

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

Unless otherwise noted, generic substitution is mandatory.  
 Last Updated January 24, 2018

DRUG NAME	CLINICAL CRITERIA
ABSTRAL	Client must be ≥ 16 years of age <b>AND</b> 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 <b>AND</b> have a diagnosis of malignant cancer or received antineoplastic therapy in the last 12 months. Limited to labeled dose frequency.
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.
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.
AMTURNIDE	Client must 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	Limited to one (1) year of treatment following a cardiac event.
APTIOM	Client must have diagnosis of epilepsy in the last 12 months.
ARCAPTA	Client must be > 40 years of age and have a diagnosis of COPD.
ATOPICLAIR	Approved for children ≤ 5 years of age.
AUSTEDO	Client must have a diagnosis of Chorea associated with Huntington's disease or Tardive Dyskinesia.
BENLYSTA	Client must have diagnosis of active, autoantibody-positive, systemic lupus erythematosus.
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.
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.
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 <b>OR</b> a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval.
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.
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.
CERDELGA	Client must have diagnosis of Gaucher disease type 1, specifically in patients that are not CYP2D6 ultra-rapid metabolizers.
CERVARIX	Approved for clients ≥ 19 years of age. Clients < 19 years of age refer to the immunization program at 307-777-7952.
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.
Chorionic Gonadotropin	Client must have a diagnosis of prepubertal cryptorchidism or hypogonadism in the last 12 months.
CIALIS	Client must complete a ninety (90) day trial and failure each, of <b>ALL</b> 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).
CINQAIR	Cinqair is not covered through the Point-of-Sale (POS) system on the pharmacy side. Claims for Cinqair must be billed to the medical side. For questions regarding medical billing, please contact Xerox at 800-251-1269.
clindamycin 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.
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.
clonazepam	Client must have diagnosis of epilepsy, panic disorder, or post traumatic stress disorder in the last 12 months.
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.
CINRYZE	Approved for routine prophylaxis to prevent Hereditary Angioedema attacks in adolescents and adults.
DALIRESP	Requires adjunct therapy for COPD which must include at least one long-acting anti-muscarinic.
dronabinol	Client must have a diagnosis of AIDS or Cancer. Dosage limits apply.
DUTOPROL	Use separate agents.
DYSPORT	Client must have diagnosis of cervical dystonia (spasmodic torticollis), upper limb spasticity and lower limb spasticity in pediatric patients 2 years of age and older, or spasticity in adults.

