



Medicaid Pharmacy News

Dear Providers:

3/23/2022

PREFERRED DRUG LIST (PDL) CHANGES (Effective 3/21/2022)

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
Allergy/Asthma Short Acting Bronchodilators – Inhalers	Prior authorization will be required after a total of 12 albuterol inhalers are dispensed within 365 days.
Allergy/Asthma Eosinophilic Asthma Agents	Fasenra and Xolair will both be preferred with clinical criteria, Dupixent and Nucala will both be non-preferred.
Hormones Growth Hormone	Skytrofa will be non-preferred.
Migraine Step 2 Agents	Approval for Ajovy requires trial and failure of Aimovig and/or Emgality along with the trial and failures described with Migraine Step 1 Agents.
Migraine Acute Migraine Treatment	Qulipta and Reyvow (step 2 agents) will be non-preferred. Trial and failure of two preferred triptan agents and Nurtec and Reyvow will be required for approval of Ubrelyv.
Neuropathic Pain Topical Lidocaine	Lidocaine patches will now be preferred, will require prior authorization for amounts exceeding 3 patches per 24 hours. ZTlido will be non-preferred.
Ophthalmics Dry Eye Agents	Tyrvaya and Vuity will be non-preferred.

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC) **CHANGES (Effective 3/21/2022)**

- Dupixent requires that the client be 12 years of age to be used for add-on therapy in eosinophilic or corticosteroid-dependent asthma or 18 years of age or older with inadequately controlled chronic rhinosinusitis with nasal polyposis.
- Fasenra requires that the client be 12 years of age or older and have a diagnosis of severe asthma with an eosinophilic phenotype, requires administration by a healthcare professional.
- Kerendia requires that the client be 18 years of age or older and have a diagnosis of chronic kidney disease associated with Type 2 Diabetes. Evidence of sustained decline in eGFR, ESRD, or heart failure will be required for coverage approval.
- Nucala requires that the client be 12 years of age or older and have a diagnosis of severe asthma with an eosinophilic phenotype. This product should be administered by a healthcare professional.
- Xolair requires that the client be 6 years of age or older 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 of age with nasal polyps and inadequate response to nasal corticosteroids as add-on maintenance treatment or 12 years of age or older and have a diagnosis of Chronic Spontaneous Urticaria (CSU) who remain symptomatic despite H1 antihistamine treatment.

DOSE LIMITATION CHART **CHANGES (Effective 3/21/2022)**

- Albuterol HFA Inhalers:
 - 12 total inhalers (by GPI, not NDC) per 365 days
- Lidocaine Patches
 - 3 patches/24 hours

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