WYOMING MEDICAID
Preferred Drug List - Effective 9/30/09

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		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/pseudoephedrine loratadine/pseudoephedrine		
	ANTICHOLINERGIC BRONCHODILATORS		Trial and failure of a preferred agent greater than or equal to 30 days in the last 12 months.
	ATROVENT HFA ipratropium SPIRIVA		
	ANTICHOLINERGIC BETA-AGONIST COMBO'S		Trial and failure of a preferred agent greater than or equal to 30 days in the last 12 months.
	albuterol/ipratropium COMBIVENT		
	CORTICOSTEROID / BRONCHODILATOR COMBO'S		Trial and failure of a preferred agent greater than or equal to 30 days in the last 12 months.
	ADVAIR ADVAIR HFA SYMBICORT		
	NASAL STEROIDS		Trial and failure of two (2) preferred agents greater than or equal to 30 days in the last 12 months. Rhinocort will be approved for pregnancy.
	fluticasone NASACORT AQ VERAMYST		
	LEUKOTRIENE MODIFIERS		Trial and failure of preferred agent greater than or equal to 30 days in the last 12 months.
	SINGULAIR		
	LONG ACTING BRONCHODILATORS		Trial and failure of preferred agent greater than or equal to 30 days in the last 12 months.
	SEREVENT		
	SHORT ACTING BRONCHODILATORS - INHALERS		Trial and failure of a preferred agent greater than or equal to 30 days in the last 12 months.
	MAXAIR PROAIR HFA VENTOLIN HFA		
	SHORT ACTING BRONCHODILATORS - NEBULIZERS		Trial and failure of a preferred agent greater than or equal to 30 days in the last 12 months.
	albuterol neb		
	INHALED CORTICOSTEROIDS		Trial and failure of three (3) preferred agents greater than or equal to 30 days in the last 12 months. Alvesco will be approved for a history of oral thrush.
	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		

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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 captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ moexipril/HCTZ quinapril/HCTZ		
	ANGIOTENSIN RECEPTOR BLOCKERS (ARBS)		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	**STEP1**		Naïve patients require a trial of one step 1 drug lasting 6 weeks prior to receiving approval for step 2 drug. For depression, a trial of a step 2 drug for 6 weeks is required prior to approval of non-preferred agents. **Cymbalta*, Lexapro** and Pristiq are Step 3 (non-preferred agents).** 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. Rapid-dissolve mirtazipine tablets are non-preferred. *Cymbalta will be approved for a diagnosis of peripheral neuropathy. **Lexapro will be approved for adolescents between the ages of 12 - 17.
	bupropion SR citalopram fluoxetine paroxetine IR sertraline		
	STEP 2		
	EFFEXOR XR* mirtazapine paroxetine CR **WELLBUTRIN XL ***		
ANTIVIRALS, ORAL	**HERPES AGENTS**		
	acyclovir famciclovir VALTREX		

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CHOLESTEROL AGENTS	**STATINS, LOW POTENCY**		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.
	LESCOL/LESCOL XL lovastatin pravastatin		
	STATINS, HIGH POTENCY		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.
	LIPITOR simvastatin		
	STATIN COMBINATIONS		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.
	ADVICOR CADUET SIMCOR		
	FIBRIC ACID DERIVATIVES		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.
	fenofibrate gemfibrozil TRICOR		
	NICOTINIC ACID DERIVATIVES		
	NIASPAN		
EAR	**MISCELLANEOUS**		
	CIPRODEX		
FIBROMYALGIA AGENTS	**FIBROMYALGIA AGENTS**		Trial and failure of amitriptyline or cyclobenzaprine greater than or equal to 6 weeks in the last 12 months for the diagnosis of fibromyalgia.
		SAVELLA CYMBALTA LYRICA	
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 Solutabs will be approved for children ≤ 8 years of age.
	KAPIDEX omeprazole **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	

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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**		Trial and failure of ALL preferred agents each greater than or equal to 14 days is required for PA approval of non-preferred agents in the last 12 months. Quantity limits apply.
	MAXALT/MLT RELPAX sumatriptan		
NSAIDS	**NON-SELECTIVE**		Trial and failure of two (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 ketoprofen ketorolac meclofenamate mefenamic acid meloxicam nabumetone naproxen oxaprozin sulindac tolmetin		
	COX 2 INHIBITORS		Trial and failure of two (2) preferred non-selective NSAIDs greater than or equal to a 14 days supply in the last 12 months required prior to PA approval.
		CELEBREX	
OPHTHALMICS	**OP. -ANTIBIOTICS- QUINOLONES**		Trial and failure of a preferred agent greater than or equal to 5 days in the last 12 months. Azasite will be approved for pregnancy.
	ciprofloxacin ofloxacin VIGAMOX ZYMAR		
	OP. -ANTI-INFLAMMATORY- NSAIDS		Trial of each preferred agent greater than or equal to 5 days in the last 12 months.
	ACULAR/LS/PF flurbiprofen diclofenac		
	OP. -BETA-BLOCKERS		Trial and failure of three (3) different preferred agents each greater than or equal to 30 days in the last 12 months. Betoptic S will be approved for those with heart and lung conditions.
	betaxolol carteolol levobunolol metipranolol timolol		
	OP. -CARBONIC ANHYDRASE INHIBITOR		Trial of a preferred agent greater than or equal to 30 days in the last 12 months.
	dorzolamide		
	OP. -CARBONIC ANHYDRASE INHIBITOR COMBO		Trial of a preferred agent greater than or equal to 30 days in the last 12 months.
	dorzolamide/timolol		
	OP. -SYMPATHOMIMETICS		Trial of a preferred agent greater than or equal to 30 days in the last 12 months.
	ALPHAGAN P brimonidine dipivefrin		
	OP. -PARASYMPATHOMIMETICS		Trial of two (2) preferred agents greater than or equal to 30 days in the last 12 months.
	carbachol ISOPTO CARBACHOL phospholine iodide pilocarpine		
	OP. -MAST CELL STABILIZERS		Trial and failure of two (2) preferred agents greater than or equal to 30 days in the last 12 months. Emadine, Alomide, and Alocril will be approved for pregnancy. Alomide wil be approved for children under age 3.
	cromolyn ketotifen OPTIVAR PATADAY PATANOL		

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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**		Trial and failure of a preferred agent greater than or equal to a 30 day supply in the last 12 months.
	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. 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. Dosing limits will apply (150% of labeled max). Trial and failure of two (2) preferred agents (each from a different class) greater than or equal to a 30 day supply in the last 12 months.
	ADDERALL XR* VYVANSE		
	SHORT ACTING AMPHETAMINES		
	amphetamine salts combo dextroamphetamine		
	STIMULANT LIKE		
	STRATTERA		
	LONG ACTING METHYLPHENIDATE		
	CONCERTA FOCALIN XR methylin ER methylphenidate ER/CR/SR		
	METHYLPHENIDATE		
	dexmethylphenidate methylin (tabs) methylphenidate		
TOPICAL AGENTS	**IMMUNOMODULATORS**		
	ELIDEL PROTOPIC		