



Medicaid Pharmacy News

Dear Pharmacies and Providers:

10/26/2022

SYNAGIS® PRIOR AUTHORIZATION PROCEDURE

Wyoming Medicaid requires a prior authorization for **ALL** Synagis® claims. There is a **separate authorization request** form that is required, and it is available on <http://wymedicaid.org/>. **Requests will be accepted starting November 1, 2022.** Requests will be approved for a max of 5 doses at a dosing interval of not less than 28 days between injections. The provider must sign the request form for the first dose. For each subsequent dose, the client's weight, the medication administration date, and the date of submission must be updated and the provider (or provider's agent) must initial the form. Authorizations for subsequent doses **will not be approved** without that updated information. Wyoming Medicaid will approve Synagis® prior authorization requests that meet the criteria below. Clients who have a positive RSV test in the 2022-2023 season or who have been hospitalized for RSV will not be allowed further claims for Synagis® during the season. If a client does not meet the criteria, please provide as much information as possible, and those requests will be reviewed by the state on a case-by-case basis. Wyoming Medicaid does not approve prior authorizations for Synagis® in advance, as the dose depends on the client's current weight. Please submit the request the week prior to the anticipated administration date.

- **CHRONIC LUNG DISEASE:** Client is <24 months of age at start of therapy and has chronic lung disease of prematurity (i.e. bronchopulmonary dysplasia) requiring medication (diuretic or chronic corticosteroid therapy) or oxygen for at least 28 days after birth.
- **CONGENITAL HEART DISEASE:** Client is <12 months of age at start of therapy and has hemodynamically significant congenital heart disease and one or more of the following:
 - Is receiving medication to control congestive heart failure
 - Has a diagnosis of moderate to severe pulmonary hypertension
 - Has a diagnosis of cyanotic heart disease
- **PREMATURITY:**
 - Client is <12 months of age at the start of RSV season and born at <28 weeks, 6 days gestational age
 - Client is <12 months of age at the start of RSV season and born at 34 weeks, 6 days or less gestational age and has either severe neuromuscular disease or congenital abnormalities, either of which compromise handling of respiratory secretions.
 - Client is <6 months of age at the start of RSV season and born between 29 weeks, 0 days and 35 weeks, 6 days gestational age.

DISPENSING LIMITATIONS (USE AS DIRECTED) POLICY REMINDER

As documented in the Provider Manual published on October 1, 2022 at wymedicaid.org, covered durable medical equipment products may be billed through the pharmacy program when submitted with accurate days supply values within published dispensing limitations. This includes Omnipod products as well as glucose monitors. Days supply can be calculated as follows:

Days supply: 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:

1. The days supply submitted is not supported by the dosing direction as prescribed;
2. The dosing directions are given as "take as directed" or "use 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;
3. 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
4. The dispense date submitted is not the date the pharmacy dispensed the medication to the client

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