



Medicaid Pharmacy News

Dear Providers:

4/3/2026

PREFERRED DRUG LIST (PDL) CHANGES (Effective 4/15/2026)

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
Dermatology Chronic Spontaneous Urticaria	Class has been added to the PDL with Dupixent, Ebglyss, and Xolair preferred for members who meet criteria of having a diagnosis of chronic spontaneous urticaria whose hives are not controlled by H1 antihistamine therapy. Rhapsido will be non-preferred and requires a 56-day trial and failure of a preferred agent.
Inflammation NSAIDs	Diclofenac 3% gel is non-preferred and requires a diagnosis of actinic keratosis prior to approval.
Mental Health Atypical Antipsychotics	Caplyta is still non-preferred, but will be approved for MDD treatment requiring concurrent antidepressant therapy as well as a trial and failure of aripiprazole or other preferred atypical antipsychotic indicated for adjunct MDD treatment. Cobenfy has also been added as a non-preferred product.
Pain Narcotics	Effective 4/15/2026, all short acting narcotics, long-acting narcotics or any combination of these products will be limited to a total daily dose of 90MME. For per product limits, please see the Dose Limitation chart.

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC) **CHANGES (Effective 4/15/2026)**

- Brixadi will not be covered through the Point-of-Sale (POS) system for pharmacy benefits. Claims for Brixadi must be billed to the medical side.
- Dupixent has been updated to include Chronic Spontaneous Urticaria, see published ATCC for full criteria.
- Itvisma requires that the client be 2 years of age or older and have a diagnosis of spinal muscular atrophy (SMA) with confirmed mutation in the SMN1 gene.
- Nuvigil has been updated to no longer require a step through modafinil as is described on the PDL. Other limits and requirements are still in place.
- Rinvoq requires that the client be 12 years of age or older, and have a diagnosis of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, atopic dermatitis, or ulcerative colitis.
- Venofer requires that the client be 2 years of age or older with diagnosis of iron deficiency anemia in chronic kidney disease.
- Voyxact requires that the client be 18 years of age or older and have a diagnosis of proteinuria due to primary immunoglobulin A nephropathy (IgAN).
- Yartemla requires that the client be 2 years of age or older and have diagnosis of hematopoietic stem cell transplant-associated thrombotic migrangiopathy.
- Yeztugo requires that the client weighs at least 35kg and be at risk for HIV-1 acquisition. Individuals must have a negative HIV-1 test prior to initiating therapy.

DOSE LIMITATION CHART (DLC) CHANGES (Effective 4/15/2026)

- Narcotic products have been updated to identify the 90MME limit for both short-acting and long-acting opioid products. Limits are published per product, but all opioid products will be calculated cumulatively with any other products on the member's profile, and this will be in effect for all initial, acute, and/or chronic therapies.
- Due to package size updates, Valtoco products require that claims be submitted as quantity of "5" for a 15-day supply in accordance with the package label.

PACKAGE SIZE REMINDER

Wyoming Medicaid requires medications with manufacturer "original container" language on the packaging or within the package insert, to be dispensed in the original container. This includes, but is not limited to, the following labeling statements: Dispense and keep only in original container, Keep in the original container, Dispense as 1 box, or Dispense in this unit-of-use labeling. Labeling which exclusively refers to storing the product in the original container is excluded from this requirement. Claims that do not meet this requirement will be subject to recovery and further audit proceedings.

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