



Medicaid Pharmacy News

Dear Providers:

9/4/2025

PREFERRED DRUG LIST (PDL) CHANGES (Effective 9/1/2025)

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

THERAPEUTIC CATEGORY	PREFERRED DRUG LIST CHANGES
Dermatology Alopecia Areata	Alopecia areata will now be a covered diagnosis for Wyoming Medicaid. Litfulo and Olumiant will be non-preferred products that require a 90-day trial and failure of a high potency steroid as well as a documented SALT score of >50%.
Dermatology Vitiligo	Vitiligo will now be a covered diagnosis for Wyoming Medicaid. Opzelura will be non-preferred and requires a 90-day trial and failure of a medium or high potency steroid.
Diabetes GLP-1 Receptor Agonists	Exenatide will be preferred.
Diabetes Diabetic Meters/Test Strips	Accu-Chek Guide, and Accu-Chek Guide Me products and strips will be preferred. OneTouch products (Ultra, Ultra Mini, Ultra Blue, Verio, Verio Flex, Verio Reflect, and Verio IO) will be non-preferred.
Gastrointestinal Various	Lubiprostone will be a preferred product for use in Chronic Idiopathic Constipation, Irritable Bowel Syndrome with Constipation, and Opioid-Induced Constipation.
Hematology Additional Hematological Agents	Zynteglo will be a preferred product with diagnosis of beta-thalassemia. Additional criteria may apply.
Infectious Disease Anti-Retrovirals	Complera will be preferred, Emtricitabine/Rilpivirine/Tenofovir will be non-preferred.
Mental Health SSRIs	Bucapsol will be non-preferred.

ADDITIONAL THERAPEUTIC CRITERIA CHART (ATCC)

CHANGES (Effective 9/1/2025)

- 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).
- Journavx requires that the client be an adult with a diagnosis of moderate to severe acute pain. Treatment will be limited to a 14-day course.
- Nucala requires that the client have a diagnosis of severe asthma with an eosinophilic phenotype and be >12 years of age OR have a diagnosis of chronic rhinosinusitis with nasal polyps with inadequate response to corticosteroids and be 18 years of age or older OR be used as add-on maintenance treatment of adults with inadequately controlled COPD and an eosinophilic phenotype.
- Zurzuvae requires that the client have a diagnosis of postpartum depression. Treatment will be limited to a 14-day course.

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