



January, 2026

WEST VIRGINIA MEDICAID PHARMACY DEPARTMENT

PHARMACY | BUREAU FOR MEDICAL SERVICES

PROVIDER SERVICES

888-483-0793
888-483-0801 (Pharmacy)
304-348-3360
Monday – Friday
8:00 am until 5:00 pm

PHARMACY HELP DESK & PHARMACY PRIOR AUTHORIZATION (RATIONAL DRUG THERAPY PROGRAM)

800-847-3859 (Phone)
800-531-7787 (Fax)
Monday – Saturday
8:30 am until 9:00 pm
Sunday 12:00 pm until 6:00 pm

MEMBER SERVICES

888-483-0797
304-348-3365
Monday – Friday
8:00 am until 5:00 pm

PREFERRED DRUG LIST

For a copy of the most recent preferred drug list, visit:

[Preferred Drug List and Coverage Details | Bureau for Medical Services](#)

STATE MAXIMUM ALLOWABLE COST (SMAC)

SMAC Review Form:
[WV SMAC Dispute Form](#)

Please refer questions to Change Healthcare at 1-855-389-9504 or e-mail to: smacdisputes@optum.com

PDL Updates for 2026

The West Virginia Medicaid Pharmaceutical and Therapeutics Committee had their annual P&T meeting on October 29th, 2025, in Charleston, WV. The meeting included members of the Bureau for Medical Services team, the P&T committee members, vendors providing work for the state and members of the public and public speakers. On pages 2-3 of this newsletter, you will find the updates to the Preferred Drug List that came from that meeting and are effective as of January 1st, 2026.

Additionally, an updated Preferred Diabetic Supply List for 2026 can be found online at [Preferred Diabetic Supply List](#). Please refer to the Preferred Diabetic Supply List for specific details of which products are preferred for 2026.

The next Pharmacy and Therapeutics meeting will take place on January 28th, 2026, from 3-5PM virtually. Please visit the Medicaid Pharmacy website at the link below for any further information. [Pharmaceutical and Therapeutics Committee | Bureau for Medical Services](#)

Upcoming PDL Changes

The following changes will be made to the Preferred Drug List (PDL), effective January 1, 2026, pending recommendation and/or approval by the P&T Committee, BMS, and Secretary of DHHR.

For a comprehensive PDL, refer to [Preferred Drug List and Coverage Details | Bureau for Medical Services](#)

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
ANTIBIOTICS, INHALED	BETHKIS (tobramycin) 300mg/4ml
ANTIBIOTICS, INHALED	tobramycin 300mg/5ml
ANTIEMETICS	DICLEGIS (doxylamine succinate/vit B6)
ANTIMIGRAINE AGENTS, ACUTE	UBRELVY (Ubrogepant)
ANTIPARASITICS, TOPICAL	spinosad
ANTIPSYCHOTICS, ATYPICAL AND COMBINATION	UZEDY (risperidone)
ANTIRETROVIRALS	YEZTUGO TABLET (lenacapavir)
ANTIRETROVIRALS	YEZTUGO VIAL (lenacapavir)
ANTIVIRALS, ORAL	PAXLOVID (nirmatrelvir/ritonavir)
BRONCHODILATORS, BETA AGONIST	AIRSUPRA (albuterol/budesonide)
CYTOKINE AND CAM ANTAGONISTS	adalimumab-fkjp
CYTOKINE AND CAM ANTAGONISTS	HADLIMA (adalimumab-bwwd)
CYTOKINE AND CAM ANTAGONISTS	SIMLANDI (adalimumab-ryvk)
DIABETES AGENTS, SGLT2 INHIBITOR	GLYXAMBI (empagliflozin/linagliptin)
DIABETES AGENTS, SGLT2 INHIBITOR	SYNJARDY XR (empagliflozin/metformin)
DIABETES AGENTS, SGLT2 INHIBITOR	TRIJARDY XR (empagliflozin/linagliptin/metformin)
DUCHENNE MUSCULAR DYSTROPHY (DMD) CORTICOSTEROIDS	AGAMREE (vamorolone)
DUCHENNE MUSCULAR DYSTROPHY (DMD) CORTICOSTEROIDS	EMFLAZA (deflazacort)
HEART FAILURE TREATMENTS	sacubitril/valsartan
IMMUNOMODULATORS, ATOPIC DERMATITIS, TOPICAL	OPZELURA (ruxolitinib)
IMMUNOMODULATORS, ATOPIC DERMATITIS, SYSTEMIC	EBGLYSS (lebrikizumab-lbkz)
PLATELET AGGREGATION INHIBITORS	ticagrelor 90mg
POTASSIUM REMOVING AGENTS	VELTASSA (patiromer calcium sorbitex)

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ANDROGENIC AGENTS	UNDECATREX (testosterone undecanoate)
ANGIOTENSIN MODULATORS	amlodipine/valsartan/hydrochlorothiazide
ANGIOTENSIN MODULATORS	quinapril
ANGIOTENSIN MODULATORS	quinapril/hydrochlorothiazide
ANGIOTENSIN MODULATORS	captopril/hydrochlorothiazide
ANTIBIOTICS, INHALED	KITABIS (tobramycin) 300mg/5ml
ANTICONVULSANTS	ZTALMY (ganaxolone)
ANTIPARASITICS, TOPICAL	PRURADIK LOTION (crotamiton)
BETA BLOCKERS	LOPRESSOR SOLUTION (metoprolol)
BPH TREATMENTS, ALPHA BLOCKERS	TEZRULY (terazosin)
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	BONSITY (teriparatide)
COPD AGENTS	umeclidinium/vilanterol
CYTOKINE AND CAM ANTAGONISTS	IMULDOSA (ustekinumab-srlf)
DIABETES AGENTS, DPP-4 INHIBITOR	BRYNOVIN SOLUTION (sitagliptin)
DIABETES AGENTS, SGLT2 INHIBITOR	dapagliflozin
DRY EYE PRODUCTS	TRYPTYR (acoltremon)
DUCHENNE MUSCULAR DYSTROPHY (DMD) CORTICOSTEROIDS	deflazacort
DUCHENNE MUSCULAR DYSTROPHY (DMD) CORTICOSTEROIDS	JAYTHARI (deflazacort)
HEART FAILURE TREATMENTS	ENTRESTO (sacubitril/valsartan)
HEART FAILURE TREATMENTS	KERENDIA (finerenone)
IMMUNOMODULATORS, ATOPIC DERMATITIS, TOPICAL	ANZUPGO (delgocitinib)
OPIATE DEPENDENCE TREATMENTS	OPVEE SPRAY (nalmefene)
PAH AGENTS	YUTREPIA (treprostinil)