

Pharmacy Injectable Drug List

Kentucky Medicaid MCO PBM and FFS Programs

Effective 01/10/2026

The Injectable Drug List is a reference for providers to assist in determining whether products available for coverage for an eligible member are through the Kentucky Medicaid pharmacy program or the Kentucky Medicaid medical benefit program. The Injectable Drug list contains medications administered by the following routes of administration:

Implant	Intraperitoneal
Injection	Intravenous
Intraarticular	Intravesical
Intracavernous	Irrigation
Intradermal	Perfusion
Intramuscular	Urethral

Please note, products on the Kentucky Medicaid PDL, including diabetic supplies or vaccines are not listed in this document. The PDL and MCO vaccine list can be found at: <https://kyportal.medimpact.com/provider-documents/drug-information>

The tables below identify:

- Products that are ONLY available for coverage under the member's medical benefit.
- Classes of injectable medications that are billable to the pharmacy benefit.
- Individual injectable drug products that are billable to the pharmacy benefit.

A pharmacy dispensing a product that is not listed in the Drug Class or Drug Product tables as covered under the pharmacy benefit may submit a prior authorization IF the following criteria are met:

- The medication is not on the Medical Only Products table; AND
- The medication is being self-administered; AND
- Self-administration is allowed per the DOSAGE AND ADMINISTRATION section of the prescribing information; OR
- The medication is being administered by a home infusion provider.

Drug-specific home infusion criteria are available upon request.

The following products are ONLY available through the Medical Benefit. Billing the pharmacy program is NOT allowed. Providers should contact the managed care organization (MCO) medical department for members enrolled in a MCO or call 800-807-1232 for members enrolled in fee-for-service (FFS).

Medical Only Products

Actemra	Sevoflurane Inhalation
Aduhelm	Sinuva
Antineoplastic T-Cell Immunotherapy (e.g., Kymriah)	Sunlenca Vial
Botox	Tecentriq Hybreza

Briviact Vial	Trogarzo
Dsuvia	Ultane
Dysport	Vyvgart
Elevidys	Vyvgart Hytrulo Vial
Epioxa	Xeomin
Mitosol	Zevaskyn
Myobloc	

The following classes of medications may be billed at the pharmacy. Providers should dispense generic drugs whenever appropriate. Multi-source brand products will require prior authorization and may require documentation of prior treatment or relevant clinical justification for why the generic cannot be taken.

Drug Classes

Absorbable Sulfonamide Antibacterial Agents	IV Solutions: Dextrose and Lactated Ringers
Aminoglycoside Antibiotics	IV Solutions: Dextrose-Saline
Anaerobic Antiprotozoal-Antibacterial Agents	IV Solutions: Dextrose-Water
Antifungal Agents	Lincosamide Antibiotics
Antifungal Antibiotics	Lipoglycopeptide Antibiotics
Antihemophilic Factors	Macrolide Antibiotics
Antivirals, General	Oxazolidinone Antibiotics
Beta-lactams	Penicillin Antibiotics
Carbapenem Antibiotics (Thienamycins)	Polymyxin Antibiotics and Derivatives
Cephalosporin Antibiotics	Quinolone Antibiotics
Cyclic Lipopeptides	Tetracycline Antibiotics
Glycylcyclines	Vancomycin Antibiotics and Derivatives
Intravenous Immunoglobulin (IVIG) ^{CC}	

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Drug Products

Actimmune	Liletta
Amvuttra ^{CC}	Lupron Depot ^{CC}
Apokyn	Lutrate Depot ^{CC}
Arcalyst	Methotrexate Sodium
Arzerra	Methotrexate Sodium PF
Ascorbic Acid	Methylprednisolone Sodium Succinate
Aveed	Mirena
Bacteriostatic Sodium Chloride	Nalbuphine
Bacteriostatic Water for Injection	Naloxone ^{CC}
Benlysta Syringe and Autoinjector ^{CC}	Natpara
Besremi ^{CC}	Nexplanon
Betamethasone Acetate, Sodium Phosphate	Octreotide
Camcevi	Ondansetron
Chlorpromazine	Otrexup ^{CC}
Cyanocobalamin (Vitamin B-12)	Palonosetron
Desmopressin (DDAVP)	Palynziq
Delestrogen	Paragard
Depo-Estradiol	Pentam
Depo-Medrol	Phenergan
Depo-Provera	Phytonadione (Vitamin K-1)
Depo-Testosterone	Premarin
Dexamethasone Sodium Phosphate	Prevymis
Dexamethasone Sodium Phosphate PF	Progesterone
Dextrose in Water	Rasuvo ^{CC}
Dextrose in Normal Saline	Remodulin
Diazepam	Sandostatin
Dihydroergotamine Mesylate	Signifor

CC = clinical criteria, product(s) require prior authorization

Drug Products

Diphenhydramine	Skyla
Eligard ^{CC}	Sodium Bicarbonate
Empaveli	Sodium Chloride
Entyvio ^{CC}	Sodium Chloride Irrigation Solution
Epkinly	Solu-Cortef
Famotidine	Solu-Medrol
Famotidine PF	Somatuline Depot
Fensolvi ^{CC}	Somavert
Firazyr	Sterile Water for Injection
Flolan ^{CC}	Sterile Water for Irrigation
Folic Acid	Strensiq
Furoscix	Synagis ^{CC}
Gattex	Takhzyro
H.P. Acthar Gel ^{CC}	Terbutaline Sulfate
Haegarda	Thiamine HCL
Heparin	Triamcinolone Acetate
Hydroxyprogesterone Caproate	Vyvgart Hytrulo Syringe ^{CC}
Increlex	Wyost
Infliximab and Biosimilars ^{CC}	Xgeva
Kalbitor	Xyosted
Kenalog	Zemplar
Kyleena	Zimhi ^{CC}
Lidocaine HCL	
Lidocaine HCL PF	