Department of Medical Assistance Services
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https://dmas.virginia.gov

MEDICAID BULLETIN

Last Updated: 11/20/2025

Updates to the Preferred Drug List (PDL) - Cytokine and CAM Antagonist Drug Class Effective January 1, 2026

The purpose of this bulletin is to notify providers of updates to the Cytokine and Cell Adhesion Molecule (CAM) Antagonist drug class on the Medicaid Preferred Drug List (PDL). Effective January 1, 2026, the adalimumab biosimilars noted below are preferred over the reference product (Humira). By the effective date, ALL members, including those currently stabilized on Humira, must be transitioned to one of the preferred biosimilars below. Any current authorizations that may be in place for Humira will end December 31, 2025 and transitioned to authorization for a biosimilar.

These changes are being made in accordance with the decisions made by the Department's Pharmacy and Therapeutics Committee in October 2025. For more information about this and other decisions made by the Pharmacy and Therapeutics Committee at the October meeting, please review the bulletin here.

Summary of Changes:

Drug Name	Status	New PDL Status	Notes
Adalimumab-adbm (unbranded Cyltezo)	Added	**Preferred**	Max dose available 40mg. Multiple units needed for higher doses.
Adalimumab-bwwd (Hadlima)	Added	**Preferred**	Max dose available 40mg. Multiple units needed for higher doses.
Adalimumab (Humira)	Status Change	**Non-Preferred**	Branded Reference Product

The preferred biosimilar products are interchangeable with the branded reference product in alignment with the commitment to both optimal clinical outcomes and fiscally responsible healthcare.

We value our continued partnership in caring for our mutual member populations. Our goal is to ensure a seamless transition process to biosimilar products for members, providers, and pharmacies. For further information or support, please contact the respective Health Plan or Fee-for-Service pharmacy-specific number below.

Medicaid Fee-for-Service	800-932-6648
Aetna Better Health of Virginia	800-279-1878
Anthem HealthKeepers Plus	800-901-0020
Humana Healthy Horizons	800-555-2546

Sentara Community Plan	877-475-4355
United Healthcare	800-310-6826

Questions can be directed to PharmacyTeam@DMAS.Virginia.gov

To avoid disruption to claims payment through FFS and the MCOs providers must periodically check the DMAS provider portal, also known as the Provider Services Solution (PRSS), to ensure that the provider's enrollment, contact information, and license information is up to date, for all of the provider's respective service locations. Under federal rules, MCOs and DMAS are prohibited from paying claims to network providers who are not enrolled in PRSS. Additional information is provided on the MCO Provider Network Resources webpage and includes links to resources, tutorials and contact information to reach Gainwell with any provider enrollment or revalidation related questions. Dental providers should continue to enroll directly through the DMAS Dental Benefits Administrator, DentaQuest.

PROVIDER CONTACT INFORMATION & RESOURCES

Virginia Medicaid Web Portal **Automated Response System (ARS)** Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	https://vamedicaid.dmas.virginia.gov/
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
Provider Appeals DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/appeals/

Managed Care Programs

Cardinal Care Managed Care and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.

Cardinal Care Managed Care	https://www.dmas.virginia.gov/for-providers/managed-care/cardinal-care-managed-care/
PACE	Program of All-inclusive Care (virginia.gov)
Provider Enrollment	In-State: 804-270-5105 Out of State Toll Free: 888-829-5373 Email: VAMedicaidProviderEnrollment@gainwelltechnologies.com

Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	https://www.aetnabetterhealth.com/virginia/providers/index.html 1-800-279-1878
Anthem HealthKeepers Plus	http://www.anthem.com/ 1-800-901-0020
Humana Healthy Horizons Provider Services Call Center	1-844-881-4482 (TTY: 711) https://provider.humana.com/medicaid/virginia-medicaid
Sentara Community Plan	1-800-881-2166 https://www.sentarahealthplans.com/providers
United Healthcare	www.uhcprovider.com/ 1-844-284-0146
Acentra Health Behavioral Health and Medical Service Authorizations	https://vamedicaid.dmas.virginia.gov/sa 1-804-622-8900
Dental Provider DentaQuest	1-888-912-3456
Fee-for-Service (POS) Prime Therapeutics	https://www.virginiamedicaidpharmacyservices.com/ 1-800-932-6648