

**WYOMING MEDICAID**  
**ADDITIONAL THERAPEUTIC CLASSES WITH CLINICAL CRITERIA**

Unless otherwise noted, generic substitution is mandatory.  
 Last Updated October 14, 2013

THERAPEUTIC CLASS	DRUG NAME	CLINICAL CRITERIA
ANTICONVULSANTS	carbamazepine	Client must have diagnosis of epilepsy, bipolar disorder, or trigeminal neuralgia in the last 12 months.
	clonazepam	Client must have diagnosis of epilepsy, panic disorder, or post traumatic stress disorder in the last 12 months.
	fospheytoin	Client must have diagnosis of epilepsy in the last 12 months.
	gabapentin	Client must have gabapentin on file in the previous 90 days OR a diagnosis of chronic pain, epilepsy, neuropathic pain, postherpetic neuralgia, vasomotor symptoms due restless leg syndrome, to menopause or vasomotor symptoms due to prostate cancer in the last 12 months.
	lamotrigine	Client must have lamotrigine on file in the previous 90 days OR a diagnosis of epilepsy, bipolar, mood disorder or schizoaffective disorder in the last 12 months.
	levetiracetam	Client must have levetiracetam on file in the previous 90 days OR a diagnosis of epilepsy in the last 12 months.
	LYRICA	Client must have Lyrica on the file in the previous 90 days OR have a diagnosis of epilepsy, cancer, or history of antineoplastic therapy in the last 12 months. A 6-week trial of amitriptyline OR cyclobenzaprine AND Savella will be required if the client has a diagnosis of fibromyalgia. A trial and failure of a tricyclic antidepressant greater than or equal to a 12 week supply AND a trial and failure of gabapentin at a dose of 3600mg per day for greater than or equal to a 12 week supply in the last 12 months will be required for a diagnosis of neuropathic pain.
	ONFI	Client must have diagnosis of Lennox-Gastaut Syndrome or a diagnosis of refractory seizures for clients under age 21.
	oxcarbazepine	Client must have oxcarbazepine on the file in the previous 90 days OR a diagnosis of epilepsy, bipolar or unspecified mood disorders in the last 12 months.
	phenytoin	Client must have diagnosis of epilepsy in the last 12 months.
	topiramate	Client must have topiramate on file in the previous 90 days OR a diagnosis of epilepsy or migraines in the last 12 months.
	valproic acid, valproate, divalproex	Client must have diagnosis of epilepsy, bipolar disorder, or migraine in the last 12 months.
	zonisamide	Client must have zonisamide on file in the previous 90 days OR a diagnosis of epilepsy in the last 12 months.
ACNE COMBINATIONS Clindamycin Phosphate-Tretinoin Gel	VELTIN	Client must use separate agents. Acne products are limited to clients ≤ 20 years of age.
	ZIANA	Client must use separate agents. Acne products are limited to clients ≤ 20 years of age.
ANGIOEDEMA, HEREDITARY	BERINERT	Clients are required to have a lab-confirmed diagnosis of hereditary angioedema and 6-12 months of documented treatment in the physician's office.
	FIRAZYR	Clients are required to have a lab-confirmed diagnosis of hereditary angioedema and 6-12 months of documented treatment in the physician's office.
ANTIHYPERTENSIVES	DUTOPROL	Use separate agents.
	ANTIHYPERTENSIVES LONG ACTING	Limited to labeled dosing frequency plus one (i.e. once daily dosing will be limited to two tablet daily). Exceptions will be made with prior authorization for electrophysiology and use in akathisia.
ANTIPLATELET TREATMENTS	ANTIPLATELET TREATMENTS	Limited to one (1) year of treatment following a cardiac event.
ATYPICAL ANTIPSYCHOTICS	SEROQUEL	Doses less than 100mg will require prior authorization without a diagnosis of mood disorder or major depressive disorder. For titration doses, contact the GHS Pharmacy Help Desk for an override.
