WYOMING MEDICAID

ADDITIONAL THERAPEUTIC CLASSES WITH CLINICAL CRITERIA

Last Updated September 16, 2022

DRUG NAME	CLINICAL CRITERIA
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.
ADUHELM	Client must have diagnosis of Alzheimer's Disease with beta-amyloid aggregation as determined via PET scan and/or lumbar puncture. Requires documentation of MRIs prior to initial, 7th, and 12th infusions as well as enhanced clinical vigilance for Amyloid Related Imaging Abnormalities (ARIA) during the first 8 doses of treatment.
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.
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.
ATOPICLAIR	Approved for children ≤ 5 years of age.
AUSTEDO	Client must have a diagnosis of Chorea associated with Huntington's disease or Tardive Dyskinesia.
azelaic acid 15% gel	Clients must be 20 years or less and have a diagnosis of rosacea.
BAXDELA	Client must have a trial of linezolid, ciprofloxacin, or levofloxacin prior to approval.
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 **OR** a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval.
BIJUVA	Client must have a diagnosis of moderate to severe vasomotor symptoms due to menopause.
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.
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.
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 see chart below.
CINRYZE	Approved for routine prophylaxis to prevent Hereditary Angioedema attacks in adolescents and adults.
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.
clobazam	Client must have diagnosis of Lennox-Gastaut Syndrome and be 2 years of age or older.
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.
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.
CRYSVITA	Client must be at least one year old and have a diagnosis of x-linked hypophosphatemia.

WYOMING MEDICAID

ADDITIONAL THERAPEUTIC CLASSES WITH CLINICAL CRITERIA

Last Updated September 16, 2022

DRUG NAME	CLINICAL CRITERIA
dalfampridine ER	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 client for continued therapy.
DESCOVY	Client must have a diagnosis of HIV/AIDS or a history of HIV/AIDS medications in their medication profile. Prior authorization for prophylaxis treatment will be required every three months and must include documentation of a negative HIV test within the last month, and women between the ages of 13 and 45 will also be required to submit documentation of a negative pregnancy test within the last month. Prophylaxis treatment will not be approved for individuals at risk of HIV-1 infection from receptive vaginal sex.
DIACOMIT	Client must have a diagnosis of seizures associated with Dravet syndrome and be taking clobazam concurrently.
DOPTELET	Client must have a diagnosis of thrombocytopenia with chronic liver disease and be scheduled to undergo a procedure. Limited to a 5 day supply.
doxycycline DR 40mg	Clients must be between 18 and 20 years old and have a diagnosis of rosacea.
dronabinol	Client must have a diagnosis of AIDS or Cancer. Dosage limits apply.
DUPIXENT	Must be used as add-on maintenance therapy for severe asthma in clients aged 6 and older with eosinophilic or corticosteroid-dependent asthma OR used as add-on maintenance therapy for clients 18 years and older with inadequately controlled chronic rhinosinusitis with nasal polyposis. *Refer to the Preferred Drug List (PDL) for the required criteria for the diagnosis of Atopic Dermatitis
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.
EMEND	Client must have a diagnosis of cancer.
EMFLAZA	Client must have a diagnosis of Duchenne's Muscular Dystrophy.
ENBRACE	Client must have a diagnosis of macrocytic anemia associated with pregnancy
EPIDIOLEX	Client must have a diagnosis of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis and be ≥ 1 year of age.
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.
EVKEEZA	Client must be 12 years of age and have a diagnosis of homozygous familial hypercholesterolemia (HeFH) and using existing low-density lipoprotein-cholesterol (LDL-C) lowering therapies.
EVZIO	Requires a prior authorization.
FASENRA	Client must have a diagnosis of severe asthma with an eosinophilic phenotype and be >12 years of age. This product should be administered by a healthcare professional.
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.
FERRIPROX	Client must have diagnosis of transfusional iron overload due to thalassemia syndrome.
FINACEA 15% AEROSOL	Clients must be 20 years or less and have a diagnosis of rosacea.
FINTEPLA	Client must have a diagnosis of Lennox-Gastaut syndrome (LGS) or seizures associated with Dravet syndrome, and be ≥ 2 years of age.
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.
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.
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. Clients will not be allowed to take gabapentin and Lyrica concurrently.
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.
HAEGARDA	Approved for routine prophylaxis to prevent Hereditary Angioedema attacks in adolescents and adults.
HETLIOZ	Client must be an adult with a diagnosis of Non-24-Hour Sleep-Wake Disorder OR be 3 years of age or older with nighttime sleep disturbances associated with Smith-Magenis Syndrome (SMS), formulation and age requirements will be applied as listed in the FDA-approved labeling.
HIZENTRA	Client must have a diagnosis of Primary Immunodeficiency or be used as maintenance therapy for a diagnosis of Chronic Inflammatory Demyelinating Polyneuropathy.
HYQVIA	Client must have a diagnosis of Primary Immunodeficiency.

