



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
ALLERGY/ASTHMA Anticholinergic Bronchodilators	Combivent, ipratropium, and Spiriva *Combivent will be preferred
ALLERGY/ASTHMA Corticosteroid/Bronchodilator Combinations	Advair/HFA, Dulera, Symbicort *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
ALLERGY/ASTHMA Nasal Antihistamines	Astelin *Brand name Astelin will be preferred and generic azelastine will be non-preferred
ALLERGY/ASTHMA Nasal Steroids	Beconase AQ, flunisolide, fluticasone, and Nasonex *Beconase AQ and flunisolide will be preferred, Nasocort AQ will be non-preferred
ALLERGY/ASTHMA Short-acting Bronchodilators – Inhalers	Proair HFA, Proventil HFA, and Ventolin HFA *Ventolin HFA will be preferred
EPINEPHRINE	Epi-Pen *Epi-Pen will be preferred, Adrenaclick, Auvi-Q, and epinephrine will be non-preferred
ADDICTION AGENTS Buprenorphine Combinations	Suboxone film and Zubsolv * Zubsolv will be preferred (clinical criteria applies)
ANTIBIOTICS Inhaled Tobramycin	Tobi *Tobi will be preferred, Bethkis, Tobi Podhaler, and inhaled tobramycin will be non-preferred
ANTIDEPRESSANTS Other	*Brintellix will be non-preferred and require a trial and failure of two (2) preferred agents in any antidepressant class prior to approval
ANTIHYPERTENSIVES Angiotensin Receptor Blockers (ARBs)	Benicar, Diovan, irbesartan, and losartan *Generic irbesartan will be preferred, brand name Avapro will be non-preferred
ANTIHYPERTENSIVES ARBs and Diuretics	Benicar HCT, Diovan HCT, irbesartan HCTZ, and losartan HCTZ *Generic irbesartan HCTZ will be preferred, brand name Avalide will be non-preferred
ANTIVIRALS	*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
CHOLESTEROL Niacin	*Niacor and Niaspan will be preferred
CHOLESTEROL Statin Combinations	Caduet and Vytorin *Liptruzet will be non-preferred

THERAPEUTIC CATEGORY	PREFERRED MEDICATIONS/PDL CHANGES
CONTRACEPTIVES	*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
DIABETES Long-acting Insulin	Lantus vial and Solostar *Lantus Solostar will be preferred
DIABETES Short-acting Insulin	*Humulin R and Novolin R will be preferred
EAR 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
GASTROINTESTINAL Proton Pump Inhibitors	Lansoprazole capsules, omeprazole capsules, pantoprazole *Lansoprazole capsules will be preferred, Achiphex sprinkles, lansoprazole solutabs, and rabeprazole tablets will be non-preferred
GROWTH HORMONE	Genotropin, Humatrope, and Norditropin *Humatrope will be preferred (clinical criteria applies) and Nutropin AQ will be non-preferred
HEPATITIS C Protease Inhibitors	Incivek and Victrelis *Incivek will be preferred
IMMUNOMODULATORS	Enbrel, Humira, and Simponi *Simponi will be preferred (clinical criteria applies)
MULTIPLE SCLEROSIS Interferon	Avonex and Rebif *Rebif will be preferred
NSAIDS Combination Products	*Zorvolex will be non-preferred
OPHTHALMICS Anti-Allergics	cromolyn, Optivar, Pataday, and Patanol *Brand name Optivar will be preferred and generic azelastine will be non-preferred
OPHTHALMICS Combination Products	Combigan, dorzolamide/timolol, and Simbrinza *Combigan and Simbrinza will be preferred
PHOSPHATE BINDERS	calcium acetate <u>capsules</u> , Eliphos, Phoslyra, and Renagel *Phoslyra will be preferred
PROGESTIN	*Makena will be preferred (clinical criteria applies)
PULMONARY ANTIHYPERTENSIVES Endothelin Receptor Antagonists	Letairis and Tracleer *Tracleer will be preferred (clinical criteria applies)
PULMONARY ANTIHYPERTENSIVES Soluble Guanylate Cyclase Stimulators	Adempas *Adempas will be preferred (clinical criteria applies)
AMPHETAMINES 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
TOPICAL AGENTS 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.

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

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

2014 PHARMACY PROVIDER MANUAL

The 2014 Pharmacy Provider Manual is now available for online viewing at 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.