WYOMING MEDICAID
ADDITIONAL THERAPEUTIC CLASSES WITH CLINICAL CRITERIA

Unless otherwise noted, generic substitution is mandatory.
Last Updated August 31, 2016

THERAPEUTIC CLASS	DRUG NAME	CLINICAL CRITERIA
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.
ALLERGAN EXTRACTS, SUBLINGUAL		
	GRASTEK	Client must have diagnosis of grass pollen-induced allergic rhinitis. Clients receiving allergy shots will not be eligible for sublingual treatment.
	ORALAIR	Client must have diagnosis of grass pollen-induced allergic rhinitis. Clients receiving allergy shots will not be eligible for sublingual treatment.
	RAGWITEK	Client must have diagnosis of short ragweed pollen-induced allergic rhinitis. Clients receiving allergy shots will not be eligible for sublingual treatment.
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.
ANTICONVULSANTS		
	APTIOM	Client must have diagnosis of epilepsy in the last 12 months.
	BRIVIACT	Client must have diagnosis of epilepsy in the last 12 months.
	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.
	FYCOMPA	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 to menopause, vasomotor symptoms due to prostate cancer, or restless leg syndrome within the last 12 months.
	lamotrigine/XR	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 disorder 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.
	topiramate ER sprinkle capsules	Client must have diagnosis of epilepsy in the last 12 months.
	TROKENDI XR	Client must have diagnosis of epilepsy in the last 12 months.
	valproic acid, valproate, divalproex	Client must have diagnosis of epilepsy, bipolar disorder, mood disorder, schizoaffective 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.
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 akathesia.
ANTIPLATELET TREATMENTS		
	ANTIPLATELET TREATMENTS	Limited to one (1) year of treatment following a cardiac event.
ATYPICAL ANTIPSYCHOTICS		
	quetiapine	Doses less than 100mg will require prior authorization without a diagnosis of mood disorder or major depressive disorder. For titration doses, contact the Change Healthcare Pharmacy Help Desk for an override.
BENZODIAZEPINES		
	BENZODIAZEPINES	Clients five (5) years of age and younger will require prior authorization before approval. Concurrent use of a narcotic and benzodiazepine OR concurrent use of more than one benzodiazepine at a time will require prior authorization.
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, lower limb spasticity, 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, 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, or lower limb spasticity to decrease the severity of increased muscle tone in ankle and toe flexors (gastrocnemius, soleus, tibialis posterior, flexor hallucis longus, and flexor digitorum longus). 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 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) or upper limb spasticity.
	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 OBSTRUCITVE PULMONARY DISEASE (COPD) AGENTS		
	ARCAPTA	Client must be > 40 years of age and have a diagnosis of COPD
	DALIRESP	Requires adjunct therapy for COPD which must include at least one long-acting anti-muscarinic.

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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.
INTRAUTERINE DEVICES (IUD)/IMPLANTS		
	IMPLANON	Intrauterine devices (IUD) and implants are not covered through the Point-of-Sale (POS) system on the pharmacy side. Claims for IUD's and implants must be billed to the medical side. For questions regarding medical billing please contact Xerox at 800-251-1269.
	MIRENA	
	NEXPLANON	
	PARAGARD	
	SKYLA	
IVERMECTIN		
	Ivermectin	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. A minimum day supply of 28 days will be required.
	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.
TOPICAL AGENTS		
	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. Allowed for clients < 21 years of age for the treatment of acne vulgaris.
TRICYCLIC ANTIDEPRESSANTS		
	imipramine *capsules*	Client must use imipramine ***tablets*** .
	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		
	betamethasone valerate foam	Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months **OR** a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval
	clindamycin foam	Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months OR a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval
	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 OR a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval
	ketoconazole foam	Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months OR a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval
	salicylic acid foam	Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months OR a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval
	VERDESO	Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months OR a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval
MISCELLANEOUS		
	AFREZZA	Requires prior authorization.
	AKYNZEO	Client must have a diagnosis of cancer and/or treatment with chemotherapy within the last year.
	alprazolam ODT	Client must use alprazolam.
	amoxicillin 775mg	Requires prior authorization.
	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.
	CERDELGA	Client must have diagnosis of Gaucher disease type 1, specifically in patients that are not CYP2D6 ultra-rapid metabolizers.
	CHOLBAM	Client must have diagnosis of bile acid disorders due to single enzyme defects or peroxisomal disorders, including Zellweger spectrum disorders, with manifestations of hepatic disease, steatorrhea, or complications from decreased fat soluble vitamin absorption.
	CIALIS	Client must complete a ninety (90) day trial and failure each, of ALL other medications for benign prostatic hyperplasia (BPH) will be required before Cialis will be approved to treat BPH. Wyoming Medicaid DOES NOT cover Cialis to treat erectile dysfunction (ED).
	COLCRYS	Limited to a quantity of 60 tablets per 30 days with a maximum duration of treatment of 6 months.
	CORLANOR	Client must have a diagnosis of stable, symptomatic chronic heart failure with left ventricular ejection fraction ≤ 35%, in sinus rhythm with resting heart rate ≥ 70 beats per minute and either are on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use.
	dronabinol	Client must have a diagnosis of AIDS or Cancer. Dosage limits apply.
	EMEND	Client must have a diagnosis of cancer.
	ENTRESTO	Client must have a diagnosis of chronic heart failure (NYHA Class II-IV) and reduced ejection fraction. Client will not be allowed concurrent therapy with an angiotensin-converting-enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB).
	ESBRIET	Client must have the diagnosis of idiopathic pulmonary fibrosis. Additionally client must have had a pulmonary consult within the last year to support the required diagnosis.
	EVZIO	Requires a prior authorization.
	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.