BOTOX AGENTS	BOTOX	Client must have diagnosis of cervical dystonia (spasmodic torticollis), strabismus and blepharospasm associated with dystonia, spasmodic dystonia (laryngeal dystonia), spasmodic dystonia, hand dystonia (writer's, musician's, or typist's cramp), torsion dystonia, tongue dystonia, hand tremor, voice tremor, spasticity associated with cerebral palsy, stroke, multiple sclerosis, chronic anal fissure, achalasia, hyperhidrosis including gustatory sweating (frey's syndrome), piriformis syndrome, hemifacial spasm, sialorrhea, detrusor-sphincter dyssynergia, oromandibular dystonia, migraine prophylaxis, urinary incontinence due to detrusor overactivity associated with a neurologic condition in adults who have inadequate response to or are intolerant of an anticholinergic medication, or overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication  The following additional criteria will be required before approval will be given to clients with the diagnosis of primary hyperhidrosis: a 6-month trial and failure of topical dermatologics (i.e.. Aluminum chloride, tannic acid, glutaraldehyde, anticholinergics), systemic anticholinergics, tranquilizers, or NSAIDS AND prescription strength antiperspirants.
	DYSPORT	Client must have diagnosis of cervical dystonia (spasmodic torticollis).
	MYOBLOC	Client must have diagnosis of cervical dystonia (spasmodic torticollis).
	XEOMIN	Client must have diagnosis of cervical dystonia (spasmodic torticollis) OR diagnosis of blepharospasm and a 30 day trial and failure of Botox.
	CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AGENTS	ARCAPTA DALIRESP
FENTANYL SHORT-ACTING	ABSTRAL	Client must be ≥ 16 years of age AND have a diagnosis of malignant cancer or received antineoplastic therapy in the last 12 months. Limited to labeled dose frequency.
	ACTIQ	Client must be ≥ 16 years of age AND have a diagnosis of malignant cancer or received antineoplastic therapy in the last 12 months. Limited to labeled dose frequency.
	FENTORA	Client must be ≥ 16 years of age AND have a diagnosis of malignant cancer or received antineoplastic therapy in the last 12 months. Limited to labeled dose frequency.
	ONSOLIS	Client must have a diagnosis of breakthrough cancer pain AND a trial and failure of fentanyl transmucosal and buccal tablets greater than or equal to a 14 day supply in the last 12 months. Limited to labeled dose frequency.

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INTRAUTERINE DEVICES (IUD)	IMPLANON	Implanon, Mirena, and Skyla are not covered through the Pharmacy Point-of-Sale (POS) system; however, Medicaid will consider overrides to allow the billing of those medications for patients of Rural Health Clinics (RHC) or Federally Qualified Health Care Centers (FQHC) through the POS system. If a pharmacy is asked to submit a claim for Implanon, Mirena, or Skyla for a patient of one of these facility types, they will first have to contact GHS POS pharmacy help desk at 877-209-1264 to receive approval and an override. The medication must be delivered/mailed directly to the facility and not dispensed directly to the patient.
	MIRENA	
	SKYLA	
IVERMECTIN	STROMEKTOL	Clients must have a documented diagnosis of strongyloidiasis of the intestinal tract, onchocerciasis, or resistant head and body lice.
SEX HORMONES	Chorionic Gonadotropin	Client must have a diagnosis of prepubertal cryptorchidism or hypogonadism in the last 12 months.
	LUPRON	Client must have a diagnosis of prostate cancer, endometriosis, uterine leiomyomata or central precocious puberty in the last 12 months.
	NOVAREL	Client must have a diagnosis of prepubertal cryptorchidism or hypogonadism in the last 12 months.
	PLENAXIS	Client must have diagnosis of prostate cancer in the last 12 months.
	SUPPRELIN LA	Client must have diagnosis of prostate cancer or central precocious puberty in the last 12 months
	SYNAREL	Client must have diagnosis of central precocious puberty or endometriosis in the last 12 months.
	TRELSTAR	Client must have diagnosis of prostate cancer in the last 12 months.
	VANTAS	Client must have diagnosis of prostate cancer or central precocious puberty in the last 12 months.
	ZOLADEX	Client must have diagnosis of prostate cancer, breast cancer, endometrial thinning or endometriosis in the last 12 months.
TRICYCLIC ANTIDEPRESSANTS	imipramine <i>capsules</i>	Client must use imipramine <i>tablets</i> .
	TRICYCLIC ANTIDEPRESSANTS	Require a prior authorization for clients concurrently taking cyclobenzaprine.
VACCINES	CERVARIX	Approved for clients ≥ 19 years of age. Clients < 19 years of age refer to the immunization program at 307-777-7952.
