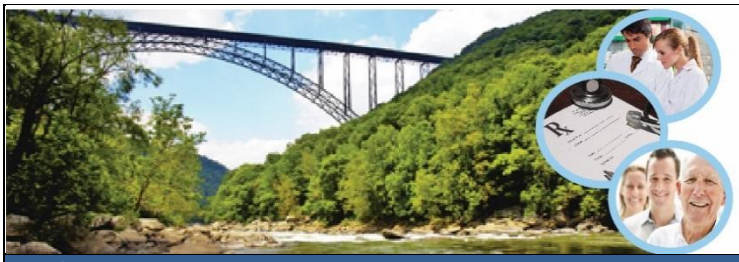

West Virginia Medicaid Pharmacy Solutions

April, 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 April 2026

The West Virginia Medicaid Pharmaceutical and Therapeutics (P&T) Committee had their annual P&T meeting on January 28th, 2026. 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 (PDL) that came from that meeting and are effective as of April 1st, 2026.

The P&T Committee scheduled for April 22nd, 2026, was cancelled. Therefore, no new Quarter 3 (Q3) updated PDL will be published. Please refer to the most up to date April 2026 Q2 version on the Bureau's website linked on the side panel of this newsletter.

The next P&T meeting will take place on August 26th, 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

Copay Exemption Updates as of July 1, 2026

The West Virginia Medicaid Pharmaceutical and Therapeutics Committee As of July 1st, 2026 the following two updates will be made in copays for covered members.

- A $0 copay will apply to statin medications used for primary prevention of cardiovascular disease in adults ages 40-75 years who have one or more risk factors
- A $0 copay will apply to medications used to reduce the risk of breast cancer for women who are at increased risk for breast cancer age 35 years and older

For additional information on populations and services exempt from copays please visit Pharmacy Services Policy Chapter 518.19.3.

Upcoming PDL Changes

The following changes will be made to the Preferred Drug List (PDL), effective April 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**
HEREDITARY ANGIOEDEMA AGENTS (HAE), ACUTE	icatibant
HEREDITARY ANGIOEDEMA AGENTS (HAE), ACUTE	BERINET (C1 esterase inhibitor)
HEREDITARY ANGIOEDEMA AGENTS (HAE), PROPHYLAXIS	HAEGARDA (C1 esterase inhibitor)
HEREDITARY ANGIOEDEMA AGENTS (HAE), PROPHYLAXIS	TAKHZYRO SYRINGE (lanadelumab-flyo)
MABS (ANTI-IL/IgE)/(TYROSINE KINASE INHIBITORS)	RHAPSIDO (remibrutinib)
PULMONARY ARTERY HYPERTENSION (PAH) AGENTS	ORENITRAM (treprostinil)
PULMONARY ARTERY HYPERTENSION (PAH) AGENTS	REMODULIN (treprostinil)
ULCERATIVE COLITIS AGENTS	mesalamine ER capsule (Generic APRISO)
ULCERATIVE COLITIS AGENTS	mesalamine DR tablet (Generic LIALDA)

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**RECOMMENDED for NON-PREFERRED STATUS**
ANTIDEPRESSANTS, OTHER	EXXUA (gepirone)
ANTIMIGRAINBE AGENTS, ACUTE	BREKIYA (dihydroergotamine mesylate)
CYTOKINE and CAM ANTAGONISTS	OTEZLA XR (apremilast)
HEREDITARY ANGIOEDEMA AGENTS (HAE), ACUTE	EKTERLY (sebetralstat)
HEREDITARY ANGIOEDEMA AGENTS (HAE), ACUTE	FIRAZYR (icatibant)
HEREDITARY ANGIOEDEMA AGENTS (HAE), ACUTE	KALBITOR(ecallantide)
HEREDITARY ANGIOEDEMA AGENTS (HAE), ACUTE	RUCONEST (C1 esterase inhibitor, recombinant)
HEREDITARY ANGIOEDEMA AGENTS (HAE), ACUTE	SAJAZIR (icatibant)
HEREDITARY ANGIOEDEMA AGENTS (HAE), PROPHYLAXIS	ANDEMBRY (garadacimab-gxii)
HEREDITARY ANGIOEDEMA AGENTS (HAE), PROPHYLAXIS	CINRYZE (C1 Esterase inhibitor)
HEREDITARY ANGIOEDEMA AGENTS (HAE), PROPHYLAXIS	DAWNZERA (donidalorsen)

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**RECOMMENDED for NON-PREFERRED STATUS**
HEREDITARY ANGIOEDEMA AGENTS (HAE), PROPHYLAXIS	ORLADEYO (berotralstat)
HEREDITARY ANGIOEDEMA AGENTS (HAE), PROPHYLAXIS	TAKHZYRO VIAL (lanadelumab-flyo)
NSAID	VYSCOXA (celecoxib)
OPIATE DEPENDENCE TREATMENTS	ZURNAI INJECTION (nalmefene)
SKELETAL MUSCLE RELAXANTS	TONMYA SUBLINGUAL (cyclobenzaprine)