



# Medicaid Pharmacy News

Dear Providers:

December 20, 2012

## **NEW THERAPEUTIC CATEGORIES/PREFERRED DRUG LIST (PDL) CHANGES (Effective 01/01/2013)**

Please refer to <http://wyequalitycare.org/> for the complete PDL

| THERAPEUTIC CATEGORY  | PREFERRED MEDICATIONS/PDL CHANGES  |
|---|--|
| <b>ALLERGY/ASTHMA</b><br>Anticholinergic Bronchodilators              | ipratropium and Spiriva<br><b>*Tudorza will be non-preferred</b>   |
| <b>ALLERGY/ASTHMA</b><br>Short-Acting Bronchodilators – inhalers      | Proair HFA and Proventil HFA<br><b>*Ventolin HFA and Xopenex HFA will now be non-preferred</b>   |
| <b>ALLERGY/ASTHMA</b><br>Steroid Inhalants                            | budesonide, Flovent HFA/Disk, Pulmicort Flexhaler, and Qvar<br><b>*Asmanex and brand name Pulmicort suspension will be non-preferred</b>   |
| <b>ANALGESICS</b><br>Long-Acting                                      | fentanyl patches and morphine sulfate <u>tablets</u><br><b>*Exalgo will be non-preferred</b>   |
| <b>ANALGESICS</b><br>Short-Acting                                     | codeine sulfate, hydromorphone, morphine sulfate IR, oxycodone, oxycodone/APAP, and oxycodone/ASA<br><b>*Embeda and Oxecta will be non-preferred and will require trial and failure of three (3) preferred agents greater than or equal to a six (6) day supply in the last ninety (90) days AND a diagnosis of drug/substance abuse</b> |
| <b>ANDROGENS</b>  | Androgel<br><b>*Other testosterone dosage form products not outlined on PDL will require a diagnosis of hypogonadism or insufficient testosterone production</b>   |
| <b>ANTICONVULSANTS</b><br>Lacosamide                                  | Vimpat will be preferred with the diagnosis of partial onset seizures  |
| <b>ANTIDEPRESSANTS</b>  | bupropion ER/SR/XL, citalopram, escitalopram, fluoxetine <u>capsules</u> , mirtazapine 15, 30, and 45mg, paroxetine IR/CR, sertraline, and venlafaxine ER <u>capsules</u><br><b>*Forfivo XL will be non-preferred</b>  |
| <b>ANGIOTENSIN MODULATORS</b><br>Angiotensin Receptor Blockers (ARBs) | Avapro, Benicar, Diovan, and losartan<br><b>*Micardis will now be non-preferred</b>  |
| <b>ANGIOTENSIN MODULATORS</b><br>ARBs and Diuretics                   | Avalide, Benicar HCT, Diovan HCT, and losartan/hydrochlorothiazide<br><b>*Micardis HCT will now be non-preferred</b>   |
| <b>ANTIPSYCHOTICS</b>   | Abilify/ODT, Fanapt, Invega, Invega Sustenna, Latuda, olanzapine, quetiapine, Risperdal Consta, risperidone, Saphris, ziprasidone, and Zyprexa Relprev   |
| <b>CHOLESTEROL</b><br>Statin Combinations                             | Caduet and Vytorin<br><b>Zetia will require prior authorization for monotherapy</b>  |
| <b>CHOLESTEROL</b><br>Triglyceride Lowering Agents                    | fenofibrate, gemfibrozil, Tricor   |
| <b>CONTRACEPTIVES</b><br>Oral Contraceptives                          | Amethyst, kurvelo, and Mircette will now be preferred<br><b>*azurette, kariva, and viorele will now be non-preferred</b>   |
| <b>DIABETES</b><br>Thiazolidinediones                                 | pioglitazone   |

