

WYOMING MEDICAID

ADDITIONAL THERAPEUTIC CLASSES WITH CLINICAL CRITERIA

Unless otherwise noted, generic substitution is mandatory.

Last Updated 07/10

| THERAPEUTIC CLASS | DRUG NAME | CLINICAL CRITERIA |
|--------------------------------|-------------------------------|--|
| ANTICONVULSANTS | gabapentin | Client must have gabapentin on file in the previous 90 days OR a diagnosis of epilepsy, neuropathic pain, postherpetic neuralgia, vasomotor symptoms due to menopause or vasomotor symptoms due to prostate cancer in the last 12 months. |
| | lamotrigine | Client must have lamotrigine on file in the previous 90 days OR a diagnosis of epilepsy, bipolar, mood disorder or schizoaffective disorder in the last 12 months. |
| | levetiracetam | Client must have levetiracetam on file in the previous 90 days OR a diagnosis of epilepsy in the last 12 months. |
| | LYRICA | Client must have Lyrica on the file in the previous 90 days OR a diagnosis of epilepsy or cancer in the last 12 months. A 6-week trial of amitriptyline OR cyclobenzaprine AND Savella will be required if the client has a diagnosis of fibromyalgia. A trial and failure of gabapentin greater than or equal to 30 days is required if the client has a diagnosis of neuropathic pain associated with diabetes, neuropathies or postherpetic neuralgia in the last 12 months. |
| | oxcarbazepine | Client must have oxcarbazepine on the file in the previous 90 days OR a diagnosis of epilepsy, bipolar or unspecified mood disorders in the last 12 months. |
| | topiramate | Client must have topiramate on file in the previous 90 days OR a diagnosis of epilepsy or migraines in the last 12 months. |
| | zonisamide | Client must have Zonisamide on file in the previous 90 days OR a diagnosis of epilepsy in the last 12 months. |
| BOTOX AGENTS | BOTOX | Client must have diagnosis of cervical dystonia (spasmodic torticollis), strabismus and blepharospasm associated with dystonia, spasmodic dystonia (laryngeal dystonia), spasmodic dysphonia, hand dystonia (writer's, musician's, or typist's cramp), torsion dystonia, tongue dystonia, hand tremor, voice tremor, spasticity associated with cerebral palsy, stroke, multiple sclerosis, chronic anal fissure, achalasia, hyperhidrosis including gustatory sweating (frey's syndrome), piriformis syndrome, hemifacial spasm, sialorrhea, detrusor-sphincter dyssynergia or oromandibular dystonia. The following additional criteria will be required before approval will be given to clients with the diagnosis of primary hyperhidrosis: a 6-month trial and failure of topical dermatologics (ie. Aluminum chloride, tannic acid, glutaraldehyde, anticholinergics), systemic anticholinergics, tranquilizers, or NSAIDS AND prescription strength antiperspirants. |
| | DYSPORT | Client must have diagnosis of cervical dystonia (spasmodic torticollis). |
| | MYOBLOC | Client must have diagnosis of cervical dystonia (spasmodic torticollis). |
| FENTANYL (SHORT ACTING) | ACTIQ | Client must be \geq 16 years of age AND have a diagnosis of malignant cancer or received antineoplastic therapy in the last 12 months. |
| | FENTORA | Client must be \geq 16 years of age AND have a diagnosis of malignant cancer or received antineoplastic therapy in the last 12 months. |
| | ONSOLIS | Client must have a diagnosis of breakthrough cancer pain AND a trial and failure of fentanyl transmucosal and bucal tablets greater than or equal to a 14 day supply in the last 12 months. |
| SEX HORMONES | Chorionic Gonadotropin | Client must have a diagnosis of prepubertal cryptorchidism or hypogonadism in the last 12 months. |
| | leuprolide | Client must have a diagnosis of prostate cancer, endometriosis, uterine leiomyomata or central precocious puberty in the last 12 months. |
| | NOVAREL | Client must have a diagnosis of prepubertal cryptorchidism or hypogonadism in the last 12 months. |
| | PLENAXIS | Client must have diagnosis of prostate cancer in the last 12 months. |
| | SUPPRELIN LA | Client must have diagnosis of prostate cancer or central precocious puberty in the last 12 months |
| | SYNAREL | Client must have diagnosis of central precocious puberty or endometriosis in the last 12 months. |

