

**WYOMING MEDICAID
Preferred Drug List -Effective 7/1/09**

Listed drugs are preferred. Drugs in the PDL classes that are not listed are non-preferred and require a PA. Drugs new to market are non-preferred until a clinical review has been completed. PA criteria will apply to both the pediatric population, as well as the adult population for those plans where PA/PDL limits are allowed.

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THERAPEUTIC CLASS	PREFERRED AGENTS	PREFERRED AGENTS REQUIRING CLINICAL CRITERIA	CLINICAL CRITERIA
ALLERGY / ASTHMA THERAPIES	ANTIHISTAMINES, MINIMALLY SEDATING		Trial and failure of a preferred agent greater than or equal to a 14 day supply in the last 12 months will be required before approval can be given for a non-preferred agent.
	cetirizine fexofenadine loratadine		
	ANTIHISTAMINE/DECONGESTANT COMBINATIONS		
	cetirizine/pseudoephedrine loratadine/pseudoephedrine		
	ANTICHOLINERGIC BRONCHODILATORS		Trial and failure of one preferred agent greater than or equal to 30 days.
	ATROVENT HFA ipatropium SPIRIVA		
	ANTICHOLINERGIC BETA-AGONIST COMBO'S		Trial and failure of one preferred agent greater than or equal to 30 days.
	albuterol/ipatropium COMBIVENT		
	CORTICOSTEROID / BRONCHODILATOR COMBO'S		Trial and failure of one preferred agent greater than or equal to 30 days.
	ADVAIR ADVAIR HFA SYMBICORT		
	NASAL STEROIDS		Non-preferred products will require trial and failure of 2 preferred products. Rhinocort will be approved for pregnancy.
	fluticasone NASACORT AQ VERAMYST		
	LEUKOTRIENE MODIFIERS		
	SINGULAIR		
LONG ACTING BRONCHODILATORS			
SEREVENT			
SHORT ACTING BRONCHODILATORS		Trial and failure of one preferred agent greater than or equal to 30 days.	
MAXAIR PROAIR HFA VENTOLIN HFA albuterol neb			
STEROID INHALANTS		Trial and failure of three preferred agents greater than or equal to 30 days.	
ASMANEX AZMACORT budesonide FLOVENT HFA FLOVENTDISK PULMICORT			
ANTIBIOTICS	BETA-LACTAMS / CLAVULANATE COMBO'S		
AUGMENTIN XR			
ANALGESICS, NARCOTICS	LONG-ACTING NARCOTICS		Trial and failure of a preferred agent(s) greater than or equal to a 14 day supply in the last 12 months will be required before approval can be given for a non-preferred agent.
DURAGESIC* morphine sulfate			
ANGIOTENSIN MODULATORS	ACE INHIBITORS		Trial and failure of a preferred agent greater than or equal to a 14 day supply in the last 12 months will be required before approval can be given for a non-preferred agent.
benazepril captopril enalapril fosinopril lisinopril moexipril quinapril ramipril trandolapril			
ACE INHIBITORS AND DIURETICS			
benazepril/HCTZ			

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	captopril/HCTZ enalapril/HCTZ lisinopril/HCTZ moexipril/HCTZ quinapril/HCTZ		
	ANGIOTENSIN RECEPTOR BLOCKERS		Trial and failure of an ACE Inhibitor greater than or equal to a 14 day supply in the last 12 months will be required before approval can be given for preferred ARB. Non-preferred ARBs and ARB/diuretic combinations also require a history of ALL preferred ARBs before approval can be given.
		AVAPRO BENICAR COZAAR DIOVAN MICARDIS	
	ARBs AND DIURETICS		
		AVALIDE BENICAR-HCT DIOVAN-HCT HYZAAR MICARDIS-HCT	
		ARB COMBINATIONS	
		AZOR	
ANTIDEPRESSANTS		STEP 1	
	bupropion SR citalopram fluoxetine paroxetine IR sertraline		Naïve patients require a trial of one step 1 drug lasting 6 weeks prior to receiving approval for step 2 drug. Cymbalta, Lexapro and Pristiq are Tier-3 (non-preferred agents) . A trial of a step 2 drug for 6 weeks is required prior to approval of non-preferred agents. A drug trial is considered complete if the patient experiences a documented adverse reaction or intolerable side effect during the 6 week trial. Trazadone, buspirone, fluvoxamine, MAO inhibitors, TCA's, bupropion IR and venlafaxine IR do not require prior authorization but will not count towards meeting Step Therapy requirements. Cymbalta will be approved with a diagnosis of diabetic peripheral neuropathy. Rapid-dissolve mirtazapine tablets are non-preferred.
		STEP 2	
	EFFEXOR XR mirtazapine paroxetine CR WELLBUTRIN XL *		
ANTIVIRALS, ORAL	HERPES AGENTS		
	acyclovir famciclovir VALTREX		
CHOLESTEROL AGENTS	STATINS, LOW POTENCY		
	LESCOL/LESCOL XL lovastatin pravastatin		Trial and failure of a preferred agent greater than or equal to a 90 day supply in the last 12 months will be required before approval can be given for a non-preferred agent.
	STATINS, HIGH POTENCY		
	LIPITOR simvastatin		Trial and failure of a preferred agent greater than or equal to a 90 day supply in the last 12 months will be required before approval can be given for a non-preferred agent.
	STATIN COMBINATIONS		
	ADVICOR CADUET SIMCOR		Trial and failure of a preferred agent greater than or equal to a 90 day supply in the last 12 months will be required before approval can be given for a non-preferred agent.
	FIBRIC ACID DERIVATIVES		
	gemfibrozil TRICOR		Trial and failure of a preferred agent greater than or equal to a 90 day supply in the last 12 months will be required before approval can be given for a non-preferred agent.
	NICOTINIC ACID DERIVATIVES		

