



# Medicaid Pharmacy News

Dear Providers:

December 20, 2013

## **NEW THERAPEUTIC CATEGORIES/PREFERRED DRUG LIST (PDL) CHANGES (Effective 01/01/2014)**

Please refer to <http://wymedicaid.org/> for the complete PDL.

THERAPEUTIC CATEGORY	PREFERRED MEDICATIONS/PDL CHANGES
<b>ALLERGY/ASTHMA</b> Anticholinergic Bronchodilators	Combivent, ipratropium, and Spiriva <b>*Combivent will be preferred</b>
<b>ALLERGY/ASTHMA</b> Corticosteroid/Bronchodilator Combinations	Advair/HFA, Dulera, Symbicort <b>*Breo Ellipta will be non-preferred and will require a diagnosis of COPD and trial and failure of a preferred agent greater than or equal to 30 days</b>
<b>ALLERGY/ASTHMA</b> Nasal Antihistamines	Astelin <b>*Brand name Astelin will be preferred and generic azelastine will be non-preferred</b>
<b>ALLERGY/ASTHMA</b> Nasal Steroids	Beconase AQ, flunisolide, fluticasone, and Nasonex <b>*Beconase AQ and flunisolide will be preferred, Nasocort AQ will be non-preferred</b>
<b>ALLERGY/ASTHMA</b> Short-acting Bronchodilators – Inhalers	Proair HFA, Proventil HFA, and Ventolin HFA <b>*Ventolin HFA will be preferred</b>
<b>EPINEPHRINE</b>	Epi-Pen <b>*Epi-Pen will be preferred, Adrenaclick, Auvi-Q, and epinephrine will be non-preferred</b>
<b>ADDICTION AGENTS</b> Buprenorphine Combinations	Suboxone film and Zubsolv <b>* Zubsolv will be preferred (clinical criteria applies)</b>
<b>ANTIBIOTICS</b> Inhaled Tobramycin	Tobi <b>*Tobi will be preferred, Bethkis, Tobi Podhaler, and inhaled tobramycin will be non-preferred</b>
<b>ANTIDEPRESSANTS</b> Other	<b>*Brintellix will be non-preferred and require a trial and failure of two (2) preferred agents in any antidepressant class prior to approval</b>
<b>ANTIHYPERTENSIVES</b> Angiotensin Receptor Blockers (ARBs)	Benicar, Diovan, irbesartan, and losartan <b>*Generic irbesartan will be preferred, brand name Avapro will be non-preferred</b>
<b>ANTIHYPERTENSIVES</b> ARBs and Diuretics	Benicar HCT, Diovan HCT, irbesartan HCTZ, and losartan HCTZ <b>*Generic irbesartan HCTZ will be preferred, brand name Avalide will be non-preferred</b>
<b>ANTIVIRALS</b>	<b>*Aptivus, Crixivan, Invirase, Lexiva, Norvir <u>tablets</u>, Prezista, Reyataz, and Viracept will be preferred, Norvir <u>capsules</u> and <u>solution</u> will be non-preferred</b>
<b>CHOLESTEROL</b> Niacin	<b>*Niacor and Niaspan will be preferred</b>
<b>CHOLESTEROL</b> Statin Combinations	Caduet and Vytorin <b>*Liptruzet will be non-preferred</b>

