



Medicaid Pharmacy News

Dear Providers:

6/8/2022

PREFERRED DRUG LIST (PDL) CHANGES (Effective 6/8/2022)

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
Allergy/Asthma Eosinophilic Asthma Agents	Approval for these agents will require additional clinical criteria on the Additional Therapeutic Criteria Chart. Non-preferred agents will require trial and failure of two preferred agents greater than or equal to 56 days in the last 12 months.
Convulsions Oral Anticonvulsants	Lacosamide tablets will be preferred, Vimpat will now be non-preferred.
Dermatology Atopic Dermatitis	Subcategory added, Adbry and Dupixent are preferred with trial and failure of a preferred step 2 agent (immunomodulator) greater than or equal to a 21 day trial within the last 30 days. Cibirgo, Opzelura, and Rinvoq will be non-preferred, and require the same trial and failure as above, as well as a 56 day trial and failure of a preferred biologic for Atopic Dermatitis.
Fibromyalgia	Gabapentin will be preferred.
Hyperlipidemia High Potency Statins	Rosuvastatin will be preferred.
Inflammation NSAIDs	Celecoxib will be preferred.
Mental Health SSRIs	Citalopram capsules are non-preferred.
Migraine Migraine Prophylaxis Step 1 Agents	Nurtec is non-preferred.
Neuropathic Pain Additional Agents	Carbamazepine, oxcarbazepine, and valproic acid are non-preferred. Trial and failure of a tricyclic antidepressant greater than or equal to a 12 week supply and trial and failure of gabapentin or pregabalin for greater than or equal to a 12 week supply in the last 12 months will be required for approval of these agents.

Ophthalmic Agents Combo Products	Dorzolamide/timolol is non-preferred.
Ophthalmic Agents Dry Eye Agents	Cyclosporine is non-preferred.

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC) **CHANGES (Effective 6/8/2022)**

- Aduhelm requires 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.
- 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. 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.
- Livtency requires that the client 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.
- Lybalvi requires that the client be 18 years of age or older with a diagnosis of schizophrenia or bipolar I disorder. Approval additionally requires confirmation via drug test that the patient is not on opioids; prescription or illicit.
- Nucala requires that the patient have a diagnosis of severe asthma with an eosinophilic phenotype and be at least 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.
- Trikafta requires that the client be 6 years of age or older and have a diagnosis of cystic fibrosis with at least one F508del mutation in the CFTR gene.
- Vuity requires trial and failure of non-pharmacologic therapies along with confirmation of medical necessity.

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