| THERAPEUTIC CATEGORY   | PREFERRED MEDICATIONS/PDL CHANGES  |
|--|--|
| <b>DIABETES</b><br>Dipeptidyl Peptidase 4 (DPP-4) Inhibitors | Januvia and Onglyza<br><b>*Tradjenta will now be non-preferred</b>   |
| <b>GASTROINTESTINAL</b><br>Digestive Enzymes                 | Creon 3000, 6000, 12000, and 24000 Units and Zenpep<br><b>*Ultresa and Viokase will be non-preferred</b>   |
| <b>GASTROINTESTINAL</b><br>Proton Pump Inhibitors (PPIs)     | Dexilant, omeprazole <u>capsules</u> , and pantoprazole<br><b>*Omeclamox and Prevpac are now non-preferred and use of the separate agents is now required</b>  |
| <b>IMMUNOMODULATORS</b>                                      | Added Ulcerative Colitis as an approved indication for Humira<br><b>*Cimzia will now require a sixty (60) day trial and failure of a preferred agent before approval for a diagnosis of Crohn's Disease</b><br><b>*Remicade will now require a sixty (60) day trial and failure of a preferred agent for a diagnosis of Ulcerative Colitis</b> |
| <b>MIGRAINE</b>  | naratriptan and sumatriptan<br><b>*Maxalt MLT will now be non-preferred</b><br><b>*All non-preferred agents will require trial and failure of both preferred agents prior to approval</b>  |
| <b>MULTIPLE SCLEROSIS</b><br>Interferon                      | Avonex<br><b>*Aubagio, Betaseron, and Rebif will now be non-preferred</b>  |
| <b>OPHTHALMICS</b><br>Anti-Allergics                         | azelastine, cromolyn, Pataday, and Patanol   |
| <b>OPHTHALMICS</b><br>Antibiotics – Quinolones               | ciprofloxacin, ofloxacin, Moxeza, and Vigamox  |
| <b>OPHTHALMICS</b><br>Sympathomimetics                       | Alphagan P 0.15% and brimonidine 0.2%<br><b>*Alphagan P 0.1% and brimonidine 0.15% will be non-preferred</b>   |
| <b>OVERACTIVE BLADDER</b>                                    | oxybutynin/ER, Toviaz, and Vesicare<br><b>Myrbetriq will be non-preferred</b>  |
| <b>PHOSPHATE BINDERS</b>                                     | calcium acetate <u>capsules</u> , Eliphos, and Renagel <u>400mg</u><br><b>*calcium acetate <u>tablets</u>, Phoslyra, and Renagel <u>800mg</u> will now be non-preferred</b>  |
| <b>PLATELET AGGREGATE INHIBITORS</b>                         | clopidogrel, Effient, and ticlopidine  |
| <b>PRENATAL VITAMINS</b>                                     | <b>*BP Multinatl Tab Plus, Folivane-OB, Prenaplus, Select-OB Chewable, Taron-EC Cal, Trinate, and Vinate C vitamins will no longer be preferred</b>  |
| <b>RESTLESS LEG SYNDROME</b>                                 | gabapentin, pramipexole, and ropinirole<br><b>*Neupro will be non-preferred for this diagnosis and will require trial and failure of gabapentin AND a dopamine agonist greater than or equal to a sixty (60) day supply in the last twelve (12) months</b>   |
| <b>SKELETAL MUSCLE RELAXANTS</b>                             | <b>*cyclobenzaprine will require a prior authorization for clients concurrently taking a tricyclic antidepressant</b>  |
| <b>STIMULANTS</b><br>Long-Acting Amphetamines                | amphetamine salts combo XR, dextroamphetamine CR, and Vyvanse<br><b>*brand Adderall XR will now be non-preferred</b>   |
| <b>TOPICAL AGENTS</b><br>Benzoyl Peroxide/Clindamycin Combos | Benzaclin<br><b>*generic benzoyl peroxide/clindamycin will be non-preferred</b>  |
| <b>TOPICAL AGENTS</b><br>Immunomodulators                    | Elidel and Protopic<br><b>*For clients less than two (2) years of age, a trial and failure of a preferred low potency corticosteroid and medium potency steroid, both greater than or equal to a twenty-one (21) day supply within the last ninety (90) days will be required prior to approval</b>  |

