Kentucky Department for Medicaid Services
Pharmacy and Therapeutics Advisory Committee Recommendations

The following chart provides a summary of the official recommendations made by the Pharmacy and Therapeutics (P&T) Advisory Committee at the **May 18th, 2023,** meeting.

Pending is the review by the Commissioner of the Department for Medicaid Services of the Cabinet for Health and Family Services of these recommendations and final decisions.

	Description of Recommendation	P & T Vote
1	**New Product to Market: Auvelity™** **Non-prefer in the PDL class:** *Antidepressants: Other* **Length of Authorization:** 1 year • Dextromethorphan/bupropion (Auvelity) is an uncompetitive N-methyl D-aspartate (NDMA) receptor antagonist/sigma-1 receptor agonist and aminoketone/cytochrome P450 2D6 (CYP2D6) inhibitor indicated in the treatment of major depressive disorder (MDD) in adults. **Criteria for Approval:** **Initial Approval Criteria** • Diagnosis of major depressive disorder; AND • Patient must not have hypersensitivity to bupropion, dextromethorphan, or any component of the product; AND • Patient is not pregnant, breastfeeding, or planning to become pregnant; AND • Patient has tried and failed, unless allergic, contraindicated or intolerant to 2 preferred agents in any sub-class; OR • Patient has suicidal ideation with severe depression based on an objective measure [e.g., Patient Health Questionnaire-9 (PHQ-9), Hamilton Rating Scale for Depression (HDRS), Montgomery-Asberg Depression Rating Scale (MADRS), Clinically Useful Depression Outcome Scale (CUDOS), or Quick Inventory of Depressive Symptomatology – Self Report 16 Item ($QIDS\text{-}SR_{16}$)] **Renewal Criteria** • Patient must continue to meet the above criteria; AND • Patient must have disease improvement and/or stabilization of disease; AND • Patient has not experienced any treatment-restricting adverse effects (e.g., seizure, hypertension, psychosis, serotonin syndrome, angle-closure glaucoma) **Quantity Limit:** 60 tablets/30 days	**Passed** **7 For** **0 Against**

	Description of Recommendation	P & T Vote
	Age Limit: ≥ 18 years old	
2	**New PDL Class:** *Sickle Cell Anemia Treatments* **Sickle Cell Anemia Treatments** • DMS to select preferred agent(s) based on economic evaluation. • Agents not selected as preferred will be considered non-preferred and will require PA. • For any new chemical entity in the *Sickle Cell Anemia Treatments* class, require PA until reviewed by the P&T Committee.	**Passed** 7 For 0 Against
3	**New Product to Market: Endari™** **Prefer in PDL Class:** *Sickle Cell Anemia Treatments* **Length of Authorization:** 1 year • L-gluatamine (Endari) is an amino acid indicated to reduce the acute complications of sickle cell disease in adult and pediatric patients 5 years of age and older. **Criteria for Approval:** **Initial Approval Criteria** • Diagnosis of sickle cell disease; AND • Prescribed by or consultation with a hematologist or a provider that specializes in sickle cell disease; AND • Documentation that the member has had at least two vaso-occlusive crises within the past 12 months; AND • Patient has tried hydroxyurea for at least 3 months, unless contraindicated or intolerant. **Renewal Criteria** • Patient must have disease improvement (decrease in the number of sickle cell crises); AND • Patient has not experienced any treatment-restricting adverse effects **Age Limit:** ≥ 5 years old **Quantity Limit:** 6 packets (30 gm) per day	**Passed** **7 For** **0 Against**
4	**New Product to Market: Oxbryta®** **Non-preferred in the PDL class:** *Sickle Cell Anemia Treatments* **Length of Authorization:** 1 year • Voxelotor (Oxbryta) is a hemoglobin S polymerization inhibitor indicated for the treatment of sickle cell disease in adults and pediatric patients 4 years of age and older. **Criteria for Approval:**	**Passed** **7 For** **0 Against**

