



Medicaid Pharmacy News

Dear Providers:

March 10, 2016

NEW SUBOXONE CRITERIA

Effective April 6, 2016, Wyoming Medicaid will no longer consider any prior authorization requests for the use of Suboxone past the two year limit. If clients have been using Suboxone for a diagnosis of pain, Wyoming Medicaid may allow clients to change therapy to Butrans or Belbuca. The usual prior authorization process will be required. Please contact the GHS Pharmacy Help Desk at 877-209-1264 with any questions regarding this change.

LIDOCAINE PATCHES

Effective February 25, 2016, generic lidocaine patches are now preferred over the brand name Lidoderm patches. Please note that all prior authorization criteria still apply.

PEDIATRIC STATIN USE

Use of statins in children under ten years of age will now require prior authorization.

MOVANTIK

Movantik will no longer require prior authorization for clients with a diagnosis of cancer **on file**. Movantik will require prior authorization but will be approved for clients with a new diagnosis of cancer or for clients in hospice or palliative care, but the diagnosis or status must be documented on the prior authorization request form. Step care therapy does not apply for these clients.

REXULTI

Rexulti is a non-preferred agent. Trial and failure of two preferred agents greater than or equal to 30 days in the previous 12 months will be required before approval can be given for Rexulti.

PRALUENT AND REPATHA

Praluent and Repatha will require prior authorization. The client must have a diagnosis of heterozygous familial hypercholesterolemia with intolerance to statin therapy or not at goal with maximum statin dose OR a diagnosis of homozygous familial hypercholesterolemia.

ORAL CONTRACEPTIVES

Please note that updates have been made to the contraceptive class. To see the changes, please refer to the Contraceptives class on the Preferred Drug List, which can be obtained at www.wyomedicaid.org.