Kentucky Department for Medicaid Services
Drug Review and Options for Consideration

The following tables list the Agenda items as well as the Options for Consideration that are scheduled to be presented and reviewed at the **May 18, 2023** meeting of the Pharmacy and Therapeutics Advisory Committee.

Single Agent Reviews	Options for Consideration
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. **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. **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 have experienced any treatment-restricting adverse effects (e.g., seizure, hypertension, psychosis, serotonin syndrome, angle-closure glaucoma) **Quantity Limit**: 60 tablets/30 days **Age Limit**: ≥ 18 years old

New Class Reviews	Options for Consideration
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. **Non-preferred drug criteria**

	• Approval of non-preferred agents requires ≥ 3-month trial and therapeutic failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance of at least 2 preferred agents.
Endari™	Prefer in the 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 **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 hydroyurea 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 per day
Oxbryta®	Non-prefer 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 **Initial Approval Criteria** • 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 500mg tablet: 3 tablets per day

Full Class Reviews	Options for Consideration
Analgesics, Narcotics (Short-Acting Opioids)	**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.
Erythropoiesis Stimulating Proteins	**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.
Glucagon Agents	**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.
Hypoglycemics, Incretin Mimetics/Enhancers	**Diabetes: DPP-4 Inhibitors** • 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 *Diabetes: DPP-4 Inhibitors* class, require a PA until reviewed by the P&T Advisory Committee.
Hypoglycemics, Insulins & Related	**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.
Uterine Disorder Treatments	**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.

Consent Agenda	Options for Consideration
For the following therapeutic classes, there are **no recommended changes to the currently posted Preferred Drug List (PDL) status**; these may be voted on as a group:	
• Analgesics, Narcotics Long-Acting Opioids • Analgesics, Narcotics Short-Acting (Narcotics: Agonist/Antagonists) • Analgesics, Narcotics (Narcotics: Fentanyl Buccal Products) • Androgenic Agents • Antihyperuricemics • Antimigraine Agents – Other (Antimigraine Agents - CGRP Inhibitors) • 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) • 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)