



Medicaid Pharmacy News

Dear Pharmacies and Providers:

11/14/2022

COVID-19 PRODUCT UPDATES

Effective November 11, 2022, Wyoming Medicaid has updated several COVID-19 related products as described below.

- **COVID-19 AT HOME TEST KITS:** Claims submitted for products for at home COVID-19 testing will be approved in single or 2-kit packs. Wyoming Medicaid will allow no greater than 8 covered total tests per 30-day period.
 - Reimbursement for the test kit(s) will be the lesser-of pricing logic or the State Maximum Allowable Cost of \$13.00; whichever is lower, plus \$10.65 dispensing fee. No copay shall be collected from the member.
 - Claims must be submitted in standard NCPDP format, with the Wyoming Medicaid-enrolled pharmacist NPI as the prescriber for the product. To enroll as a Wyoming provider, please visit HTG Group at <http://wyoming.dyp.cloud> or call (877) 399-0121.
 - Covered product NDCs, descriptions, and package quantities for approved products can be found on page 2 of this newsletter.

- **Oral COVID-19 Agents:** To receive proper payments for the dispensing of oral antiviral products (i.e. Paxlovid), please continue to submit these claims in accordance with previously published recommendations. Verification for therapeutic appropriateness and accurate billing is still expected using the pharmacist's clinical judgment, no prior authorizations will be required for these products.
 - Reimbursement will be the ingredient cost (currently \$0.00) plus the professional dispensing fee (\$10.65.)
 - Basis of Cost Determination should be submitted with a value of "15" to indicate free product or no associated cost, and no copay shall be collected from the member.

- **COVID-19 VACCINES:** NCPDP D.0 Compliant claims for COVID-19 vaccines will continue to be reimbursed at a rate of \$40 for each immunization claim for within the appropriate vaccine series in eligible clients.
 - The Days' Supply (405-D5) populated with a value of "1."
 - The DUR/PPS segment (440-E5) of the submitted claim should have "MA" (Medication Administered)
 - The Quantity Dispensed (442-E7) should be populated with the quantity in mL of administered; respective to each product's package insert and dosing requirements.

- Incentive Amount Submitted (438-E3) should be the amount the pharmacy is seeking for reimbursement. This value must be submitted and be greater than 0. All claims will be reimbursed at the aforementioned \$40.00 regardless of the amount submitted.
- Submission Clarification Code (420-DK) should contain:
 - “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.
 - “10” (Meets Plan Limitations) to indicate a booster dose for populations with waning immunity in accordance with CDC guidance and specific manufacturer’s fact sheets.
- Basis of Cost Determination should be submitted with a value of “15” to indicate free product or no associated cost.

COVERED COVID-19 TESTING PRODUCTS

| NDC | Test Kit Product Name | Package Quantity |
|-------------|------------------------------|-------------------------|
| 00111070752 | COVID-19 AT-HOME TEST KIT | 1 |
| 06121076323 | CELLTRION DIATRUST COVID- | 2 |
| 08290256094 | BD VERITOR AT-HOME COVID- | 2 |
| 08337000158 | INTELISWAB COVID-19 RAPID | 2 |
| 11877001140 | BINAXNOW COVID-19 AG CARD | 2 |
| 14613033972 | QUICKVUE AT-HOME COVID-19 | 2 |
| 16490002597 | CLINITEST RAPID COVID-19 | 2 |
| 50010022431 | CARESTART COVID-19 ANTIGE | 2 |
| 50021086001 | ELLUME COVID-19 HOME TEST | 1 |
| 50428052130 | CVS COVID-19 AT HOME TEST | 2 |
| 56362000589 | IHEALTH COVID-19 ANTIGEN | 2 |
| 56964000000 | ELLUME COVID-19 HOME TEST | 1 |
| 60006019166 | ON/GO COVID-19 ANTIGEN SE | 2 |
| 60007093040 | ON/GO ONE COVID-19 ANTIGE | 1 |
| 60008040780 | INDICAID COVID-19 RAPID A | 2 |
| 69978000004 | CLEARDETECT COVID-19 ANTI | 2 |
| 82607066026 | FLOWFLEX COVID-19 ANTIGEN | 1 |
| 82607066027 | FLOWFLEX COVID-19 ANTIGEN | 2 |
| 95893053317 | COVID-19 OTC ANTIGEN TEST | 2 |
| 95893077490 | COVID-19 OTC ANTIGEN TEST | 1 |
| 96852025431 | GENABIO COVID-19 RAPID SE | 1 |
| 96852095300 | GENABIO COVID-19 RAPID SE | 2 |

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