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EMEND	Client must have a diagnosis of cancer.
EMFLAZA	Client must have a diagnosis of Duchenne's Muscular Dystrophy.
ENTRESTO	Client must have a diagnosis of congestive heart failure. Angiotensin converting enzyme (ACE) inhibitors and angiotension receptor blockers (ARBs) will not be allowed in combination with Entresto
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.
FENTORA	Client must be ≥ 16 years of age <b>AND</b> have a diagnosis of malignant cancer or received antineoplastic therapy in the last 12 months. Limited to labeled dose frequency.
FERRIPROX	Client must have diagnosis of transfusional iron overload due to thalassemia syndrome.
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.
fospheytoin	Client must have diagnosis of epilepsy in the last 12 months.
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.
FYCOMPA	Client must have diagnosis of epilepsy in the last 12 months.
gabapentin	Client must have gabapentin on file in the previous 90 days <b>OR</b> 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.
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 <b>AND</b> must have a diagnosis of post-herpetic neuralgia. The dose will be limited to 1800mg/day.
GRASTEK	Client must have diagnosis of grass pollen-induced allergic rhinitis. Clients receiving allergy shots will not be eligible for sublingual treatment.
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 <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).
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.
HAEGARDA	Approved for routine prophylaxis to prevent Hereditary Angioedema attacks in adolescents and adults.
HETLIOZ	Client must have a diagnosis of Non-24-Hour Sleep-Wake Disorder
IMBRUVICA	Client must have diagnosis of chronic Graft vs. Host disease after failure of one or more lines of systemic therapy <b>OR</b> a diagnosis of cancer.
imipramine <u>capsules</u>	Client must use imipramine <u>tablets</u> .
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.
INGREZZA	Clients must have a diagnosis of tardive dyskinesia.
Ivermectin	Clients must have a documented diagnosis of strongyloidiasis of the intestinal tract, onchocerciasis, or resistant head and body lice.
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 A1067T, A455E, D110E, D110H, D1152H, D1270N, D579G, E193K, E56K, F1052V, F1074L, G551D, G1069R, G1244E, G1349D, G178R, G551S, K1060T, L206W, P67L, R117H, R1070Q, R1070W, R117C, R347H, R352Q, R74W, S1251N, S1255P, S549N, S549R, S945L, or S977F CFTR gene mutation.
ketoconazole 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.
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.
lamotrigine/XR	Client must have lamotrigine on file in the previous 90 days <b>OR</b> 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 <b>OR</b> a diagnosis of epilepsy in the last 12 months.
lidocaine pad 5%	Client must have a diagnosis of peripheral neuropathy or postherpetic neuralgia.
LILETTA	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.
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.
LYRICA	Client must have Lyrica on the file in the previous 90 days <b>OR</b> have a diagnosis of epilepsy, cancer, or history of antineoplastic therapy in the last 12 months. A 6-week trial of amitriptyline <b>OR</b> cyclobenzaprine <b>AND</b> 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 <b>AND</b> 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.

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medroxyprogesterone contraceptive injections	A minimum day supply of 84 days will be required.
MIRENA	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.
modafinil	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. Dosage limits apply. Clients will not be allowed to take concurrently with Nuvigil.
MULTAQ	Client must use amiodarone.
MYOBLOC	Client must have diagnosis of cervical dystonia (spasmodic torticollis).
naloxone	Naloxone formulations available in quantities of 10ml will require prior authorization. Other generic forms of naloxone including vials, cartridges, and prefilled syringes will not require prior authorization.
NARCAN NASAL SPRAY	Requires a prior authorization.
NEXPLANON	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.
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.
NOVAREL	Client must have a diagnosis of prepubertal cryptorchidism or hypogonadism in the last 12 months.
NUCALA	Nucala is not covered through the Point-of-Sale (POS) system on the pharmacy side. Claims for Nucala must be billed to the medical side. For questions regarding medical billing, please contact Xerox at 800-251-1269.
NUEDEXTA	Client must have diagnosis of Pseudobulbar Affect with an underlying diagnosis of multiple sclerosis, amyotrophic lateral sclerosis, dementia, stroke, or traumatic brain injury.
NUVIGIL	Trial and failure of modafinil greater than or equal to a 14 day supply in the last 12 months will be required prior to approval. Dosage limits apply. Clients will not be allowed to take concurrently with modafinil.
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.
ONFI	Client must have diagnosis of Lennox-Gastaut Syndrome or a diagnosis of refractory seizures for clients under age 21.
ONSOLIS	Client must have a diagnosis of breakthrough cancer pain <b>AND</b> 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.
ORALAIR	Client must have diagnosis of grass pollen-induced allergic rhinitis. Clients receiving allergy shots will not be eligible for sublingual treatment.
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.
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 > 6 years of age.
OTREXUP	Requires prior authorization to determine why generic methotrexate formulations cannot be used.
oxcarbazepine	Client must have oxcarbazepine on the file in the previous 90 days <b>OR</b> a diagnosis of epilepsy, bipolar, or unspecified mood disorder in the last 12 months.
PARAGARD	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.
phenytoin	Client must have diagnosis of epilepsy in the last 12 months.
PLENAXIS	Client must have diagnosis of prostate cancer in the last 12 months.
PRALUENT	Client must have a diagnosis of homozygous familial hypercholesterolemia, have a diagnosis of heterozygous familial hypercholesterolemia or atherosclerotic cardiovascular disease <b>AND</b> not at goal with a maximum dose statin, or be intolerant to statin therapy.
promethazine	Approved for clients ≥ 3 years of age.
quetiapine	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.
quinine sulfate	Client must have a history of malaria in the past 6 months.
RAGWITEK	Client must have diagnosis of short ragweed pollen-induced allergic rhinitis. Clients receiving allergy shots will not be eligible for sublingual treatment.
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 homozygous familial hypercholesterolemia, have a diagnosis of heterozygous familial hypercholesterolemia or atherosclerotic cardiovascular disease <b>AND</b> not at goal with a maximum dose statin, or be intolerant to statin therapy.
RIBAPAK	Must use individual ribavirin tablets.