WYOMING MEDICAID

ADDITIONAL THERAPEUTIC CLASSES WITH CLINICAL CRITERIA

Last Updated September 16, 2022

DRUG NAME	CLINICAL CRITERIA
IMBRUVICA	Client must have diagnosis of chronic Graft vs. Host disease after failure of one or more lines of systemic therapy OR a diagnosis of cancer.
imipramine *capsules*	Client must use imipramine ***tablets***.
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 Provider Services at 1-888-996-6223
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.
JYNARQUE	Client must be an adult at risk of rapidly progressing autosomal dominant polycystic kidney disease requiring slowed kidney function decline.
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. Kalydeco paks will not be approved without justification as to why the client is unable to use tablets.
KATERZIA	Will be limited to clients between the ages of 6 and 18.
KERENDIA	Client must be 18 or older with a diagnosis of chronic kidney disease associated with Type 2 Diabetes. Approval will require a trial and failure of eplerenone OR spironolactone AND an SGLT2 inhibitor for at least 4 weeks each in the last 12 months. Current use of one of the above medications and ACE/ARB will be required for initiation, at which point spironolactone or eplerenone must be discontinued.
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.
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.
KYNMOBI	Client must have a diagnosis of acute intermittent "off" episodes in Parkinson's disease
lamotrigine/XR tablets	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. Lamotrigine starter kits are not covered.
letrozole	Clients must use as an adjuvant treatment for postmenopausal women with hormonal receptor positive early breast cancer, extended adjuvant treatment of postmenopausal women with early breast cancer who have received prior standard adjuvant tamoxifen therapy, or as first and second-line treatment of postmenopausal women with hormone receptor positive or unknown advanced breast cancer
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 Provider Services at 1-888-996-6223
LIVTENCITY	Client must have diagnosis of posttransplant cytomegalovirus infection refractory to treatment (with or without genotypic resistance) with ganciclovir, valganciclovir, cidofovir, or foscarnet and be ≥12 years of age and weigh at least 35kg.
LUCEMYRA	Client must have a diagnosis of opioid withdrawal symptoms. Limited to a 14 day supply.
LUPKYNIS	Client must have a diagnosis of active lupus nephritis along with existing immunosuppressive therapy regimen.
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.
LYBALVI	Client must be 18 or older with a diagnosis of schizophrenia or bipolar I disorder. Approval requires confirmation via drug test that the patient is not on opioids; prescription or illicit.
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 Provider Services at 1-888-996-6223
MIRVASO	Clients must be between 18 and 20 years of age and have a diagnosis of rosacea.
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. Dosage limits apply. Clients will not be allowed to take concurrently with Nuvigil.
MULPLETA	Client must have a diagnosis of thrombocytopenia with chronic liver disease and be scheduled to undergo a procedure. Limited to a 7 day supply.
MULTAQ	Client must use amiodarone.

