



Medicaid Pharmacy News

Dear Providers:

August 10, 2020

PREFERRED DRUG LIST (PDL) CHANGES (Effective 08/10/2020)

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
ALLERGY/ASTHMA Anticholinergic Bronchodilators	Seebri has been removed
ALLERGY/ASTHMA Anticholinergic Combination Agents	Utibron has been moved to non-preferred
ALLERGY/ASTHMA Long-Acting Bronchodilators – Inhalers	Arcapta has been removed
ARTHRITIS Ankylosing Spondylitis & Psoriatic Arthritis	Taltz and Xeljanz/Xeljanz XR have been moved to non-preferred
ARTHRITIS Rheumatoid Arthritis	Rinvoq will be non-preferred
CONVULSIONS	Section added for intermittent, stereotypic seizure episodes has been added along with Valtoco.
DERMATOLOGY Plaque Psoriasis	Skyrizi has been removed, Salicylic Acid section has been removed
DIABETES GLP-1 Receptor Agonists	Rybelsus will be non-preferred, with prior authorization requiring documentation of inability to use injectable agents.
DIABETES SGLT2 Inhibitors	Tryjardy XR will be non-preferred
DIABETES Fast-acting Insulin	Prior authorization will be required when using two different delivery forms of the same type of insulin
DIABETES Continuous Blood Glucose Monitors	Freestyle Libre 2 has been added and preferred requiring clinical criteria
DIABETES Acute Hypoglycemia Agents	Section added; Baqsimi added to preferred, GVOKE to non-preferred
GASTROINTESTINAL Proton Pump Inhibitors	Talcia will be non-preferred

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
HEMATOLOGY Antihemophilic Factor VIII	Esperoct will be preferred
HORMONES Testosterone Topical Agents	Jatenzo will be non-preferred
MENTAL HEALTH Amphetamines	Amphetamine ER Suspension will be non-preferred
Mental Health Atypical Antipsychotics	Caplyta and Secuado will be non-preferred
MIGRAINE Step 2 Agents	Nurtec and Reyvow added and preferred with criteria of trial and failure of two triptans required. Ubrelvy will be non-preferred
OPHTHALMICS Anti-inflammatory	Loteprednol 0.5% will be non-preferred (Brand Lotemax preferred)
OPHTHALMICS Dry Eye Agents	Cequa will be non-preferred
OSTEOPOROSIS Bisphosphonates	Forteo will be non-preferred; limited to 2 years of use
Pain Long-Acting C-IIs	Hydrocodone ER will be non-preferred
Pain Short-Acting C-IIs	Apadaz will be non-preferred
Ulcerative Colitis Immunomodulators	Simponi and Xeljanz/Xeljanz XR will be non-preferred

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC) **CHANGES (Effective 08/10/2020)**

- Daliresp no longer requires a long-acting anti-muscarinic agent.
- Dupixent must be used add-on maintenance therapy for severe asthma in clients aged 12 and older with eosinophilic or corticosteroid-dependent asthma OR used as add-on maintenance therapy for clients 18 years and older with inadequately controlled chronic rhinosinusitis with nasal polyposis.
- Grastek has been removed.
- Guanfacine ER has been removed.
- Lyrica removed, replaced with pregabalin.
- All anti-psychotic agents will now be limited to 100% of the FDA maximum dose including injectables.
- Pregabalin section added, client must have Lyrica on the file in the previous 90 days OR have a diagnosis of epilepsy, cancer, or history of antineoplastic therapy in the last 12 months.
- Nexletol requires 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.
- Sunosi requires client diagnosis of fatigue associated with sleep apnea and show compliance of 70% or more use of the CPAP machine for more than 4 hours at a time for one month prior to approval. An Apnea-Hypopnea Index of 10 or less will also be required.
- Trifacta requires client be 12 years or older and have a diagnosis of cystic fibrosis with at least one F508del mutation in the CFTR gene.

NUTRITIONAL PRODUCTS AND INCONTINENCE PRODUCTS

Effective January 1, 2020, nutritional products such as Ensure and Pediasure, as well incontinence supplies such as diapers, pads, and inserts, will no longer be covered through the Wyoming Medicaid Pharmacy point-of-sale. **These products will continue to be covered, in accordance with Wyoming Medicaid DME policy, when billed by DME providers through the medical billing system.** Infant formula claims submitted through the Medicaid Pharmacy point-of-sale system will continue to be covered for members eligible for infant formula coverage. For questions regarding this new policy, please contact the Change Healthcare pharmacy help desk at 877-209-1264.