



Medicaid Pharmacy News

Dear Providers:

6/5/2026

PREFERRED DRUG LIST (PDL) CHANGES (Effective 6/8/2026)

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
Seizures Oral Anticonvulsants	Clonazepam (both IR and ODT products) will be preferred with clinical criteria.
Diabetes Incretin Mimetics (GLP-1 Receptor Agonists)	Ozempic tablets will be preferred for clients who meet the clinical criteria and have had a trial and failure of metformin greater than or equal to a 90 day supply in the past 12 months.
Diabetes Continuous Blood Glucose Monitors	Prior authorization will be required to verify if the client is injecting insulin daily, and monitors will be limited to the labeled age. CGMs will also be approved for clients with gestational diabetes through their 6-week post partum checkup.
Hematology Selective Factor Xa Inhibitors	Xarelto starter pak will be preferred.
Hyperlipidemia PCSK9-Related Agents	Lerechol will be non-preferred.
MASH Approved Agents	Wegovy HD (injectable) will be preferred for clients meeting clinical criteria.

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC) **CHANGES (Effective 6/8/2026)**

- Kygevi requires that the client have a diagnosis of thymidine kinase 2 deficiency (TK2d) with symptom onset at or before 12 years of age.
- Nereus requires that the client have previously tried and failed other agents (i.e. meclizine, scopolamine, etc.) for the prevention of motion-induced vomiting.
- Voxzogo requires that the client be diagnosed with pediatric achondroplasia with open epiphyses.
- Yuviwel requires that the client be 2 years of age or older and be diagnosed with achondroplasia with open epiphyses.
- Zepbound requires that the client have diagnosis of moderate to severe obstructive sleep apnea. Will be approved for obese adults with an AHI (Apnea-Hypopnea Index) of greater than 15 as evidenced by sleep study within the prior 12 months. Prior authorization will be required again at 6 months to show at least 5% weight loss. Prior authorization will be required again at 12 months to demonstrate improvement in obstructive sleep apnea as evidenced by another sleep study. Additional approvals will require continued documentation of improvement in member weight and overall health.

DOSE LIMITATION CHART (DLC) CHANGES (Effective 6/8/2026)

- Zolpidem (IR) products have been updated to a maximum daily dose of 10mg per day.
- Belbuca (buprenorphine buccal film) products have been updated to a maximum limit of 1.8mg (1800mcg) per day.
- Escitalopram products will be limited to a maximum daily dose of 20mg.
- Rozerem (ramelteon) products will be limited to a maximum daily dose of 8mg.

HELPDESK REMINDER

As our new Point-of-Sale system continues to stabilize, we request that you continue to contact the OptumRx Pharmacy Help Desk for any unexpected rejections, messaging confusion, package size questions, or system instability. We thank you for your continued dedication to serving Wyoming Medicaid clients and appreciate your continued partnership as well as patience as we navigate our new systems and work to increase efficiency.

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