERE**.
- For medications that require a diagnosis code at the pharmacy, please refer to the following link and click ICD-10-CM Diagnosis Code Policy Chart: **http://ldh.la.gov/index.cfm/page/1328**
- Links to Diabetic Supply Lists for MCOs are found on Page 45 of this document (Click **HERE** to go to MCO Diabetic Supply Links on Page 45).
- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.

Below is the last page of the current PDL which lists drugs with POS edits that are not included as preferred or non-preferred. On January 1, 2020, this page will be included at the end of the POS document mentioned above. (See arrow.)

ADDITIONAL AGENTS THAT HAVE POINT-OF-SALE (POS) REQUIREMENT(S)

Click Here for Behavioral Health Agents Listed Below for Children Younger Than Six (BH) | Click Here for Agents Listed Below with POS Requirements

Acetaminophen	POS	Exjade®, Jadenu® (Deferasirox)	POS	Nucala® (Mepolizumab)	CL
Actimmune® (Interferon Gamma-1b)	POS	Exondys 51® (Eteplirsen)	CL, DX	Oralair® (Mixed Grass Allergen Extract)	POS
Alferon N® (Interferon Alfa-N3)	POS	Fabrazyme® (Agalsidase beta)	POS	Palynziq® (Pegvaliase-pqpz)	CL
Amitriptyline	BH, TD	Fasenra® (Benralizumab)	CL	Proleukin® (Aldesleukin)	POS
Amitriptyline/Chlordiazepoxide	BH	Flolan® (Epoprostenol Sodium)	POS	Protriptyline	BH, TD
Amoxapine	BH, TD	Fycompa® (Perampanel)	POS	Pulmozyme® (Dornase Alfa)	POS
Aspirin	POS	Hereditary Angioedema – Berinert®, Cinryze®, Firazyr®, Haegarda®, Kalbitor®, Ruconest®, Takhzyro™	CL	Remodulin® (Treprostinil Sodium) INJECTION	POS
Austedo® (Deutetrabenazine)	CL	HIV Agents	POS	Santyl® (Collagenase)	QL
Beyaz® (Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium)	POS	Imipramine	BH, TD	Skyrizi® (Risankizumab-rzaa)	CL
Botox® (OnabotulinumtoxinA)	DX, QL	Increlex® (Mecasermin)	CL	Soliris® (Eculizumab)	POS
Carafate® (Sucralfate)	POS	Ingrezza® (Valbenazine)	CL	Spinraza® (Nusinersen)	CL, DX
Chlordiazepoxide/Clidinium	BH	Intron-A® (Interferon Alfa-2B Recombinant)	POS	Spravato® (Esketamine)	CL
Chlorpromazine Injectable	BH	Isotretinoin	POS	Sylatron® (Peginterferon alfa-2b)	POS
Cialis® (Tadalafil) 2.5mg, 5mg	POS	Kuvan® (Sapropterin Dihydrochloride)	CL	Synagis® (Palivizumab) Criteria & Request Form	AL, CL, DT, QL
Cinqair® (Reslizumab)	CL	Lithium	BH	Tosymra® (Sumatriptan)	POS
Clomipramine	BH, TD	Lokelma® (Sodium Zirconium Cyclosilicate)	CL	Trimipramine	BH, TD
Clonazepam Tablet	BH, BY, QL	Lorazepam Injectable	BY	Veletri® (Epoprostenol)	POS
Daraprim® (Pyrimethamine)	CL	Lumizyme® (Alglucosidase alfa)	POS	Veltassa® (Patiromer)	CL
Desipramine	BH, TD	Maprotiline	BH	Xenazine® (Tetrabenazine)	CL
Doral® (Quazepam)	MD	Mavenclad® (Cladribine)	CL	Xenical® (Orlistat)	DX, QL
Doxepin (10mg-150mg)	BH, TD	Mosquito Repellant to Decrease Zika Virus Exposure Risk FFS Notice MCO Notice	AL, DX, QL	Xeomin® (IncobotulinumtoxinA)	DX, QL
Dysport® (AbobotulinumtoxinA)	DX	Myobloc® (RimabotulinumtoxinB)	DX	Xolair® (Omalizumab)	CL
Endari® (L-Glutamine)	CL	Nexplanon® (Etonogestrel)	POS	Xyrem® (Sodium Oxybate)	CL, TD
Equetro® (Carbamazepine)	BH, BY	Nortriptyline	BH, TD	Zolgensma® (Onasemnogene Abeparvovec-xioi)	CL

Eligibility and Enrollment System Provider Bulletins

Louisiana Medicaid is publishing bi-weekly provider bulletins to address provider questions and concerns around the new eligibility and enrollment system. The information in these bulletins covers a wide range of provider issues and provider types. This and other news can be found on the web site dedicated to the new system, found here: http://ldh.la.gov/index.cfm/page/3497.

If there are topics you feel need to be covered in these public communications, please let us know by sending an email to Healthy@la.gov.

Public Notice and Comment Procedure

As of Aug. 1, 2019, a public notice and comment period is required before certain policies and procedures are adopted. Drafts will be published on LDH's website to allow for public comment, as per HB 434 of the 2019 Regular Legislative Session. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

In compliance with R.S. 46:460.51(15), 460.53, and 460.54, this procedure provides for a defined term, a public notice requirement, implementation of a policy for the adoption of policies and procedures, and for related matters.

http://www.ldh.la.gov/index.cfm/page/3616

PAYMENT ERROR RATE MEASUREMENT (PERM) Reporting Year (RY) 2021 Cycle Currently Underway

Louisiana Medicaid is mandated to participate in the Centers for Medicare and Medicaid (CMS) **Payment Error Rate Measurement (PERM)** program which will assess our payment accuracy rate for the Medicaid and CHIP programs. If chosen in a random sample, your organization will soon receive a *Medical Records Request* from the CMS review contractor, AdvanceMed. This cycle measurement will review Medicaid and CHIP payments made in Reporting Year (RY) 2021: July 1, 2019 through June 30, 2020.