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	NIASPAN		
EAR	MISCELLANEOUS		
	CIPRODEX		
GASTROINTESTINAL	PROTON PUMP INHIBITORS		Trial and failure of a preferred agent greater than or equal to a 14 day supply in the last 12 months will be required before approval can be given for a non-preferred agent.
	PREVACID PRILOSEC OTC * PROTONIX *		
GROWTH HORMONE	GROWTH HORMONE		PA is required for use outside of FDA-approved indications. Evaluation by an endocrinologist is preferred. Clinical evidence of improved growth will be required on a yearly basis to support ongoing utilization. Clinical evidence of need for growth hormone will be required for adult growth hormone deficiency and pediatric growth failure due to inadequate endogenous growth hormone. Trial and failure of a preferred agent within the last 12 months will be required for the following indications: Pediatric: Growth failure due to inadequate endogenous growth hormone, Prader-Willi syndrome, children born small for gestation. Turner syndrome. Adult: Replacement for those with growth hormone deficiency.
		GENOTROPIN NUTROPIN	
INSOMNIA AGENTS	NON-BENZODIAZEPINES		Non-preferred products require a 14 day history of a preferred product in the last 365 days prior to approval for a non-preferred product. Rozerem is non-preferred without a history of substance abuse.
	LUNESTA zaleplon zolpidem		
MIGRAINE AGENTS	TRIPTANS		A documented trial and failure of ALL preferred products is required for PA approval of non-preferred products. Quantity limits apply.
	IMITREX * MAXALT/MLT RELPAK		
NSAIDS	NON-SELECTIVE		A trial and failure of 2 preferred agents each greater than or equal to a 14 day supply in the last 12 months will be required before approval can be given for a non-preferred NSAID.
	diclofenac etodolac fenoprofen flurbiprofen ibuprofen indomethacin ketorolac naproxen oxaprozin sulindac ketoprofen meclofenamate mefenamic acid meloxicam nabumetone tolmetin		
		COX 2 INHIBITORS	Step through two preferred non-selective NSAID required prior to PA approval.
		CELEBREX	
OPHTHALMICS	OP. -ANTIBIOTICS- QUINOLONES		Non-preferred products require trial of one 3rd generation and one 4th generation preferred quinolone product. Azasite will be approved for pregnancy.
	ciprofloxacin ofloxacin Vigamox		

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	Zymar		
	OP. -ANTI-INFLAMMATORY- NSAIDS		Trial of each preferred lasting at least 5 days.
	ACULAR/LS/PF flubiprofen diclofenac		
	OP. -BETA-BLOCKERS		Non-preferred products require trial of 3 different preferred agents. Betoptic S will be approved for those with heart and lung conditions.
	betaxolol carteolol levobunolol metipranolol timolol		
	OP. -CARBONIC ANHYDRASE INHIBITOR/COMBO		Trial of one preferred lasting at least 30 days in the last year.
	dorzolamide dorzolamide/timolol		
	OP. -SYMPATHOMIMETICS		Trial of two preferred lasting at least 30 days in the last year.
	ALPHAGAN P brimonidine dipivefrin		
	OP. -PARASYMPATHOMIMETICS		Trial of two preferred lasting at least 30 days in the last year.
	carbachol ISOPTO CARBACHOL phospholine iodide pilocarpine		
	OP. -MAST CELL STABILIZERS		Non-preferred products require trial of 2 different preferred agents.
	cromolyn ketotifen OPTIVAR PATADAY PATANOL		
OVERACTIVE BLADDER AGENTS	OVERACTIVE BLADDER AGENTS		Trial and failure of a preferred agent greater than or equal to a 14 day supply in the last 12 months will be required before approval can be given for a non-preferred agent. The patch will only be allowed if the patient has the inability to swallow.
	DETROL LA ENABLEX oxybutynin /ER SANCTURA / XR VESICARE		
PROSTATE AGENTS	5-ALPHA-REDUCTASE INHIBITORS		
	AVODART finasteride		
	ALPHA BLOCKERS		
	doxazosin terazosin		
SKELETAL MUSCLE RELAXANTS	MUSCLE RELAXANTS		Trial and failure of a preferred agent greater than or equal to a 14 day supply in the last 12 months, along with a medical diagnosis of muscle spasticity will be required before approval can be given for a non-preferred agent.
	baclofen cyclobenzaprine tizanidine		
SMOKING CESSATION	NICOTINE REPLACEMENT		Quantity limits apply. Generic bupropion SR needs to be an AB rated generic of Zyban.
	nicotine gum, lozenges, and patches		
	OTHER		
	bupropion SR CHANTIX		
STIMULANTS	LONG ACTING AMPHETAMINES		Clients must have a diagnosis for ADD or ADHD. Prior Authorization will be required for clients under the age of 5.
	ADDERALL XR VYVANSE		
	SHORT ACTING AMPHETAMINES		Claims will require Prior Authorization if clients have a history of the following: glaucoma, cardiac arrhythmias, arteriosclerosis, untreated hypertension, untreated hyperthyroidism, substance abuse, or current MAO inhibitor use.
	amphetamine salts combo dextroamphetamine		
	STIMULANT LIKE		
	STRATTERA		
	LONG ACTING METHYLPHENIDATE		
	CONCERTA		

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	FOCALIN XR METHYLPHENIDATE dexmethylphenidate methylphenidate methylphenidate ER		Dosing limits will apply (150% of labeled max).
TOPICAL AGENTS	IMMUNOMODULATORS ELIDEL PROTOPIC		