THERAPEUTIC CATEGORY	PREFERRED MEDICATIONS/PDL CHANGES
<b>CONTRACEPTIVES</b>	*Caziant, Femcon FE, and Loestrin 24 FE, 1/20-21, and 1/20 FE will be preferred, levonorgestrel/ethinyl estrad (91-Day) will be non-preferred
<b>DIABETES</b> Long-acting Insulin	Lantus vial and Solostar *Lantus Solostar will be preferred
<b>DIABETES</b> Short-acting Insulin	*Humulin R and Novolin R will be preferred
<b>EAR</b> Antibiotic/Steroid Combinations	Neo/Poly/HC solution and suspension and ofloxacin *Neo/Poly/HC <u>solution</u> and <u>suspension</u> will be preferred, ciprofloxacin 0.2% will be non-preferred
<b>GASTROINTESTINAL</b> Proton Pump Inhibitors	Lansoprazole capsules, omeprazole capsules, pantoprazole *Lansoprazole capsules will be preferred, Achiphex sprinkles, lansoprazole solutabs, and rabeprazole tablets will be non-preferred
<b>GROWTH HORMONE</b>	Genotropin, Humatrope, and Norditropin *Humatrope will be preferred (clinical criteria applies) and Nutropin AQ will be non-preferred
<b>HEPATITIS C</b> Protease Inhibitors	Incivek and Victrelis *Incivek will be preferred
<b>IMMUNOMODULATORS</b>	Enbrel, Humira, and Simponi *Simponi will be preferred (clinical criteria applies)
<b>MULTIPLE SCLEROSIS</b> Interferon	Avonex and Rebif *Rebif will be preferred
<b>NSAIDS</b> Combination Products	*Zorvolex will be non-preferred
<b>OPHTHALMICS</b> Anti-Allergics	cromolyn, Optivar, Pataday, and Patanol *Brand name Optivar will be preferred and generic azelastine will be non-preferred
<b>OPHTHALMICS</b> Combination Products	Combigan, dorzolamide/timolol, and Simbrinza *Combigan and Simbrinza will be preferred
<b>PHOSPHATE BINDERS</b>	calcium acetate <u>capsules</u> , Eliphos, Phoslyra, and Renagel *Phoslyra will be preferred
<b>PROGESTIN</b>	*Makena will be preferred (clinical criteria applies)
<b>PULMONARY ANTIHYPERTENSIVES</b> Endothelin Receptor Antagonists	Letairis and Tracleer *Tracleer will be preferred (clinical criteria applies)
<b>PULMONARY ANTIHYPERTENSIVES</b> Soluble Guanylate Cyclase Stimulators	Adempas *Adempas will be preferred (clinical criteria applies)
<b>AMPHETAMINES</b> Long Acting Amphetamines	Amphetamine salts combination XR, Dexedrine capsules, Vyvanse *Brand name Dexedrine capsules will be preferred (clinical criteria applies) and generic dextroamphetamine CR capsules will be non-preferred
<b>TOPICAL AGENTS</b> Scabicides/Pediculocides	Lindane, Natroba, and permethrin <u>solution</u> *Lindane, Natroba and permethrin <u>solution</u> will be preferred, permethrin <u>cream</u> will be non-preferred

## **ADDITIONAL THERAPEUTIC CHART CHANGES**

**(Effective 01/01/2014)**

Please refer to <http://wymedicaid.org/> for the complete Additional Therapeutic Chart.

<b><i>THERAPEUTIC CLASS</i></b>	<b><i>CLINICAL CRITERIA CHANGES</i></b>
<b>FYCOMPA</b>	Client must have diagnosis of epilepsy in the last 12 months.
<b>VALPROIC ACID, VALPROATE, DIVALPROEX</b>	Client must have diagnosis of epilepsy, bipolar disorder, mood disorder, schizoaffective disorder, or migraine in the last 12 months.
<b>XYREM</b>	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.

## **MAXIMUM DOSE LIMIT CHANGES**

**(Effective 01/01/2014)**

Please refer to <http://wymedicaid.org/> for the complete Dosage Limitation List.

<b><i>PRODUCT</i></b>	<b><i>DAILY MAX DOSE</i></b>
<b>Brintellix</b>	<b>30mg</b>

## **2014 PHARMACY PROVIDER MANUAL**

The 2014 Pharmacy Provider Manual is now available for online viewing at [www.wymedicaid.org](http://www.wymedicaid.org). Please call the GHS Pharmacy Help Desk with any questions regarding the Pharmacy Provider Manual. If a provider would like a paper copy, the GHS Pharmacy Help Desk will mail a copy upon request.