



# Medicaid Pharmacy News

Dear Pharmacies and Providers:

9/20/2023

## **MULTI-DOSE INJECTABLES AND WASTE POLICY REMINDER**

Multidose 10ml vials for B12 products are stable for 28 days after initial puncture. With that in mind, the Wyoming Medicaid Pharmacy Program does not pre-emptively pay for extra doses in the anticipation of lost or wasted medication. Please submit the quantity of drug dispensed that will be taken or used as prescribed, as well as an accurate days supply for these products. Please contact the Change Healthcare Pharmacy Help Desk at 877-209-1264 in the event that products with minimal waste cannot be acquired or are unavailable due to shortages. For more information about this policy, please visit [www.wymedicaid.org](http://www.wymedicaid.org) and see the “Dispensing Limitations” section of the Wyoming Provider Manual.

## **PREFERRED DRUG LIST (PDL) CHANGES (Effective 9/20/2023)**

Please refer to [www.wymedicaid.org](http://www.wymedicaid.org) for the complete PDL.

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
<b>Arthritis (Immunomodulators)</b> Ankylosing Spondylitis	Rinvoq and Xeljanz/Xeljanz XR will be non-preferred.
<b>Arthritis (Immunomodulators)</b> Juvenile Idiopathic Arthritis	Xeljanz/Xeljanz XR will be non-preferred.
<b>Arthritis (Immunomodulators)</b> Psoriatic Arthritis	Rinvoq will be non-preferred.
<b>Crohn’s</b> Immunomodulators	Rinvoq will be non-preferred.
<b>Dermatology</b> Low Potency Corticosteroids	Desonide cream, ointment, and lotions are preferred formulations. All other formulations are non-preferred.

<b>Hormones</b> Growth Hormone	Sogroya will be non-preferred.
<b>Mental Health</b> Atypical Antipsychotics	Uzedy will be non-preferred.
<b>Ulcerative Colitis</b> Immunomodulators	Rinvoq will be non-preferred.

**ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC)**  
**CHANGES (Effective 9/20/2023)**

- **INPEFA** requires that client has a diagnosis of heart failure or type 2 diabetes mellitus, chronic kidney disease, or other cardiovascular risk factors.
- **VEOZAH** requires that the client have diagnosed moderate to severe vasomotor symptoms due to menopause. Baseline bloodwork to evaluate hepatic function will be required as well.
- **VOWST** requires that the client be 18 years of age or older. Authorization will only be considered following appropriate antibacterial treatment for recurrent C. diff infection.

**DOSE LIMITATION CHART (ATCC)**  
**CHANGES (Effective 9/20/2023)**

- **ABILIFY MAINTENA** will be limited to a single injection every 26 days.

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