



Medicaid Pharmacy News

Dear Pharmacies and Providers:

3/14/2023

PREFERRED DRUG LIST (PDL) CHANGES (Effective 3/22/2023)

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
Mental Health Special Atypical Antipsychotics	Clozapine and clozapine ODT now have 900mg/day dosage limits.
Mental Health Immediate Release Methylphenidates	Methylphenidate solution and chewable tablets will be preferred for members meeting clinical criteria.
Mental Health Selective Norepinephrine Reuptake Inhibitors	Atomoxetine now has 100mg/day dosage limit.
Migraine Acute Migraine, Step 1 Agents	Frovatriptan will be preferred.
Neuropathic Pain Additional Agents	Imipramine capsules will be non-preferred. Imipramine tablets continue to be preferred.
Ophthalmics Antibiotics – Quinolones	Besivance, gentamycin, and tobramycin will be preferred.
Ophthalmics Prostaglandins	Zioptan will be preferred, tafluprost will be non-preferred.

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC) **CHANGES (Effective 3/14/2023)**

- **Azelaic acid 15% gel** requires that the client be between 12 and 20 years of age and have a diagnosis of rosacea.
- **Carbamazepine** requires that the client have a diagnosis of epilepsy, bipolar disorder, glossopharyngeal neuralgia, or trigeminal neuralgia within the last 12 months.
- **CRYSVITA** requires that the client be at least six months old and have a diagnosis of x-linked hypophosphatemia.
- **EPIDIOLEX** requires that the client be at least 1 year of age and have a diagnosis of seizures associated with Lennox-Gastaut syndrome, Dravet Syndrome, tuberous sclerosis, or history of intractable seizures.
- **FINACEA 15% AEROSOL** requires that the client be between 12 and 20 years of age and have a diagnosis of rosacea.
- **MYOBLOC** requires that the client have a diagnosis of cervical dystonia (spasmodic torticollis) or chronic sialorrhea.
- **ORKAMBI** requires that client be at least 1 year of age and have a diagnosis of cystic fibrosis along with lab documentation showing the client is homozygous for the F508del mutation in the CFTR gene.

DOSE LIMITATION CHART CHANGES (Effective 03/14/2023)

- **Clomipramine:**
 - ≤18 years of age: 200mg/day
 - >18 years of age: 250mg/day
- **Clozapine:**
 - 900mg/day
- **Fetzima:**
 - 120mg/day
- **Invega Hafyera**
 - 1 injection/180 days
- **Chlordiazepoxide**
 - ≤18 years of age: 30mg/day
 - >18 years of age: 300mg/day
- **Estazolam**
 - 2mg/day
- **Oxazepam**
 - 120mg/day
- **Doxepin (≥12 years of age)**
 - 300mg/day
- **Atomoxetine**
 - 100mg/day
- **Ubrelvy**
 - 200mg/day, and 16 tablets/30 days
- **Viiibryd**
 - 40mg/day

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