



Medicaid Pharmacy News

Dear Pharmacies and Providers:

5/19/2023

COVID-19 PUBLIC HEALTH EMERGENCY UPDATES

Effective May 11, the federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service (PHS) Act, expired per the Department of Health and Human Services (HHS). Due to the PHE expiration, the following changes will be in effect as of 5/12/2023.

- Signature Logs
 - Wyoming Medicaid is reinstating the requirement that pharmacies obtain a client signature at the time of pick up or delivery of a prescription.

Wyoming Medicaid will continue to cover COVID-19 vaccines with no copay, as well as continue to cover eight (8) OTC COVID-19 test kits per month through the end of the ARPA period which concludes on 9/30/2024. Additionally, Wyoming Medicaid will continue to reimburse these products at the current Medicare rate.

MAINTENANCE MEDICATION UPDATES

Effective May 11, programming within the Point-of-Sale system will require three (3) 30-day supplies of maintenance medications be filled prior to allowing a 90-day supply of maintenance medication. This maintenance medication update aligns with documentation published in the Provider Manual on page 12. This includes antiarrhythmic, antiasthmatic, anticonvulsant, antidiabetic, diuretic, hypotensive, antihyperlipidemic, and hormonal medications as well as proton pump inhibitors. Please continue to submit prescriptions using an accurately calculated days' supply. Additionally, please contact the helpdesk at 877-209-1264 to receive overrides for prescriptions such as injectables or inhalers that may be rejected due to these requirements.

PREFERRED DRUG LIST (PDL) CHANGES (Effective 5/24/2023)

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
Addiction	Prior authorization will be required for doses >24mg for buprenorphine/naloxone products. Single ingredient buprenorphine products will still require prior authorization, regardless of dose.
Convulsions Oral Anticonvulsants	Carbamazepine, divalproex, felbamate, fosphenytoin, Fycompa, lacosamide tablets, lamotrigine/extended release formulations, levetiracetam, oxcarbazepine, phenytoin, subvenite, valproate/valproic acid, Vimpat solution, and zonisamide will all be preferred and no longer require prior authorization to confirm diagnosis. Age edits may apply.
Hematology Selective factor XA inhibitors	Eliquis and Xarelto (10mg, 15mg, 20mg, and starter pack) products will be preferred and no longer require prior authorization.
Multiple Sclerosis MS Agents	Kesimpta will be preferred and approved for highly active disease.

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC) CHANGES (Effective 5/24/2023)

- **Filspari** requires that the client have a diagnosis of primary immunoglobulin A nephropathy (IgAN) and be at risk of rapid disease progression.
- **Skyclarys** requires that the client be 16 years of age or older and have a diagnosis of Friedreich's ataxia.
- **Lamzede** requires that the client have a diagnosis of alpha-mannosidosis with non-central nervous system manifestations.

DOSE LIMITATION CHART CHANGES (Effective 05/24/2023)

- **Suboxone:**
 - 24mg/day

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