



Medicaid Pharmacy News

Dear Providers:

6/16/2021

PREFERRED DRUG LIST (PDL) CHANGES (Effective 6/16/2021)

Please refer to www.wymedicaid.org for the complete PDL.

| THERAPEUTIC CATEGORY | PREFERRED DRUG LIST CHANGES |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Addiction Suboxone | Suboxone prior authorization criteria and limits have been updated. Doses of 16mg or less will no longer require prior authorization and the 2 year limit has been removed. Diagnosis is still required for approval. |
| Dermatology Immunomodulators | Exceptions will be made for Pimecrolimus and Protopic for application to the face and for clients 12 years of age and under. A trial and failure of a preferred low potency corticosteroid greater than or equal to a 21 day trial in the last 90 days will be required. |
| Hepatitis C | Epclusa 200-50mg will be non-preferred |
| Neuropathic Pain | Prior authorizations will be approved for gabapentin OR pregabalin for less than or equal to 14 day supplies for perioperative pain. |
| Ophthalmics Anti-allergics | Alrex will be preferred |
| Ophthalmics Anti-inflammatory | Inveltys will be non-preferred. |
| Ophthalmics Carbonic Anhydrase Inhibitors | Azopt will be preferred, brinzolamide will be non-preferred. |
| Parkinson's Disease Short-acting agents | Section added, amantadine, benzotropine tablets, carbidopa/levodopa, pramipexole, and ropinirole will all be preferred short-acting agents. |
| Parkinson's Disease Long-acting agents | Section added, Neupro patches, ropinirole ER, and Rytary will be preferred. Apokyn, benzotropine injectables, Gocovri, Inbrija, Kynmobi, Ongentys, pramipexole ER, and Xadago will be non-preferred. |
| Pulmonary Antihypertensives Guanylate Cyclase Inhibitors | Adempas will be non-preferred. |

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC) **CHANGES (Effective 6/16/2021)**

- Evkeeza requires that the client be 12 years of age or older and have a diagnosis of homozygous familial hypercholesterolemia (HeFH) and currently using existing low-density lipoprotein-cholesterol (LDL-C_ lowering therapies.
- Lupkynis requires that the client must have a diagnosis of active lupus nephritis along with an existing immunosuppressive therapy regimen.
- Orladeyo requires that the client be 12 years of age or older and have a diagnosis of hereditary angioedema.
- Verquvo requires that the client must have a diagnosis of symptomatic chronic heart failure with an ejection fraction of 45% and history of hospitalization for heart failure or need for outpatient diuretics.
- Zokinvy requires that the client be 12 months of age or older and have a diagnosis of Hutchinson-Gilford Progeria Syndrome or Progeroid Laminopathies with either heterozygous LMNA mutation with progerin-like protein accumulation or homozygous or compound heterozygous ZMPSTE24 mutations. Zokinvy will not be approved for use in other Progeroid Syndromes or processing-proficient Progeroid Laminopathies.

DOSE LIMITATION CHART **CHANGES (Effective 6/16/2021)**

- Montelukast has been updated to reflect FDA dosing limits as follows:
 - 4mg/day in clients 6mo-5 years of age
- Suboxone
 - 16mg/day dosing will no longer require prior authorization

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