WYOMING MEDICAID

ADDITIONAL THERAPEUTIC CLASSES WITH CLINICAL CRITERIA

Last Updated September 16, 2022

DRUG NAME	CLINICAL CRITERIA
MYFEMBREE	Client must have diagnosis of heavy menstrual bleeding associated with uterine fibroids, or documented severe pain associated with endometriosis.
MYOBLOC	Client must have diagnosis of cervical dystonia (spasmodic torticollis).
naloxone	Naloxone formulations available in quantities of 10ml will require prior authorization. Limited to one fill of one naloxone product per year without prior authorization.
NARCAN NASAL SPRAY	Limited to one fill of one naloxone product per 180 days without prior authorization.
NEXLETOL	Patient must have diagnosis of heterozygous familial hypercholesterolemia or atherosclerotic cardiovascular disease AND not at goal with a maximum dose statin; or be intolerant to statin therapy.
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 Provider Services at 1-888-996-6223.
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.
NPLATE	Client must have a diagnosis of thrombocytopenia with chronic immune thrombocytopenia with insufficient response to corticosteroids, immunoglobulins, or splenectomy.
NUCALA	Client must have a diagnosis of severe asthma with an eosinophilic phenotype and be >12 years of age or have a diagnosis of chronic rhinosinusitis with nasal polyps with inadequate response to corticosteroids, and be 18 years of age or older.
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	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. Trial and failure of modafinil greater than or equal to a 14 day supply in the last 12 months will be required for 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.
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.
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 **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.
ORIAHNN	Client must have a diagnosis of heavy menstrual bleeding due to uterine fibroids in premenopausal women. Limited to 24 months of treatment.
ORILISSA	Client must have a diagnosis of moderate to severe pain associated with endometriosis. Limited to 24 months of treatment for the 150mg dose or 6 months of treatment for the 200mg dose
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 ≥ 2 years of age.
ORLADEYO	Client must be ≥12 years of age. Client must have diagnosis of Hereditary Angioedema.
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 **OR** a diagnosis of epilepsy, bipolar, or unspecified mood disorder in the last 12 months.
OXLUMO	Client must be >6 years of age and have diagnosis of primary hyperoxaluria type 1 (PH1).
PALFORZIA	Client must have diagnosis of peanut allergy on file. Age limit initiated in clients age 4-17. Client must follow-up with Pharmacy Care management to ensure adherence and appropriate dispensing schedules.
PALYNZIQ	Client must have a diagnosis of phenylketonuria with uncontrolled blood phenylalanine concentrations greater than 600 micromol/L
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 Provider Services at 1-888-996-6223.
PLENAXIS	Client must have diagnosis of prostate cancer in the last 12 months.

WYOMING MEDICAID

ADDITIONAL THERAPEUTIC CLASSES WITH CLINICAL CRITERIA

Last Updated September 16, 2022

DRUG NAME	CLINICAL CRITERIA
PRALUENT	Client must have a diagnosis of homozygous familial hypercholesterolemia; have a diagnosis of heterozygous familial hypercholesterolemia or atherosclerotic cardiovascular disease AND not at goal with a maximum dose statin; or be intolerant to statin therapy.
pregabalin	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 and failure of a preferred agent (amitriptyline, cyclobenzaprine, duloxetine) within the last 12 months 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 Clients will not be allowed to take gabapentin and Lyrica concurrently.
PROMACTA	Client must have diagnosis of thrombocytopenia with chronic immune thrombocytopenia and insufficient response to corticosteroids, immunoglobulins, or splenectomy; thrombocytopenia in patients with chronic Hepatitis C to allow the initiation and maintenance of interferon-based therapy; OR severe aplastic anemia with insufficient response to immunosuppressive therapy.
promethazine	Approved for clients ≥ 3 years of age.
QELBREE	Client must have a 30-day trial and failure of a preferred non-stimulant. Approval will only be granted for clients 6-17 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 CHC Pharmacy Help Desk for an override.
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 homozygous familial hypercholesterolemia; have a diagnosis of heterozygous familial hypercholesterolemia or atherosclerotic cardiovascular disease AND not at goal with a maximum dose statin; or be intolerant to statin therapy.
RHOFADE	Clients must be between 18 and 20 years of age and have a diagnosis of rosacea.
RIBAPAK	Must use individual ribavirin tablets.
RUCONEST	Client must have a diagnosis of hereditary angioedema.
RUZURGI	Client must have a diagnosis of Lambert-Eaton myasthenic syndrome (LEMS) and be 6 to less than 17 years of age.
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
SAMSCA	Client must have a diagnosis of clinically significant hypervolemic and euvolemic hyponatremia. Treatment should be initiated in a hospital.
SIVEXTRO	Requires trial and failure of two other antibiotics that cover MRSA or 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 Provider Services at 1-888-996-6223.
SOLODYN	Client must use minocycline ER.
SOOLANTRA	Clients must be 20 years or less and have a diagnosis of rosacea
SPRAVATO	Spravato is not covered through the Point-of-Sale (POS) system on the pharmacy side. Claims for Spravato must be billed to the medical side. For questions regarding billing, please contact Provider Services at 1-888-996-6223.
STRENSIQ	Client must have a diagnosis of perinatal/infantile- or juvenile-onset hypophosphatasia.
subvenite	Client must have a diagnosis of epilepsy, bipolar, mood disorder, or schizoaffective disorder in the last 12 months.
SUNOSI	Client must have a diagnosis of fatigue associated with sleep apnea and show compliance of 70% or more use of the
SUPPRELIN LA	Client must have diagnosis of prostate cancer or central precocious puberty in the last 12 months.
SYMDEKO	Client must have a diagnosis of cystic fibrosis (CF), be 12 years and older, and be homozygous for the F508del mutation or who have at least one mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene that is responsive to tezacaftor/ivacaftor based on in vitro data and/or clinical evidence
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 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**

