



Wyoming
Department
of Health

Division of Healthcare Financing

Medicaid Pharmacy News

Dear Pharmacies:

October 28, 2021

COVID-19 VACCINE SUBMISSION UPDATES

Effective Wednesday November 3, 2021, Wyoming Medicaid will accept NCPDP-approved submission clarification codes for the appropriate billing and reimbursement of indicated COVID-19 third dose vaccines. The changes and necessary submission clarification code information is as follows:

- For medically necessary third doses, use SCC = 7 to indicate that the immunization is a medically necessary additional dose. This change is retroactive to August 13, 2021.
- For booster doses, use SCC = 10 (meets plan limitations) to indicate that the immunization is necessary and the third dose in the series. This change is retroactive to September 10, 2021.
- Effective November 3, 2021, only single instances of SCC = 2 (Other Override) and SCC = 6 (Starter Dose) can be used to indicate initial and second doses of an approved COVID-19 vaccine. Any additional immunization must be billed using the above SCC = 7 or SCC = 10 to receive a paid claim.
 - “2” (Other Override) to indicate the first dose of multi-dose vaccine or
 - “6” (Starter Dose) to indicate that the previous medication was a starter dose and new medication is required to continue treatment to indicate the second dose of multi-dose vaccine

Claims that are submitted using the above criteria will be accepted with no further action required by the pharmacy. Please continue to submit exact quantities for each administration. All administrations that meet acceptance criteria will continue to be paid at the full \$40 incentive fee. For any rejections or items not addressed by this newsletter, please call the Change Healthcare Pharmacy Help Desk at 877-209-1264 with any questions.

PACKAGE INSERT QUANTITY UPDATES

A new therapy edit will go into effect that will monitor and reject claims for drugs that do not conform to package insert instructions for dispensing in original packaging. Claims submitted for quantities not equal to the NDC package quantity will be rejected along with the message “Dispense in Original Packaging.” This edit is independent of the prior authorization and additional therapeutic clinical criteria evaluation, and prior authorizations will only be approved for the package specified quantity.

Some examples of products that will be in accordance with this edit include but are not limited to the following:

Medication	NDC	NDC Package Quantity
Clobazam Suspension 2.5mg/mL	00054-0561-50	100mL
Clobazam Suspension 2.5mg/mL	67877-0658-61	120mL
Epidiolex Oral Solution 100mg/mL	70127-0100-01	100mL
Evrysdi Oral Solution 0.75mg/mL	50242-0175-05	80mL
Onfi Suspension 2.5MG/ML	67386-0313-21	120mL
Quillivant XR 25mg/5mL	24478-0200-20	120mL
Vimpat Solution 10mg/mL	00131-5410-70	465mL
Vimpat Solution 10mg/mL	00131-5410-71	200mL
Vimpat Solution 10mg/mL	00131-5410-72	200mL

Claims submitted for quantities not equal to the NDC package quantity will be rejected along with the message "Dispense in Original Packaging." This edit is independent of the prior authorization and additional therapeutic clinical criteria evaluation, and prior authorizations will only be approved for the package specified quantity.

INSULIN PENS-ORIGINAL PACKAGING

Similarly, Wyoming Medicaid continues to expect insulin pens to be dispensed in the original packaging. Refer to updated package inserts for labeling specifying that insulin pens are to be dispensed in the original sealed carton with the enclosed instructions for use. Claims for insulin pens are still expected to be submitted for an accurate corresponding days supply. Wyoming Medicaid limits are programmed to accommodate accurate days supply numbers for these products.

Claims will continue to be rejected for submitted quantities that are not equal to the complete box, or multiples of this quantity. Please call the Change Healthcare Pharmacy Help Desk at 877-209-1264 with questions.