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| SEX HORMONES <i>continued</i> | TRELSTAR | Client must have diagnosis of prostate cancer in the last 12 months. |
| | VANTAS | Client must have diagnosis of prostate cancer or central precocious puberty in the last 12 months. |
| | ZOLADEX | Client must have diagnosis of prostate cancer, breast cancer, endometrial thinning or endometriosis in the last 12 months. |
| VACCINES | CERVARIX | Approved for clients \geq 19 years of age. Clients < 19 years of age refer to the immunization program at 307-777-7952. |
| | GARDASIL | Approved for clients \geq 19 years of age. Clients < 19 years of age refer to the immunization program at 307-777-7952. |
| | | |
| VERSA FOAM AGENTS | clobetasol propionate (foam) | Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months OR a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval. |
| | clindamycin (aerosol) | Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months OR a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval. |
| | EXTINA | Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months OR a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval. |
| | LUXIQ | Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months OR a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval. |
| | OLUX-E | Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months OR a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval. |
| | SALKERA | Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months OR a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval. |
| | VERDESO | Trial and failure of 2 other dosage forms greater than or equal to a 14 day supply in the last 12 months OR a diagnosis of scalp psoriasis or alopecia areata will be required prior to approval. |
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| MISC. | alprazolam ODT | Client must use alprazolam. |
| | AMPYRA | Client must have a diagnosis of a gait disorder associated with Multiple Sclerosis. |
| | ATOPICLAIR | Approved for children \leq 5 years of age. |
| | buprenorphine | Buprenorphine will be allowed in pregnancy and nursing. Dosage limits apply. Only one narcotic prescription will be allowed between fills. |
| | dronabinol | Client must have a diagnosis of AIDS or Cancer. Dosage limits apply. |
| | ELIPHOS | Trial and failure of Phoslo greater than or equal to a 14 day supply in the last 12 months will be required prior to approval. |
| | INTUNIV | Client must have a diagnosis of ADHD or ADD. Prior authorization will be required for clients under the age of 5. Client must have a trial and failure of a stimulant greater than or equal to a 14 day supply OR a trial and failure of Strattera greater than or equal to a 30 day supply AND a 14 day trial and benefit of guanfacine (Tenex) in the previous 12 months. |
| | LIDODERM PATCHES | Client must have a diagnosis of peripheral neuropathy or post herpetic neuralgia. |
| | LYSTEDA | Trial and failure of an oral contraceptive or progesterone only hormone replacement AND one NSAID greater than or equal to a 90 day supply in the last 12 months will be required prior to approval. |
| | MOXATAG | Client must use amoxicillin. |
| | MULTAQ | Client must use amiodarone. |
| | NUVIGIL | Trial and failure of Provigil greater than or equal to a 14 day supply in the last 12 months will be required prior to approval. |

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| MISC. <i>continued</i> | ondansetron | Client must have diagnosis of hyperemesis gravidarum, dyskinesia with schizophrenia or cancer OR a trial and failure of 2 of the following ≥ 2 days apart in the previous 30 days: diphenhydramine, dimenhydrinate, meclizine, promethazine, prochlorperazine, metoclopramide and Vitamin B-6. |
| | promethazine | Approved for clients ≥ 3 years of age. |
| | PROVIGIL | Client must be ≥ 16 years of age. Client must have a diagnosis of narcolepsy, obstructive sleep apnea, shift work sleep disorder or Multiple Sclerosis (MS) Fatigue. Diagnosis of MS will require a fatigue severity scale score of 5.0, a 60 day trial of amantadine AND discontinuation of medications that may contribute to drowsiness or fatigue. |
| | QUALAQUIN | Client must be in plan 190, 191, 192, or 193. Client must have a history of malaria in the past 6 months. |
| | SOLODYN | Client must use minocycline ER. |
| | SUBOXONE | Only one narcotic prescription will be allowed between fills. Dosage limits apply. Subutex (<u>buprenorphine</u>) will be allowed in pregnancy and nursing. |
| | SYNAGIS | Max of 5 doses for each child during a RSV season. Prior authorization will be required for doses outside of the RSV season. Doses must be greater than or equal to a 28 days supply. |
| | ULORIC | Trial and failure of allopurinol greater than or equal to a 90 day supply in the last 12 months will be required prior to approval. |
| | XIFAXAN | Xifaxan 200mg - Client must have a diagnosis of traveler's diarrhea. Xifaxan 550mg - Client must be ≥ 18 years of age and have a diagnosis of reduction in risk of overt hepatic encephalopathy recurrence. |
| | XOLAIR | Trial and failure of Salmeterol, Formoterol, Albuterol, Theophylline SR, Singulair, or Accolate AND a trial and failure of Qvar, Pulmicort Turbinaler, Aerobid, Azmacort, or Flovent at maximum doses in the last 30 days will be required prior to approval. |