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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
SIVEXTRO	Requires trial and failure of two other antibiotics that cover MRSA or a culture indicating resistance to other available agents.
SKYLA	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.
SOLODYN	Client must use minocycline ER.
STRENSIQ	Client must have a diagnosis of perinatal/infantile- or juvenile-onset hypophosphatasia.
SUPPRELIN LA	Client must have diagnosis of prostate cancer or central precocious puberty in the last 12 months.
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.  <b>Client must meet the following criteria:</b> <b>Chronic Lung Disease:</b> 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. <b>OR</b> <b>Congenital Heart Disease:</b> 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 <b>OR</b> <b>Prematurity:</b> *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
SYNAREL	Client must have diagnosis of central precocious puberty or endometriosis in the last 12 months.
Tazarotene Cream 0.1%	Allowed for clients with the diagnosis of psoriasis for all ages. Allowed for clients < 21 years of age for the treatment of acne vulgaris.
TAZORAC 0.5% GEL, 1% GEL, AND 0.5% CREAM	Allowed for clients with the diagnosis of psoriasis for all ages. Allowed for clients < 21 years of age for the treatment of acne vulgaris.
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.
topiramate	Client must have topiramate on file in the previous 90 days <b>OR</b> 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.
TRELSTAR	Client must have diagnosis of prostate cancer in the last 12 months.
TRICYCLIC ANTIDEPRESSANTS	Require a prior authorization for clients concurrently taking cyclobenzaprine.
TROKENDI XR	Client must have diagnosis of epilepsy in the last 12 months.
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.
valproic acid, valproate, divalproex	Client must have diagnosis of epilepsy, bipolar disorder, mood disorder, schizoaffective disorder, or migraine in the last 12 months.
VANTAS	Client must have diagnosis of prostate cancer or central precocious puberty in the last 12 months.
VARUBI	Client must have a diagnosis of cancer.
VELTIN	Client must use separate agents. Acne products are limited to clients ≤ 20 years of age.
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
VIBERZI	Client must have a diagnosis of Irritable Bowel Syndrome with Diarrhea (IBS-D).

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XADAGO	Client must use this medication as an adjunctive treatment to levodopa/carbidopa and client must have diagnosis of Parkinson's disease
XENAZINE	Client must have a diagnosis of Chorea associated with Huntington's Disease. Brand name Xenazine is required and is only available through specialty pharmacies. Please contact the Change Healthcare pharmacy help desk if assistance is needed to determine pharmacies that have Xenazine available.
XEOMIN	Client must have diagnosis of cervical dystonia (spasmodic torticollis) <b>OR</b> diagnosis of blepharospasm and a 30 day trial and failure of Botox.
XERESE	Client must use separate agents.
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 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.
ZIANA	Client must use separate agents. Acne products are limited to clients $\leq$ 20 years of age.
ZOLADEX	Client must have diagnosis of prostate cancer, breast cancer, endometrial thinning or endometriosis in the last 12 months.
zonisamide	Client must have zonisamide on file in the previous 90 days <b>OR</b> a diagnosis of epilepsy in the last 12 months.
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.
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 predisone treatment.