Wyoming
Department
of Health

Division of Healthcare Financing

Medicaid Pharmacy News

Dear Providers: 12/23/2025

PREFERRED DRUG LIST (PDL) CHANGES (Effective 1/1/2026)

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
Addiction Buprenorphine Combinations	Sublocade will continue to be preferred with clinical criteria, PA specific form and criteria can be found at www.wymedicaid.org.
Allergy/Asthma/COPD Anticholinergic Combination Agents	Breztri and Trelegy will be preferred.
Allergy/Asthma/COPD Short-acting Bronchodilators	Xopenex HFA will be preferred
Allergy/Asthma/COPD Steroid Combination Agents	Trelegy will be preferred, Breyna will be non-preferred.
Allergy/Asthma/COPD Epinephrine	Neffy will be non-preferred.
Mental Health Selective Alpha-Adrenergic Agonists	Guanfacine and guanfacine ER will be preferred, Onyda XR will be non-preferred.
Arthritis Ankylosing, Psoriatic, Rheumatoid	Biosimilars adalimumab-fkjp and Hadlima will be preferred with clinical criteria for indicated conditions. Rinvoq will also be preferred.
Arthritis Juvenile Idiopathic Arthritis	Biosimilars adalimumab-fkjp and Hadlima will be preferred with clinical criteria for indicated conditions.
Crohn's Immunomodulators	Biosimilars adalimumab-fkjp and Hadlima will be preferred with clinical criteria for indicated conditions. Rinvoq and Zoryve will also be preferred.
Dermatology Immunomodulators – Step 2 Agents	Hyftor will be non-preferred.

Dermatology Atopic Dermatitis	Ebglyss and Rinvoq will be preferred for clients meeting clinical criteria. Adbry will be non-preferred.
Dermatology Plaque Psoriasis	Biosimilars adalimumab-fkjp and Hadlima will be preferred with clinical criteria for indicated conditions.
Diabetes GLP-1 Receptor Agonists	Wegovy will be preferred with clinical criteria to match indication.
Gastrointestinal Pregnancy-Induced Nausea/Vomiting	Doxylamine/pyridoxine will be preferred, Diclegis (brand) will be non-preferred.
Hematology Erythropoiesis Stimulating Agents	Mircera will be non-preferred.
Hormones GnRH Antagonists	Oriahn will be preferred.
Infectious Disease Antivirals	Paxlovid will be preferred.
Infectious Disease Antiretrovirals	Cabenuva will be non-preferred.
MASH Approved Agents	Wegovy will be preferred with diagnosis of MASH (metabolic-associated steatohepatitis). Cardiovascular disease criteria can be found on the Additional Therapeutics Clinical Criteria chart. Rezdiffra will be non-preferred.
Mental Health Atypical Antipsychotics	Rykindo will be non-preferred.
Movement Disorders VMAT 2 Inhibitors	Ingrezza (sprinkles) will be non-preferred.
Multiple Sclerosis MS Agents	Avonex and Vumerity will be non-preferred.
Ulcerative Colitis Immunomodulators	Biosimilars adalimumab-fkjp and Hadlima will be preferred with clinical criteria for indicated conditions. Rinvoq and Zoryve will also be preferred.
Uveitis Immunomodulators	Biosimilars adalimumab-fkjp and Hadlima will be preferred with clinical criteria for indicated conditions.

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC) CHANGES (Effective 1/1/2026)

- Cobenfy requires that the client has a diagnosis of schizophrenia.

- Dupixent must be used as add-on maintenance treatment for moderate-to-severe asthma in clients aged 6 and older with eosinophilic or oral corticosteroid-dependent asthma OR for clients 1 year and older and weighing at least 15kg for eosinophilic esophagitis OR used as therapy for clients 12 years and older with inadequately controlled chronic rhinosinusitis with nasal polyposis as add-on maintenance therapy, or prurigo nodularis OR for clients 18 years and older with diagnosis of bullous pemphigoid. Dupixent will also be approved as an add-on maintenance treatment of adult patients with inadequately controlled COPD and a documented eosinophilic phenotype. Dupixent use will not be approved for acute bronchospasm relief. *Client 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).

- Gabapentin requires that the client have gabapentin on file in the previous 90 days OR a diagnosis of chronic pain, epilepsy, fibromyalgia, neuropathic pain, postherpetic neuralgia, vasomotor symptoms due to menopause, vasomotor symptoms due to prostate cancer, or restless leg syndrome, or alcohol use withdrawal/disorder within the last 12 months. Clients will not be allowed to take gabapentin and pregabalin concurrently.

DOSE LIMITATION CHART (DLC) CHANGES (Effective 1/1/2026)

Nicotine replacement products have been updated with new limits per day, as well as annual limits and combinations. For more information, please review the updated Dose Limitation Chart at www.wymedicaid.org.

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