	Description of Recommendation	P & T Vote
	• Diagnosis of sickle cell disease; AND • Patient does not have a history of serious drug hypersensitivity reaction to voxelotor or excipients; AND • Prescribed by or consultation with a hematologist or a provider that specializes in sickle cell disease; AND • Documentation that the member has had at least one vaso-occlusive crisis within the past 6 months; AND • Patient has tried at least 2 preferred agents for ≥ 3-months, unless allergic, contraindicated, or intolerant **Renewal Criteria:** • Patient must have disease improvement (decrease in the number of sickle cell crises); AND • Patient has not experienced any treatment-restricting adverse effects **Age Limit**: ≥ 4 years old **Quantity Limit**: 300 mg and 500 mg tablet: 3 tablets per day	
5	**Narcotics: Short-Acting** • DMS to select preferred agent(s) based on economic evaluation; however, at least six unique chemical entities should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Narcotics: Short-Acting* class, require PA until reviewed by the P&T Advisory Committee.	**Passed** **7 For** **0 Against**
6	**Erythropoiesis Stimulating Proteins** • DMS to select preferred agent(s) based on economic evaluation; however, at least one unique chemical entity should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Erythropoiesis Stimulating Proteins* class, require PA until reviewed by the P&T Advisory Committee.	**Passed** **7 For** **0 Against**
7	**Glucagon Agents** • DMS to select preferred agent(s) based on economic evaluation; however, at least one intramuscular (IM) glucagon should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Glucagon Agents* class, require PA until reviewed by the P&T Advisory Committee.	**Passed** **7 For** **0 Against**
8	**Diabetes: DPP-4 Inhibitors** • DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred.	**Passed** **7 For** **0 Against**

	Description of Recommendation	P & T Vote
	• Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Diabetes: DPP-4 Inhibitors* class, require a PA until reviewed by the P&T Advisory Committee.	
9	**Diabetes: Insulins and Related Agents** • DMS to select preferred agent(s) based on economic evaluation; however, at least one insulin of each type (short, intermediate, long) should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Diabetes: Insulins and Related Agents* class, require PA until reviewed by the P&T Advisory Committee.	**Passed** **6 For** **1 Abstain** **0 Against**
10	**Uterine Disorder Treatments** • DMS to select preferred agent(s) based on economic evaluation; however, at least 1 unique chemical entity should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Uterine Disorder Treatment* class, require PA until reviewed by the P&T Advisory Committee.	**Passed** **7 For** **0 Against**

Consent Agenda

For the following therapeutic classes, the P&T Committee had no recommended changes to the currently posted Preferred Drug List (PDL) status.

	Therapeutic Classes	P & T Vote
10	• Analgesics, Narcotics Long-Acting Opioids • Analgesics, Narcotics Short-Acting (Narcotics: Agonist/Antagonists) • Analgesics, Narcotics (Narcotics: Fentanyl Buccal Products) • Androgenic Agents • Antihyperuricemics • Antimigraine Agents – Triptans (Antimigraine Agents - 5-HT1Receptor Agonists) • Bone Resorption Suppression & Related • Colony Stimulating Factors • Glucocorticoids, Oral • Growth Hormone • Hypoglycemics, Alphaglucosidase Inhibitors (Diabetes: AlphaGlucosidase Inhibitors)	**Passed** **7 For** **0 Against**

	Therapeutic Classes	P & T Vote
	• Hypoglycemics, Incretin Mimetics/Enhancers (Diabetes: GLP-1 Receptor Agonists) • Hypoglycemics, Meglitinides (Diabetes: Meglitinides) • Hypoglycemics, Metformins (Diabetes: Metformins) • Hypoglycemics, SGLT2 Inhibitors (Diabetes: SGLT2 Inhibitors) • Hypoglycemics, Sulfonylureas (Diabetes: Sulfonylureas) • Hypoglycemics, Thiazolidinediones (TZD) (Diabetes: Thiazolidinediones) • Neuropathic Pain • Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) • Opiate Dependence Treatments • Pancreatic Enzymes • Phosphate Binders • Progestins for Cachexia • Skeletal Muscle Relaxants • Thrombopoiesis Stimulating Proteins (Thrombopoiesis Stimulating Agents)	