



# Medicaid Pharmacy News

Dear Providers:

12/20/2024

## **PREFERRED DRUG LIST (PDL) CHANGES (Effective 1/1/2025)**

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
<b>Addiction</b> Naloxone/Naltrexone	Opvee and Rextovy will be non-preferred. Additionally, topiramate will be approved after a 4-week trial and failure of naltrexone or acamprosate in alcohol use disorder. Vivitrol will be preferred.
<b>Allergy/Asthma/COPD</b> Short Acting Bronchodilators	Xopenex HFA will be non-preferred.
<b>Allergy/Asthma/COPD</b> Steroid Combination Agents	Advair HFA and Diskus products will be preferred. Wixela will be non-preferred.
<b>Allergy/Asthma/COPD</b> Epinephrine	Epi-pen products will be preferred.
<b>Arthritis</b>	Taltz will be preferred for diagnoses of either ankylosing spondylitis or psoriatic arthritis.
<b>Convulsions</b> Oral Anticonvulsants	Fycompa will be preferred, Libervant will be non-preferred.
<b>Dermatology</b> Atopic Dermatitis and Plaque Psoriasis	Adbry will be preferred for clients with atopic dermatitis. Taltz will be preferred for plaque psoriasis. Criteria for Dupixent in atopic dermatitis has been updated to remove trial and failure of step 2 immunomodulators (i.e. Elidel, pimecrolimus, tacrolimus)
<b>Diabetes</b> GLP-1 Agonists	Rybelsus will be preferred with greater than or equal to 90-day supply of metformin in the last 12 months.
<b>Diabetes</b> SGLT2 Inhibitors	Invokana and Invokamet will be non-preferred.

<b>Diabetes</b> External Diabetic Devices/Continuous Monitors	Omnipod G5 FSL 2 Plus G6 and Freestyle Libre 3/Plus will be preferred. Omnipod GO will be non-preferred.
<b>Gastrointestinal</b> Bowel Evacuants	Clenpiq and Suflave will be preferred.
<b>Gastrointestinal</b> Digestive Enzymes	Pertzye will be preferred for clients diagnosed with cystic fibrosis.
<b>Gastrointestinal</b> Proton Pump Inhibitors	Lansoprazole ODT and Omeprazole ODT will be preferred.
<b>Gastrointestinal</b> Pregnancy-Induced Nausea and Vomiting	Bonjesta will be non-preferred.
<b>Hormones</b> GnRH Antagonists	Orilissa will be preferred, Oriahnn will be non-preferred.
<b>Hormones</b> Growth Hormone	Skytrofa will be preferred.
<b>Hormones</b> Oral Contraceptives	Femlyv, Merzee, Nexstellis, Taysofy, Tyblume, Xulane, and Zafemy will be non-preferred.
<b>Hyperlipidemia</b> PCSK9 Inhibitors	Repatha will be preferred for clients with a diagnosis of homozygous familial hypercholesterolemia; have a diagnosis of heterozygous familial hypercholesterolemia or atherosclerotic cardiovascular disease AND not at goal with a maximum dose statin; or be intolerant to statin therapy.
<b>Mental Health</b> Atypical Antipsychotics	Asenapine, Rykindo, and Uzedy will be preferred. Saphris will be non-preferred.
<b>Mental Health</b> Methylphenidates	Relexxii will be non-preferred.
<b>Migraine</b> Acute Migraine Treatment	Ubrelyv will be preferred as a step two agent, requiring trial and failure of two triptan agents.
<b>Overactive Bladder</b>	Toviaz will be non-preferred.
<b>Pulmonary Antihypertensives</b> 5-alpha-reductase Inhibitors	Sildenafil suspension will be preferred with diagnosis of pulmonary hypertension. Revatio will be non-preferred.
<b>Restless Leg Syndrome</b>	Pregabalin will be preferred with diagnosis of restless leg syndrome.
<b>Ulcerative Colitis</b> Immunomodulators	Tremfya will be non-preferred.

## **ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC)**

### **CHANGES (Effective 1/1/2025)**

- Agamree requires that the client be 2 years of age or older and have diagnosis of Duchenne muscular dystrophy (DMD).
- Dupixent must be used as add-on maintenance treatment for moderate-to-severe/eosinophilic or oral corticosteroid-dependent asthma or primary treatment of eosinophilic esophagitis in clients aged 1 and older weighing at least 15kg OR used as therapy for clients 18 years and older with inadequately controlled chronic rhinosinusitis with nasal polyposis as add-on maintenance therapy, or prurigo nodularis. Clients must be 6 months of age or older and meet the required criteria for the diagnosis of Atopic Dermatitis as described on the Preferred Drug List (PDL).
- Eohilia requires that the client be 11 years of age or older with eosinophilic esophagitis. Treatment will be limited to 12 weeks.
- Rezdiffra requires that the client have a diagnosis of noncirrhotic nonalcoholic steatohepatitis with moderate to advanced liver fibrosis.
- Wegovy requires that the client have BMI of 27 or higher with cardiovascular disease defined as prior myocardial infarction, prior stroke, or peripheral artery disease.
- Zelsuvmi requires that the client be 1 year of age or older and have diagnosis of molluscum contagiosum.
- Zilbrysq requires that a client have diagnosis of myasthenia gravis who are anti-acetylcholine receptor (AChR) antibody positive.

### **TRIAL AND FAILURE REQUIREMENTS**

Please be aware that clients' use of samples of preferred agents do not contribute to trial and failure criteria and parameters as defined on the Preferred Drug List (PDL) for approval of non-preferred medications. Additionally, Wyoming Medicaid clients that may be stabilized on a medication obtained through samples may not necessarily receive prior authorization approval for the sampled medication. Please refer to page 21 of the Provider Manual for more information regarding samples.

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