Wyoming
Department
of Health

Division of Healthcare Financing

Medicaid Pharmacy News

Dear Providers: October 2, 2018

SHINGRIX AND ZOSTAVAX

Effective August 8, 2018, the Shingrix and Zostavax vaccine will only be allowed for clients 50 years of age and older without a prior authorization. Additionally, when pharmacies are presented with a prescription that states "Shingles Vaccine", Wyoming Medicaid recommends that the prescriber should be consulted to determine if the Shingrix vaccine or the Zostavax vaccine should be used, as the two vaccines are not A/B rated and interchangeable.

NARCAN NASAL SPRAY

Narcan nasal spray is now a preferred agent, as well as the naloxone injectable solutions. Nasal atomizers are also covered by Wyoming Medicaid as a DME product to allow the use of the naloxone injectable solutions by the nasal route. Please note that Narcan and naloxone injectable solutions are limited to one fill (quantity of 2) per year without a prior authorization.

MISCELLANEOUS UPDATES

- Fluticasone and Nasonex will now be allowed for up to a 60-day supply.
- Rhopressa will be a preferred ophthalmic agent.
- Cyclosporine in Klarity will be a non-preferred agent and will require a 12-week trial of the preferred agent (Restasis), prior to approval.
- Osmolex ER will be considered a non-preferred agent; generic amantadine will be the preferred agent.
- Tavalisse, Nplate, and Promacta will all require a prior authorization and will be limited to their approved indications.
- Aimovig is non-preferred and will require a three-month trial of three different generic medications from the following classes: divalproex, tricyclic antidepressants, beta blockers and topiramate, prior to approval.
- All long-acting injectable antipsychotics will be limited to 150% of the approved dose.
- Trelegy will be a non-preferred agent and will require a 30-day trial of a preferred agent (Advair Disk/HFA or Symbicort) within the last 12 months, prior to approval.
- Symproic will be a non-preferred agent and will require a diagnosis of Opioid-Induced constipation, as well as a 3-month trial of a secretory agent AND a 3-month trial of the preferred agent (Amitiza), prior to approval.
- Ozempic will be a non-preferred agent and will require a 90-day trial of metformin AND a 90-day trial of a preferred agent (Byetta or Victoza) within the last 12 months, prior to approval.

SYNAGIS

Please see the attached prior authorization form for Synagis for the 2018-2019 RSV season. The form can also be found at www.wymedicaid.org. No criteria changes have been made from the previous year. Please contact the Change Healthcare Pharmacy Help Desk at 877-207-1126 for further assistance.

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FAX completed form to
Change Healthcare
1-866-964-3472

Wyoming Medicaid – Pharmacy Services Program
MULTIPLE USE**
PRIOR AUTHORIZATION REQUEST FORM
SYNAGIS®

PHONE:
(For questions or inquiries ONLY)
1-877-207-1126

Provider must fill in all information below. It must be legible, correct and complete or the form will be returned.

Client ID #: |____|____|____|____|____|____|____|____|____|____|

Client's Full Name: _____ DOB: _____

Prescriber NPI: |____|____|____|____|____|____|____|____|____|____|

Prescriber's Full Name: _____ Phone: _____

Prescriber Address: _____ Fax: _____

Pharmacy NPI: |____|____|____|____|____|____|____|____|____|____|

Pharmacy Name: _____ Phone: _____

Wyoming Medicaid will approve Synagis® PA requests for clients that meet the guidelines below. Requests will only be approved for a maximum of 5 doses at a dosing interval of not less than 28 days between injections. If the client has tested positive for RSV, further requests for Synagis will not be approved. Claims submitted for a day supply less than 28 days may be subject to recovery.

CLIENT'S GESTATIONAL AGE: _____

MEDICAL NECESSITY DOCUMENTATION *(Please check all that apply):*

- ☐ **CHRONIC LUNG DISEASE:** Client is ≤ **24 months** of age at start of therapy and has chronic lung disease of prematurity (i.e. bronchopulmonary dysplasia), continues to require medical intervention (chronic corticosteroid or diuretic therapy) or required supplemental 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: (please check all that apply)
  - ☐ 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 start of RSV season and born at ≤**28 weeks, 6 days** gestational age.
  - ☐ Client is ≤12 months of age at 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 start of RSV season and born between **29 weeks, 0 days** and **35 weeks, 6 days** gestational age.
- ☐ **OTHER (Please include any applicable information including gestational age if client was born premature and does not meet the above criteria):**

_____

Please indicate if the client has received Synagis® in an inpatient setting. If yes, provide the date(s) of administration and dose:
☐ *No* ☐ *Yes* *Administration Date(s):* _____ *Dose:* _____

Please submit (by fax) the same PA form per client per season

SYNAGIS®	ANTICIPATED ADMINISTRATION DATE	PREVIOUS DOSE ADMINISTRATION DATE	CLIENT'S WEIGHT	POSITIVE RSV TEST IN 2018-2019 RSV SEASON?	PRESCRIBER'S INITIALS
1st Dose			Lbs oz		
2nd Dose			Lbs oz		
3rd Dose			Lbs oz		
4th Dose			Lbs oz		
5th Dose			Lbs oz		

Prescriber Signature: _____ **Date(s) of Submission:** _____ _____ _____ _____ _____
1ST DOSE 2ND 3RD 4TH 5TH

** Prescriber's original signature required; copied, stamped, or e-signatures are not allowed. By signature, the prescriber confirms the criteria information above is accurate and verifiable in client records.*

American Academy of Pediatrics-Website: http://aapredbook.aappublications.org/cgi/content/full/2009/1/3.110