Wyoming
Department
of Health

Division of Healthcare Financing

Medicaid Pharmacy News

Dear Providers: December 18, 2018

PREFERRED DRUG LIST (PDL) CHANGES (Effective 01/01/2019)

Please refer to www.wymedicaid.org for the complete PDL.

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
ADDICTION	Generic buprenorphine/naloxone tablets will be preferred, but will require a prior authorization
ALLERGY/ASTHMA Anticholinergic Bronchodilators	Tudorza will be preferred
ALLERGY/ASTHMA Inhaled Combination Agents	Dulera will be preferred ***Airduo will be non-preferred**
ALLERGY/ASTHMA Nasal Steroids	Mometasone will be preferred
ALLERGY/ASTHMA Short-Acting Bronchodilators – Inhalers	Xopenex HFA will be preferred ***Generic levoalbuterol will be non-preferred**
ALLERGY/ASTHMA Steroid Inhalants	Asmanex and generic budesonide suspension will be preferred ***Asmanex HFA will be non-preferred**
ARTHRITIS Ankylosing Spondylitis and Psoriatic Arthritis	***Cimzia is non-preferred will be allowed for clients that are pregnant or breast-feeding**
ARTHRITIS Rheumatoid Arthritis	***Olumiant will be non-preferred and will require a trial of methotrexate and Enbrel**
CONVULSIONS	Felbamate will be preferred and will be allowed for the approved FDA indications

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
CROHN'S	***Cimzia is non-preferred will be allowed for clients that are pregnant or breast-feeding**
DERMATOLOGY Benzoyl Peroxide/Clindamycin Combos	Clindamycin/benzoyl peroxide 1-5% will be preferred and will be allowed for clients between 12 to 20 years of age
DERMATOLOGY Immunomodulators – Step 2 Agents	Protopic will be preferred, but will require prior authorization ***Generic tacrolimus will be non-preferred**
DERMATOLOGY Plaque Psoriasis – Step 2 Agents	***Cimzia is non-preferred will be allowed for clients that are pregnant or breast-feeding**
DIABETES α – Glucosidase Inhibitors	***Generic miglitol will be non-preferred**
DIABETES Incretin Mimetics (GLP-1 Receptor Agonist)	Bydureon will be preferred ***Bydureon BCise will be non-preferred**
DIABETES Continuous Blood Glucose Monitors	Dexcom will be preferred, and will require verification that the client is on three or more insulin injections per day
FIBROMYALGIA	***Duloxetine, Lyrica, and Savella are all non-preferred**
GASTROINTESTINAL Bowel Evacuants	Colyte, Gavilyte C, G, and N, Golytely, Moviprep, Nulytely, PEG 3350 Solution, Suclear, Suprep, Trilyte will be preferred ***Clenpiq, Gavilyte H, Poly-Prep, Prepopik will be non-preferred**
GASTROINTESTINAL Irritable Bowel Syndrome with Diarrhea	Viberzi will be preferred, but will require a diagnosis of IBS with diarrhea
GASTROINTESTINAL Mesalamine	Apriso and Delzicol will be preferred
GASTROINTESTINAL Proton Pump Inhibitors	***Esomeprazole will be non-preferred**
HEMATOLOGY Low Molecular Weight Heparin (LMWH)	***Enoxaparin 300mg/3ml will be non-preferred**
HEMATOLOGY Selective Factor XA Inhibitor	Xarelto 10, 15, 20mg and starter pack will be preferred and will require diagnosis verification prior to being allowed ***Xarelto 2.5mg will be non-preferred**
HEMATOLOGY Thienopyridine Derivatives	Prasugrel will be preferred

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
HEMATOLOGY CPTP Derivatives	Brilinta will be preferred and will require diagnosis verification prior to being allowed
HEMATOLOGY Antihemophilic Factor VIII	Novoeight will be preferred
HEPATITIS C Direct Acting Antivirals	***Vosevi will be non-preferred**
HORMONES Oral Contraceptives	Several changes to preferred and non-preferred agents
HYPERLIPIDEMIA PCSK9 Inhibitor	Praluent will be preferred and will require prior authorization ***Repatha will be non-preferred**
HYPERLIPIDEMIA Statin Combinations	Amlodipine/atorvastatin will be preferred
INFECTIOUS DISEASE Anti-Retrovirals	Cimduo, Symfi/Symfi Lo, Trogarzo will be preferred ***Stribild, Symtuza, and Triumeq will be non-preferred**
INFLAMMATION NSAIDs	Flector Patches will be preferred
MENTAL HEALTH Alzheimer Agents	Rivastigmine capsules/patches will be preferred and will require diagnosis verification prior to being allowed
MENTAL HEALTH Antidepressants	***Forfivo XL will be non-preferred**
MENTAL HEALTH Atypical Antipsychotics	Aripiprazole tablets, solution, and ODT's and Perseris will be preferred
MENTAL HEALTH Amphetamines	***Evekeo and Procentra will be non-preferred**
MENTAL HEALTH Methylphenidates	Concerta will be preferred ***Methylphenidate ER Osmotic release will be non-preferred**
MIGRAINE Migraine Prophylaxis	Beta-blockers, divalproex, and topiramate will be preferred ***Aimovig and Ajovy will be non-preferred**
OVERACTIVE BLADDER AGENTS	Vesicare will be preferred
PAIN Short-Acting C-II's	***Roxybond will be non-preferred**

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC) CHANGES (Effective 01/01/2019)

- Baxdela will be allowed after a client has had a trial of ciprofloxacin, levofloxacin, or Zyvox.
- Dalfampridine ER will now be approved for the diagnosis of 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.
- Doptelet will now be approved for clients with the diagnosis of thrombocytopenia with chronic liver disease and scheduled to undergo a procedure. It will also be limited to a 5-day supply.
- Entresto will now be approved for the diagnosis of Congestive Heart Failure (CHF) NYHA Class II or III.
- Esbriet will now be approved for the diagnosis of idiopathic pulmonary fibrosis and the client must have had a pulmonary consult within the last year to support the required diagnosis.
- Lucemyra will now be approved for the diagnosis of opioid withdrawal symptoms and will be limited to a 14-day supply.
- Mulpleta will now be approved for clients with the diagnosis of thrombocytopenia with chronic liver disease and scheduled to undergo a procedure. It will also be limited to a 7-day supply.
- Orilissa will now be approved for the diagnosis of moderate to severe pain associated with endometriosis. It will also be limited to 24 months of treatment for the 150mg dose or 6 months of treatment for the 200mg dose.
- Palinziq will now be approved for the diagnosis of phenylketonuria with uncontrolled blood phenylalanine concentrations greater than 600 micromol/L.
- Ruconest will now be approved for the diagnosis of hereditary angioedema.
- Takhzyro will now be approved for the routine prophylaxis to prevent Hereditary Angioedema attacks in adolescents and adults.