WYOMING MEDICAID

ADDITIONAL THERAPEUTIC CLASSES WITH CLINICAL CRITERIA

Last Updated September 16, 2022

DRUG NAME	CLINICAL CRITERIA
	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 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.
tadalafil	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).
TAKHZYRO	Approved for routine prophylaxis to prevent Hereditary Angioedema attacks in adolescents and adults.
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,	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 **OR** a diagnosis of epilepsy or migraines in the last 12 months.
TRELSTAR	Client must have diagnosis of prostate cancer in the last 12 months.
TRICYCLIC ANTIDEPRESSAN	Requires a prior authorization for clients concurrently taking cyclobenzaprine. Prior authorization will be required for clients < 6 years of age.
TRIKAFTA	Client must be 6 years or older and have a diagnosis of cystic fibrosis with at least one F508del mutation in the CFTR gene.
TRUVADA	Client must have a diagnosis of HIV/AIDS or a history of HIV/AIDS medications in their medication profile. Prior authorization for prophylaxis treatment will be required every three months and must include documentation of a negative HIV test within the last month, and women between the ages of 13 and 45 will also be required to submit documentation of a negative pregnancy test within the last month.
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.
VERQUVO	Client must have a diagnosis of symptomatic chronic heart failure with an ejection fraction of less than 45% and history of hospitalization for heart failure or need for outpatient IV diuretics.
VUITY	Trial and failure of non-pharmacologic therapies along with confirmation of medical necessity will be required prior to approval.
VYNDAQEL	Client must have a diagnosis of cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis in adults.
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. Xenazine will also be limited to a max daily dose of 50mg per day. Brand name Xenaxine 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) **OR** 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 ≥ 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	Client must be ≥ 6 years of age and have a diagnosis of moderate to severe persistent asthma with a positive skin test or in vitro reactivity to a perennial aeroallergen and symptoms that are inadequately controlled with inhaled corticosteroids OR > 18 years with nasal polyps and inadequate response to nasal corticosteroids as add-on maintenance treatment OR >12 years of age and have a diagnosis of Chronic Spontaneous Urticaria (CSU) who remain symptomatic despite H1 antihistamine treatment.

WYOMING MEDICAID

ADDITIONAL THERAPEUTIC CLASSES WITH CLINICAL CRITERIA

Last Updated September 16, 2022

DRUG NAME	CLINICAL CRITERIA
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 ≤ 20 years of age.
ZOKINVY	Client must be ≥12 months old. Client must have diagnosis of Hutchinson-Gilford Progeria Syndrome or Progeroid Laminopathies with either heterozygous *LMNA* mutation with progerin-like protein accumulation or homozygous or compound heterozygous *ZMPSTE24* mutations. Will not be approved for use in other Progeroid Syndromes or processing-proficient Progeroid Laminopathies.
ZOLADEX	Client must have diagnosis of prostate cancer, breast cancer, endometrial thinning or endometriosis in the last 12 months.
ZOLGENSMA	Client must be less than 2 years of age with spinal muscular atrophy (SMA) with bi-allelic mutations in the survival motor neuron 1 (SMN1) gene.
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 **AND** have received prior chemotherapy containing docetaxel; **OR** client must have a diagnosis of castration-resistant prostate cancer **AND** be on combination prednisone treatment.