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MISCELLANEOUS continued	**GRALISE**	Client must have a 60 day trial and **documented response** to immediate release gabapentin with a credible reason for the need of the once daily formulation AND must have a diagnosis of post-herpetic neuralgia. 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.
	HETLIOZ	Client must have a diagnosis of Non-24-Hour Sleep-Wake Disorder
	guanfacine ER	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 OR a trial and failure of Strattera greater than or equal to a 30 day supply **AND** a 14 day trial and benefit of guanfacine (Tenex) in the previous 12 months **OR** a contraindication to ADHD medications (including stimulant and non-stimulant) **OR** 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, G1244E, G1349D, G178R, G551S, R117H, S1251N, S1255P, S549N, or S549R CFTR gene mutation.
	KORLYM	Client must have a diagnosis of hyperglycemia secondary to hypercortisolism in adult patients with Type 2 diabetes or glucose intolerace that have failed surgery or are not surgery candidates.
	KYNAMRO	Client must have a diagnosis of homozygous familial hypercholesterolemia.
	lidocaine pad 5%	Client must have a diagnosis of peripheral neuropathy or postherpetic neuralgia.
	medroxyprogesterone contraceptive injections	A minimum day supply of 84 days will be required.
	modafanil	Client must be ≥ 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.
	MULTAQ	Client must use amiodarone.
	NARCAN NASAL SPRAY	Requires a prior authorization.
	NORTHERA	Client must have a diagnosis of orthostatic dizziness or lightheadedness with symptomatic neurogenic orthostatic hypotension caused by a primary autonomic failure (Parkinson's disease, multiple system atrophy, and pure autonomic failure), dopamine beta-hydroxylase deficiency, and non-diabetic autonomic neuropathy.
	NUEDEXTA	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.
	OCALIVA	Trial and failure of ursodiol greater than or equal to a 30 day supply in the last 12 months will be required prior to approval.
	OFEV	Client must have the diagnosis of idiopathic pulmonary fibrosis. Additionally client must have had a pulmonary consult within the last year to support the required diagnosis.
	ondansetron	Clients ≤ 11 years of age will be allowed a three (3) day supply, up to 12mg per day, every 30 days unless they have a diagnosis of cancer. Claims for clients ≥ 12 years of age do not have a day supply limit. Ondansetron injections and solution will require prior authorization to determine why the client is unable to use the ondansetron tablets or orally disintegrating tablets.
	ORAVIG	Client must have diagnosis of oral candidiasis **AND** head/neck cancer or HIV.
	ORBIVAN	Trial and failure of **ALL** butalbital containing agents, the max dose of acetaminophen, ***and*** 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.
	ORKAMBI	Client must have diagnosis of cystic fibrosis and have lab documentation showing the client is homozygous for the F508del mutation in the CFTR gene. Clients must also be ≥ 12 years of age.
	OTREXUP	Requires prior authorization to determine why generic methotrexate formulations cannot be used.
	PRALUENT	Client must have a diagnosis of heterozygous familial hypercholesterolemia with intolerance to statin therapy or not at goal with maximum statin dose OR a diagnosis of homozygous familial hypercholesterolemia.
	promethazine	Approved for clients ≥ 3 years of age.
	quinine sulfate	Client must have a history of malaria in the past 6 months.
	RASUVO	Requires prior authorization to determine why generic methotrexate formulations cannot be used.
	RECTIV	Requires a prior authorization and will only be approved after a trial and failure of the commercially available generic nitroglycerin ointment.
	REPATHA	Client must have a diagnosis of heterozygous familial hypercholesterolemia with intolerance to statin therapy or not at goal with maximum statin dose OR a diagnosis of homozygous familial hypercholesterolemia.
	RIBAPAK	Must use individual ribavirin tablets.
	SIVEXTRO	Requires trial and failure of two other antibiotics that cover MRSA or a culture indicating resistance to other available agents.
	SOLODYN	Client must use minocycline ER.
	STRENSIQ	Client must have a diagnosis of perinatal/infantile- or juvenile-onset hypophosphatasia.
	SYNAGIS	Requires prior authorization (PA). Limited to a maximum of 5 doses per season at a dosing interval greater than or equal to 28 days. Clients that are hospitalized for RSV will not be allowed further claims for Synagis during the same RSV season. ***Client must meet the following criteria:*** **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. ***OR*** **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 ***OR*** **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 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 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.

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MISCELLANEOUS continued	**VARUBI**	Client must have a diagnosis of cancer.
	VIBERZI	Client must have a diagonsis of Irritable Bowel Syndrome with Diarrhea (IBS-D)
	XENAZINE	Client must have a diagnosis of Chorea associated with Huntington's Disease
	XERESE	Client must use separate agents.
	XIFAXAN 200mg	Client must have a diagnosis of traveler's diarrhea.
	XIFAXAN 550mg	Client must be ≥ 18 years of age and have a diagnosis of reduction in risk of overt hepatic encephalopathy reccurence or a diagnosis of irritable bowel syndrome with diarrhea.
	XOLAIR	Xolair is no longer covered through the Point-of-Sale (POS) system on the pharmacy side. Claims for Xolair must be billed to the medical side. For questions regarding medical billing, please contact Xerox at 800-251-1269.
	XYREM	Client is required to have been diagnosed by a sleep specialist as having narcolepsy and must have completed a thirty day trial and failure of modafanil and methylphenidate or dextroamphetamine at the maximum recommended doses.
	ZYTIGA	Client must have a diagnosis of castration-resistant prostate cancer **AND** have received prior chemotherapy containing docetaxel; **OR** client must have a diagnosis of castration-resistant prostate cancer **AND** be on combination predisone treatment.