# **ANTIDEPRESSANT AND BENZODIAZEPINE MAXIMUM DOSE LIMITS**

**(Effective 01/01/2013)**

| <b>PRODUCT</b>                        | <b>DAILY MAX DOSE<br/>&lt;18 YEARS OLD</b> | <b>DAILY MAX DOSE<br/>≥18 YEARS OLD</b>  |
|---------------------------------------|--|--|
| amitriptyline                         | 75mg                                       | 225mg                                    |
| bupropion IR, SR, ER, XL (Forfivo XL) | 450mg                                      | 450mg                                    |
| citalopram                            | 60mg                                       | ≤60 years – 60mg<br>>60 years old – 30mg |
| clomipramine                          | 300mg                                      | 375mg                                    |
| desipramine                           | 225mg                                      | 450mg                                    |
| desvenlafaxine (Pristiq)              | 150mg                                      | 150mg                                    |
| doxepin                               | 150mg                                      | 450mg                                    |
| duloxetine (Cymbalta)                 | 120mg                                      | 120 mg                                   |
| escitalopram                          | 30mg                                       | 30mg                                     |
| fluoxetine                            | 90mg                                       | 120mg                                    |
| fluvoxamine                           | 300mg                                      | 450mg                                    |
| imipramine                            | 300mg                                      | 300mg                                    |
| mirtazapine                           | 67.5mg                                     | 67.5mg                                   |
| nefazodone                            | 600mg                                      | 600mg                                    |
| nortriptyline                         | 150mg                                      | 225mg                                    |
| paroxetine IR                         | 75mg                                       | 90mg                                     |
| paroxetine CR                         | 75mg                                       | 112.5mg                                  |
| sertraline                            | 300mg                                      | 300mg                                    |
| trazodone                             | 300mg                                      | 600mg                                    |
| trazodone SR (Oleptro)                | 300mg                                      | 562.5mg                                  |
| venlafaxine IR                        | 450mg                                      | 562.5mg                                  |
| venlafaxine ER                        | 450mg                                      | 337.5mg                                  |
| vilazodone (Viibryd)                  | 60mg                                       | 60mg                                     |
| <b> </b>                              |  |  |
| alprazolam                            | 6mg  | 6mg                                      |
| chlordiazepoxide                      | 45mg                                       | 450mg                                    |
| clonazepam                            | 6mg  | 6mg                                      |
| clorazepate                           | 90mg                                       | 135mg                                    |
| diazepam                              | 15mg                                       | 60mg                                     |
| flurazepam                            | 22.5mg                                     | 22.5mg                                   |
| lorazepam                             | 15mg                                       | 15mg                                     |
| oxazepam                              | 180mg                                      | 180mg                                    |
| temazepam                             | 45mg                                       | 45mg                                     |
| triazolam                             | 0.75mg                                     | 0.75mg                                   |

## **GHS HELPDESK ON-CALL HOURS**

As a reminder, the GHS pharmacy help desk is available from 8:00AM to 5:00PM, Monday through Friday. After hours there is an on-call technician that can be reached by calling 877-209-1264 from **5:00PM to 9:00PM Monday through Friday and 8:00AM to 9:00PM Saturday and Sunday.**

## **EMERGENCY OVERRIDE**

As a reminder, Wyoming Medicaid allows two (2) emergency overrides, each for a three (3) day supply, per medication per month for those medications that require a prior authorization (reject code 75 – Prior Authorization Required). This can be done by entering 2 (Medical Certification) into the PA Type Code Field and 8 into the PA # Field. Please note that this is **only allowed** for up to a **three (3) day supply per override** and no dispensing fee or co-pay are applied to these claims. Please call the GHS pharmacy help desk at 877-209-1264 with any questions.

## **MISCELLANEOUS CHANGES (Effective 01/01/2013)**

- Prior authorization will now be required for those clients under the age of three (3) for immediate-release amphetamine salts combo. All other stimulants will require prior authorization for those clients under the age of five (5).
- Neupro will now require prior authorization. For clients with the diagnosis of Restless Leg Syndrome (RLS) the above mentioned criteria will be required. Neupro will be approved for those clients with a diagnosis of Parkinson's disease.
- Nucynta will be allowed for clients with a diagnosis of diabetic peripheral neuropathy and for patients with significant gastrointestinal concerns with other CII narcotics.
- Pain medications that **include acetaminophen** will now be **limited to a dose of four (4) grams per day of acetaminophen**. This includes oxycodone, hydrocodone, and codeine combination medications.
- Exalgo will be limited to a **maximum daily dose of 32mg per day**.