



# Medicaid Pharmacy News

Dear Providers:

12/23/2021

## PREFERRED DRUG LIST (PDL) CHANGES (Effective 1/1/2022)

Please refer to [www.wymedicaid.org](http://www.wymedicaid.org) for the complete PDL.

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
<b>Addiction</b> Naloxone	Kloxxado has been added as preferred along with naloxone and Narcan Nasal Spray. These will be limited to one fill per 180 days without prior authorization.
<b>Allergy/Asthma</b> Anticholinergic Bronchodilators	Atrovent HFA and Incruse Ellipta will be preferred.
<b>Allergy/Asthma</b> Anticholinergic Combination Agents	Stiolto will be preferred, Bevespi will be non-preferred.
<b>Allergy/Asthma</b> Steroid Inhalants	Pulmicort Flexhaler will be preferred.
<b>Arthritis</b> Psoriatic Arthritis (PA) <b>Dermatology</b> Plaque Psoriasis (PP)	Otezla will be preferred. Client must have diagnosis of psoriatic arthritis or plaque psoriasis prior to approval. To receive a non-preferred agent for PA or PP, trial and failure of two of the three preferred agents will be required.
<b>Convulsions</b> Oral Anticonvulsants	Banzel will be preferred
<b>Diabetes</b> SGLT2 Inhibitors	Invokamet and Invokana will be preferred. Invokamet XR remains non-preferred.
<b>Diabetes</b> Acute Hypoglycemia Agents	Zegalogue will be non-preferred.
<b>Hematology</b> Erythropoiesis Stimulating Agents	Mircera will be preferred.
<b>Hepatitis C</b> Direct Acting Antivirals	Sofusbuvir/velpatvir will be preferred, Eplclusa will be non-preferred.
<b>Hormones</b> GnRH Antagonists	Myfembree will be preferred, Orilissa will be non-preferred.
<b>Hypertension/Cardiology</b> Combination Products	Category has been added to the PDL, and Entresto has been added as preferred. Client must be at least 1 year of age and have a diagnosis of

	CHF Class II-IV. ACE inhibitors and ARBs will not be allowed in combination with Entresto.
<b>Infectious Disease</b> Anti-retrovirals	Triumeq will be preferred.
<b>Mental Health</b> Atypical Antipsychotics	Rexulti remains non-preferred, but will be approved for MDD treatment with concurrent antidepressant therapy as well as a trial and failure of aripiprazole or other preferred atypical antipsychotic indicated for the adjunct treatment of MDD. Zyprexa Relprevv will now be non-preferred.
<b>Mental Health</b> Amphetamines	Adderall XR will now be preferred.
<b>Mental Health</b> Methylphenidates	Quillichew ER and Quillivant will now be non-preferred.
<b>Migraine</b> Migraine Prophylaxis	Ajovy will now be non-preferred.
<b>Movement Disorders</b> VMAT 2 Inhibitors	Tetrabenazine will now be preferred.
<b>Multiple Sclerosis</b> Step 1 Agents	Tecfidera will now be preferred.

**ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC)**  
**CHANGES (Effective 1/1/2022)**

DRUG NAME	ASSOCIATED CODE(S) AND CLINICAL CRITERIA
<b>PREGABALIN</b>	Updated to reflect PDL language specific to fibromyalgia: 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.
<b>OCREVUS</b>	(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.
<b>TYSABRI</b>	(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.

For any questions, please call the Change Healthcare Pharmacy Help Desk at 877-209-1264.