



Medicaid Pharmacy News

Dear Pharmacies and Providers:

5/4/2023

PREFERRED DRUG LIST (PDL) CHANGES (Effective 5/5/2023)

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
Diabetes GLP-1 Agonists and SGLT2 Inhibitors	Both drug classes have been updated to include ASCVD and risk factors for metformin trial to be waived.
Diabetes Continuous Blood Glucose Monitors	Insulin requirement has been reduced from injecting insulin three times daily to at least once daily.
Hematology Antihemophilic Factor VIII	Altuviiiio will be non-preferred.
Infectious Disease Anti-retrovirals	Dovato will be preferred, Sunlenca will be non-preferred.
Mental Health Anti-depressants - NDRIs	Auvelity will be non-preferred.
Multiple Sclerosis MS Agents	Vumerity, Gilenya, Lemtrada, Ocrevus, and Tysabri will be preferred. Briumvi will be non-preferred.
Prostate 5-Alpha-Reductase Inhibitors	Criteria have been updated to remove the previous right heart catheterization requirement.
Skeletal Muscle Relaxants Muscle Relaxants	Baclofen has been updated to specify that tablets are the preferred formulation. Other formulations remain non-preferred.

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC)

CHANGES (Effective 5/5/2023)

- **BOTOX** has been updated for migraine treatment to require a trial of two cycles of monotherapy showing efficacy prior to allowing concurrent use with a CGRP receptor antagonist.
- **DUPIXENT** has been updated to reflect most recent FDA-approved indications and age limits.
- **LEMTRADA** Client must have diagnosis of multiple sclerosis and should generally be reserved for patients who have had an inadequate response to two or more drugs, or highly active disease.
- **LEQEMBI** requires that the client have a diagnosis of Alzheimer's disease with mild cognitive impairment or mild dementia.
- **TRIKAFTA** requires that the client be at least 2 year of age and have a diagnosis of cystic fibrosis with at least one F508del mutation in the CFTR gene.
- **TZIELD** requires that the client have a diagnosis of Stage 2 Type 1 Diabetes by documenting at least two positive pancreatic islet autoantibodies (CD3) in those who have dysglycemia without overt hyperglycemia. Complete blood counts and liver enzyme tests are required prior to initiation.
- **TYSABRI** has been updated to reflect the most recent FDA-approved requirements for Crohn's disease.

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