	GARDASIL	Approved for clients ≥ 19 years of age. Clients < 19 years of age refer to the immunization program at 307-777-7952.
VERSA FOAM AGENTS	clobetasol propionate (foam)	Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months <b>OR</b> a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval.
	clindamycin (aerosol)	Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months <b>OR</b> a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval.
	EXTINA	Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months <b>OR</b> a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval.
	LUXIQ	Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months <b>OR</b> a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval.
	OLUX-E	Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months <b>OR</b> a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval.
	SALKERA	Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months <b>OR</b> a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval.
	VERDES0	Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months <b>OR</b> a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval.
MISC.	alprazolam ODT	Client must use alprazolam.
	AMITIZA	Client must have a diagnosis of opioid-induced constipation and a three (3) month trial and failure of a secretory agent, or a diagnosis of chronic idiopathic constipation or Irritable Bowel Syndrome (IBS) with constipation.
	AMTURNIDE	Client must use separate agents.
	AMPYRA	Client must have a diagnosis of a gait disorder associated with Multiple Sclerosis. Initial use will be allowed for three months. After three months, the prescriber will have to certify that the drug is effective for the patient for continued therapy.
	ATOPICLAIR	Approved for children ≤ 5 years of age.
	CIALIS	Client must complete a ninety (90) day trial and failure each, of <u>ALL</u> other medications for benign prostatic hyperplasia (BPH) will be required before Cialis will be approved to treat BPH. Wyoming Medicaid <b>DOES NOT</b> cover Cialis to treat erectile dysfunction (ED).
	dronabinol	Client must have a diagnosis of AIDS or Cancer. Dosage limits apply.
	FERRIPROX	Client must have diagnosis of transfusional iron overload due to thalassemia syndrome.
	FRESHKOTE	Client must complete a 14 day trial and failure of two different over-the-counter agents consisting of at least one artificial tear & lubricant product. The trial should also consist of two separate types of agents. If possible, the trial should include Murine Tears for Dry Eyes as this is the most closely related OTC product to FreshKote.
	GRALISE	Client must have a 60 day trial and <b>documented response</b> to immediate release gabapentin with a credible reason for the need of the once daily formulation. The dose will be limited to 1800mg/day.
	GYNAZOLE-1	Client must complete a trial and failure of ALL other medications for vulvovaginal candidiasis will be required before Gynazole-1 will be approved.

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<b>MISC.</b> <i>continued</i>	INTUNIV	Client must have a diagnosis of ADHD or ADD. Prior authorization will be required for clients under the age of 5. Client must have a trial and failure of a stimulant greater than or equal to a 14 day supply <b>OR</b> a trial and failure of Strattera greater than or equal to a 30 day supply <b>AND</b> a 14 day trial and benefit of guanfacine (Tenex) in the previous 12 months <b>OR</b> a contraindication to ADHD medications (including stimulant and non-stimulant) <b>OR</b> a TIC disorder associated with stimulants (trial of stimulant required).
	JUXTAPID	Client must have a diagnosis of homozygous familial hypercholesterolemia.
	KALBITOR	Client must have a diagnosis of hereditary angioedema.
	KALYDECO	Client must have a diagnosis of cystic fibrosis, specifically with the G551D genetic mutation.
	KORLYM	Client must have a diagnosis of hyperglycemia secondary to hypercortisolism in adult patients with Type 2 diabetes or glucose intolerance that have failed surgery or are not surgery candidates.
	KYNAMRO	Client must have a diagnosis of homozygous familial hypercholesterolemia.
	LIDODERM PATCHES	Client must have a diagnosis of peripheral neuropathy or postherpetic neuralgia.
	LINZESS	Client must have a diagnosis of chronic idiopathic constipation or Irritable Bowel Syndrome (IBS) with constipation.
	modafanil	Client must be $\geq$ 16 years of age. Client must have a diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder, Multiple Sclerosis (MS) Fatigue, or ADD/ADHD with a concurrent diagnosis of substance abuse. Diagnosis of MS will require a fatigue severity scale score of 5.0, a 60 day trial of amantadine AND discontinuation of medications that may contribute to drowsiness or fatigue.
	MOXATAG	Client must use amoxicillin.
	MULTAQ	Client must use amiodarone.