Please be advised that sampled providers who fail to cooperate with the CMS Review Contractor by established deadlines may be subject to sanctioning by Louisiana Medicaid Program Integrity section through the imposition of a payment recovery by means of a withholding of payment until the overpayment is satisfied, and/or a fine.

Please be reminded that providers who are no longer doing business with Louisiana Medicaid are obligated to retain recipient records for 5 years, under the terms of the Provider Enrollment Agreement.

For more information about PERM and your role as a provider, please visit the Provider link on the CMS PERM website:
http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html

If you have any questions, please call Program Integrity at 225-219-4149.

Remittance Advice Corner

2019 Annual 1099 Notice for Providers

Louisiana Medicaid 2019 1099s will be distributed by U.S. Mail on or before January 31, 2020. Electronic copies are now available for download by going to the Louisiana Medicaid web site, www.lamedicaid.com, Secure Portal, application link, Online 1099. If replacement copies or additional copies are needed, providers must print them from the web site. If you feel there is an error on your 1099, please contact DXC Provider Enrollment at 225-216-6370. Prior year 1099's will be stored in the archive on www.LaMedicaid.com.

Attention Providers

PAYMENT ERROR RATE MEASUREMENT (PERM) 2021 IS NOW IN PROGRESS

Louisiana Medicaid is mandated to participate in the Centers for Medicare and Medicaid (CMS) **Payment Error Rate Measurement (PERM)** program which will assess our payment accuracy rate for the Medicaid and CHIP programs. If chosen in a random sample, your organization will soon receive a *Medical Records Request* from the CMS review contractor, AdvanceMed. This cycle measurement will review Medicaid and CHIP payments made in Reporting Year (RY) 2021: July 1, 2019 through June 30, 2020.

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Please be reminded that providers who are no longer doing business with Louisiana Medicaid are obligated to retain recipient records for 5 years, under the terms of the Provider Enrollment Agreement.

For more information about PERM and your role as a provider, please visit the Provider link on the CMS PERM website: http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html

Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Chapter 4 - Applied Behavior Analysis	Appendix A Contact Information	01/16/20
Adult Day Healthcare	Title Page logo update	01/21/20
Ambulatory Surgery	Title Page logo update	01/21/20
Children's Choice	Title Page logo update	01/21/20
Community Choices Waiver	Title Page logo update	01/21/20
Dental Services (EPSDT)	Title Page logo update	01/21/20
Durable Medical Equipment (DME)	Title Page logo update	01/21/20
EPSDT - School Based Health Centers	Title Page logo update	01/21/20
Family Planning Clinics	Title Page logo update 33.2 - Recipient Requirements 33.4 - Claims Related Information	01/22/20
Federal Qualified Health Clinics (FQHC)	Title Page logo update	01/21/20

Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Free-Standing Birth Centers	Title Page logo update Appendix A - Contact Information Appendix B - Claims Filing	01/21/20 01/2320 01/23/20
Free-Standing ESRD Facilities	Title Page logo update	01/21/20
General Info and Admin	Title Page logo update	01/21/20
Home Health	Title Page logo update	01/21/20
Hospice	Title Page logo update	01/21/20
Hospital	Title Page logo update	01/21/20
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Independent Labs	Title Page logo update	01/21/20
Long-Term Personal Care Services (EPSDT/LTPCS	Title Page logo update EPSDT Plan of Care Forms Updates	01/29/20
New Opportunities Waiver (NOW)	Title Page logo update	01/21/20
Professional Services	Title Page logo update	01/21/20
School-Based Medicaid Administrative Claiming	Title Page logo update	01/21/20
Support Coordination/Case Management	Title Page logo update	01/21/20
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Vision (Eyewear) Services	Title Page logo update Appendix C - Claims Filing Appendix D - Contact/Referral Information	01/22/20

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Manual Chapter	Section(s)	Date of Omission(s)
Chapter 4 - Applied Behavior Analysis	Appendix A Contact Information	01/16/20
Adult Day Healthcare	Title Page logo update	01/21/20
Ambulatory Surgery	Title Page logo update	01/21/20
Children's Choice	Title Page logo update	01/21/20
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For Information or Assistance, Call Us!

Provider Enrollment	(225)216-6370
Prior Authorization:	
Home Health/EPSDT – PCS	1-800-807-1320
Dental	1-866-263-6534 1-504-941-8206
DME & All Other	1-800-488-6334 (225) 928-5263
Hospital Pre-Certification	1-800-877-0666
Provider Relations	1-800-473-2783 (225) 924-5040
REVS Line	1-800-776-6323 (225) 216-(REVS)7387
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381

General Medicaid Eligibility Hotline	1-888-342-6207
MMIS Claims Processing Resolution Unit	(225) 342-3855
MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905
Medicare Savings Program and Medicaid Purchase Hotline	1-888-544-7996
For Hearing Impaired	1-877-544-9544
Pharmacy Hotline	1-800-437-9101
Medicaid Fraud Hotline	1-800-488-2917