PHYSICIAN ADMINISTERED MEDICATIONS WITH CLINICAL CRITERIA

Last Updated January 1, 2022

DRUG NAME	ASSOCIATED CODE(S) AND CLINICAL CRITERIA
APRETUDE	(J0739) Client must be 12 years of age or older and havedocumented medical necessity for PrEP and weigh at least 35 kg. Documentation of a negative HIV-1 test prior to initiating therapy will be required.
BENLYSTA	(J0490) Client must have diagnosis of active, autoantibody-positive, systemic lupus erythematosus.
BOTOX	(J0585) 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.
CABENUVA	(J0741) Client must have a diagnosis of HIV/AIDS, be 12 years of age or older and weigh at least 35 kg. Documentation showing a current and stable, antiretroviral regimen with evidence of virological suppression (HIV-1 RNA <50 copies/ml) along with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine will be required.
CINQAIR	(J2786) Client must have diagnosis of severe asthma with an eosinophilic phenotype, be at least 18 years of age, have documented compromised lung function, and have had a least 1 asthma exacerbation requiring the use of oral corticosteroids over the last 12 months. Individuals must be clear from pre-existing helminth infections prior to initial dose, and have a documented blood eosinophil count of >400 cells/mcL within 3-4 weeks of dosing.
DYSPORT	(J0586) 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.
Hyaluronic Acid Derivatives	(J7321, J7326) Client must have documented diagnosis of symptomatic osteoarthritis of the knee, pain that interferes with functional activities such as ambulation and prolonged standing. A trial and failure of conservative nonpharmacologic treatment (such as education, physical therapy, weight loss if appropriate) along with pharmacologic therapy (NSAIDs, COX II Inhibitors, acetaminophen), and prior therapy with at least one intra-articular corticosteroid injection will be required for approval. Repeat doses will only be approved if medical records document significant improvement in pain and functional capacity of the knee joint, and at least six months has elapsed since the previous injection or last injection of the prior series.
LEQVIO	(J1306) Client must have diagnosis of heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD) AND not at goal with a maximum dose statin; or be intolerant to statin therapy.
MYOBLOC	(J0587) Client must have diagnosis of cervical dystonia (spasmodic torticollis).

WYOMING MEDICAID

ADDITIONAL THERAPEUTIC CLASSES WITH CLINICAL CRITERIA

Last Updated September 16, 2022

DRUG NAME	CLINICAL CRITERIA
OCREVUS	(J2350) Client must be 18 years of age or older and have diagnosis of primary progressive forms of multiple sclerosis. For relapsing forms of MS, approval will require trial and failure of eight weeks with two of the following: Aubagio, Avonex, Betaseron, Rebif, Copaxone, Tecfidera and/or Gilenya.
RADICAVA	(J1301) Client must have diagnosis of amyotrophic lateral sclerosis (ALS)
REMICADE	(J1745) Ulcerative Colitis: Client must have diagnosis and 56-day trial and failure of preferred agent (HUMIRA) Crohn's Disease: Client must have diagnosis and 56-day trial and failure of preferred agent (HUMIRA) Ankylosing Spondylitis: Client must have diagnosis and 56-day trial and failure of both preferred agents (HUMIRA, ENBREL) Rheumatoid Arthritis: Client must have diagnosis and 56-day trial and failure of both preferred agents (HUMIRA, ENBREL) Psoriatic Arthritis: Client must have diagnosis and 56-day trial and failure of two of the three preferred agents (HUMIRA, ENBREL, OTEZLA) Plaque Psoriasis: Client must have diagnosis and 56-day trial and failure of two of the three preferred agents (HUMIRA, ENBREL, OTEZLA)
STELARA	(J3358) Ulcerative Colitis: Client must have diagnosis and a 56-day trial and failure of the preferred agent (HUMIRA) Psoriatic Arthritis: Client must have diagnosis and a 56-day trial and failure of two of the three preferred agents (ENBREL, HUMIRA, OTEZLA) Crohn's Disease: Client must have diagnosis and a 56-day trial and failure of the preferred agent (HUMIRA). Plaque Psoriasis:Client must have diagnosis and a 56-day trial and failure of two of the three preferred agents (ENBREL, HUMIRA, OTEZLA)
TYSABRI	(J2323) Client must have diagnosis of relapsing Multiple Sclerosis including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease. Approval will require trial and failure of eight weeks with two of the following: Aubagio, Avonex, Betaseron, Rebif, Copaxone, Tecfidera and/or Gilenya.