	NUDEXTA	Client must have diagnosis of Pseudobulbar Affect.
	NUVIGIL	Trial and failure of Provigil greater than or equal to a 14 day supply in the last 12 months will be required prior to approval.
	ondansetron	Clients $\leq$ 11 years of age will be allowed a one (1) day supply every 30 days unless they have a diagnosis of cancer. No limits for clients $\geq$ 12. Ondansetron injections and solution will require prior authorization to determine why the client is unable to use the ondansetron tablets.
	ORAVIG	Client must have diagnosis of oral candidiasis <b>AND</b> head/neck cancer or HIV.
	ORBIVAN	Trial and failure of <b>ALL</b> butalbital containing agents, the max dose of acetaminophen, <b>and</b> the max dose of a preferred NSAID. For the treatment of migraine headache, ALL preferred migraine agents must also be tried in addition to the butalbital, APAP, and NSAID trials.
	promethazine	Approved for clients $\geq$ 3 years of age.
	QUALAQUIN	Client must have a history of malaria in the past 6 months.
	RECTIV	Requires a prior authorization and will only be approved after a trial and failure of the commercially available generic nitroglycerin ointment.
	RIBAPAK	Must use individual ribavirin tablets.
	SOLODYN	Client must use minocycline ER.
	SYNAGIS	Requires prior authorization (PA). Max of 5 doses per season at a dosing interval greater than or equal to 28 days.  Client must meet the following criteria: <b>Chronic Lung Disease:</b> Client is $\leq$ 24 months of age at start of therapy and has chronic lung disease of prematurity requiring medication or oxygen within 6 months of the start of RSV season. <b>OR</b> <b>Congenital Heart Disease:</b> Client is $\leq$ 24 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 <b>OR</b> <b>Prematurity:</b> *Client is $\leq$ 12 months of age at start of RSV season and born at $\leq$ 28 weeks, 6 days gestational age *Client is $\leq$ 12 months of age at start of RSV season and born at 34 weeks, 6 days gestational age and has either severe neuromuscular disease or congenital abnormalities, either of which compromise handling of respiratory secretions *Client is $\leq$ 6 months of age at the start of the RSV season and born between 29weeks, 0 days and 35 weeks, 6 days gestational age
	TEKAMLO	Client must use separate agents.
	tranexamic acid	Trial and failure of an oral contraceptive or progesterone only hormone replacement AND one NSAID greater than or equal to a 90 day supply in the last 12 months will be required prior to approval.
	TRUVADA	Client must have a diagnosis of HIV/AIDS or a history of HIV/AIDS medications in their medication profile. Prior authorization with evidence of a negative HIV test and a negative pregnancy test will be required every three months for prophylaxis treatment.
	ULORIC	Trial and failure of allopurinol greater than or equal to a 90 day supply in the last 12 months will be required prior to approval.
	XELJANZ	Client must have diagnosis of rheumatoid arthritis and have trial and failure of methotrexate greater than or equal to a 56 day supply AND trial and failure of Enbrel or Humira greater than or equal to a 56 day supply prior to approval.
	XERESE	Client must use separate agents.
	XIFAXAN	Xifaxan 200mg - Client must have a diagnosis of traveler's diarrhea. Xifaxan 550mg - Client must be $\geq$ 18 years of age and have a diagnosis of reduction in risk of overt hepatic encephalopathy recurrence.
	XOLAIR	Trial and failure of Salmeterol, Formoterol, Albuterol, Theophylline SR, Singulair, or Accolate <b>AND</b> a trial and failure of Qvar, Pulmicort Turbuhaler, Aerobid, Azmacort, or Flovent at maximum doses in the last 30 days will be required prior to approval.
ZYTIGA	Client must have a diagnosis of castration-resistant prostate cancer <b>AND</b> have received prior chemotherapy containing docetaxel; <b>OR</b> client must have a diagnosis of castration-resistant prostate cancer <b>AND</b> be on combination prednisone treatment.	
<b>TOPICAL AGENTS</b>	ZYCLARA	Trial and failure of imiquimod greater than or equal to 28 days in the last 12 months will be required before approval can be given for a non-preferred agent.
	TAZORAC	Allowed for clients with the diagnosis of psoriasis for all ages. For the treatment of acne vulgaris, acne combinations are limited to those clients < 21.