



Medicaid Pharmacy News

Dear Providers:

2/22/2021

PREFERRED DRUG LIST (PDL) CHANGES (Effective 2/24/2021)

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
Arthritis Psoriatic Arthritis	Tremfya will be non-preferred.
Convulsions Intermittent, Stereotypic Seizure Episodes	Nayzilam remains preferred, but will require patients to be 12 years of age or older for approval.
Multiple Sclerosis	Bafiertam and Kesimpta have been added to the PDL and will both be non-preferred.
Ophthalmics Anti-allergics	Azelastine, Bepreve, Cromolyn 0.4%, Lastacraft, and Olopatadine 0.1% and 0.2% are now preferred.
Ophthalmics Dry Eye Agents	Eysuvis will be non-preferred.
Ulcerative Colitis Immunomodulators	Stelara will be non-preferred.

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC) CHANGES (Effective 2/24/2021)

- Oxlumo requires that the client be 6 years of age or older and a diagnosis of primary hyperoxaluria type 1 (PH1).
- Sunosi has been updated to require a 3 month trial and failure of modafinil prior to approval for narcolepsy.

DOSE LIMITATION CHART **CHANGES (Effective 2/24/2021)**

- Montelukast has been updated to reflect FDA dosing limits as follows:
 - 4mg in clients 1-5 years of age
 - 5mg in clients 6-14 years of age
 - 10mg in clients \geq 15 years of age

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