Wyoming
Department
of Health

Division of Healthcare Financing

Medicaid Pharmacy News

Dear Providers: 10/18/2021

PREFERRED DRUG LIST (PDL) CHANGES (Effective 10/18/2021)

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
Diabetes GLP-1 Agonists	Ozempic (semaglutide) has new dose limits in place limiting to 1mg/week as described in packaging for the currently approved indication.
Hematology CPTP Derivatives	Brilinta clinical criteria has been updated to include history of stroke and transient ischemic attack.
Hormones GnRH Antagonists	Oriahnn will be preferred along with Orilissa. Myfembree will be non-preferred.
Mental Health SNRIs	Qelbreee will be non-preferred and requires that clients be 6-17 years of age and have a 30-day trial and failure of a preferred non-stimulant.
Multiple Sclerosis	Ponvory will be non-preferred.
Ophthlamics OP Anti-Allergics	Bepotastine will be non-preferred.
Overactive Bladder	Gemtesa will be non-preferred.

DOSE LIMITATION CHART CHANGES (Effective 10/18/2021)

- Jornay PM has been added and includes methylphenidate limits:
  - 90mg/day
- Ozempic
  - 1mg/7 days

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC) CHANGES (Effective 10/22/2021)

Beginning 10/22/2021, Change Healthcare will begin accepting prior authorization requests for physician-administered medications. The list of medications that will be considered will be maintained in its own chart on the last page of the Additional Therapeutic Criteria Chart and contains the following information:

DRUG NAME	ASSOCIATED CODE(S) AND CLINICAL CRITERIA
BENLYSTA	(J0490) Client must have diagnosis of active, autoantibody-positive, systemic lupus erythematosus.
BOTOX	(J0585) Client must have diagnosis of cervical dystonia (spasmodic torticollis), strabismus and blepharospasm associated with dystonia, spasmodic dystonia (laryngeal dystonia), spasmodic dystonia, hand dystonia (writer's, musician's, or typist's cramp), torsion dystonia, tongue dystonia, hand tremor, voice tremor, spasticity associated with cerebral palsy, lower limb spasticity, stroke, multiple sclerosis, chronic anal fissure, achalasia, hyperhidrosis including gustatory sweating (frey's syndrome), piriformis syndrome, hemifacial spasm, sialorrhea, detrusor-sphincter dyssynergia, oromandibular dystonia, migraine prophylaxis, urinary incontinence due to detrusor overactivity associated with a neurologic condition in adults who have inadequate response to or are intolerant of an anticholinergic medication, overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication, or lower limb spasticity to decrease the severity of increased muscle tone in ankle and toe flexors (gastrocnemius, soleus, tibialis posterior, flexor hallucis longus, and flexor digitorum longus). The following additional criteria will be required before approval will be given to clients with the diagnosis of primary hyperhidrosis: a 6-month trial and failure of topical with the diagnosis of primary hyperhidrosis: a 6-month trial and failure of topical dermatologics (i.e.. Aluminum chloride, tannic acid, glutaraldehyde, anticholinergics), systemic anticholinergics, tranquilizers, or NSAIDS AND prescription strength antiperspirants.
CINQAIR	(J2786) Client must have diagnosis of severe asthma with an eosinophilic phenotype, be at least 18 years of age, have documented compromised lung function, and have had a least 1 asthma exacerbation requiring the use of oral corticosteroids over the last 12 months. Individuals must be clear from pre-existing helminth infections prior to initial dose, and have a documented blood eosinophil count of >400 cells/mcL within 3-4 weeks of dosing.
DYSPORT	(J0586) Client must have diagnosis of cervical dystonia (spasmodic torticollis), upper limb spasticity and lower limb spasticity in pediatric patients 2 years of age and older, or spasticity in adults.

Hyaluronic Acid Derivatives	(J7321-J7326) Client must have documented diagnosis of symptomatic osteoarthritis of the knee, pain that interferes with functional activities such as ambulation and prolonged standing. A trial and failure of conservative nonpharmacologic treatment (such as education, physical therapy, weight loss if appropriate) along with pharmacologic therapy (NSAIDs, COX II Inhibitors, acetaminophen), and prior therapy with at least one intra-articular corticosteroid injection will be required for approval. Repeat doses will only be approved if medical records document significant improvement in pain and functional capacity of the knee joint, and at least six months has elapsed since the previous injection or last injection of the prior series.
MYOBLOC	(J0587) Client must have diagnosis of cervical dystonia (spasmodic torticollis).
OCREVUS	(J2350) Client must be 18 years of age or older and have diagnosis of relapsing or primary progressive forms of multiple sclerosis. For relapsing MS, approval will require trial and failure of eight weeks with two of the following: Avonex, Betaseron, Rebif, Copaxone, or Gilenya.
TYSABRI	(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: Avonex, Betaseron, Rebif, Copaxone, or Gilenya.

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