Kentucky Department for Medicaid Services Pharmacy and Therapeutics Advisory Committee Recommendations

The following tables provide a summary of the official recommendations made by the Pharmacy and Therapeutics (P&T) Advisory Committee at the **July 15, 2025** 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.

RECOMMENDATIONS

	Description of Recommendation	P&T Vote
1	**New Product to Market: Zunveyl®** **Central Nervous System - Alzheimer's Agents: Non-Preferred** **Approval Duration: 12 months** • *Benzgalantamine is a prodrug of galantamine. A reversible, competitive acetylcholinesterase inhibitor, galantamine is suggested to increase cholinergic function by preventing acetylcholine breakdown and making acetylcholine pathways more responsive.* **Approval Criteria:** • Non-preferred (NPD) criteria: ≥ 1 week trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance of 2 preferred agents. **Quantity Limit:** 2 tablets per day	***Decision 8 For 0 Against***

2	**New Product to Market: Qfitlia™**
	
	Non-PDL
	
	Approval Duration: 12 months
	
	• *Qfitlia is an antithrombin-directed small interfering ribonucleic acid indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients aged 12 years and older with hemophilia A or B with or without Factor VIII or Factor IX inhibitors.*
	
	Initial Approval Criteria:
	Hemophilia A
	• Prescribed for prophylactic treatment to prevent or reduce bleeding episodes in patients with Hemophilia A; **AND**
	• Prescriber provides documentation (e.g., lab result within the past year) of either:
	  ○ Presence of Factor VIII inhibitors; **OR**
	  ○ Absence of Factor VIII inhibitors; **AND**
	• Prescribed by, or in consultation with, a hematologist; **AND**
		Decision 8 For 0 Against

Description of Recommendation	P&T Vote

- Prescriber attests patient is not on another non-factor prophylactic agent (e.g., Alhemo, Hemlibra, Hympavzi); **AND**
- Trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance to one agent approved for either:
  - Hemophilia A WITH inhibitors (i.e., Alhemo, Hemlibra); **OR**
  - Hemophilia A WITHOUT inhibitors (i.e., Hemlibra, Hympavzi)**; AND**
- Patient meets the minimum age recommended by the package insert for the provided indication.

Renewal Criteria:

- Prescriber attests patient has experienced clinical benefit compared to baseline (e.g., reduced bleeding frequency/severity); **AND**
- Prescriber provides documentation (e.g., lab result within the past year) of Hemophilia A with or without Factor VIII inhibitors.

Initial Approval Criteria:
Hemophilia B

- Prescribed for prophylactic treatment to prevent or reduce bleeding episodes in patients with Hemophilia B; **AND**
- Prescriber provides documentation (e.g., lab result within the past year) of either:
  - Presence of Factor IX inhibitors; **OR**
  - Absence of Factor IX inhibitors; **AND**
- Prescribed by, or in consultation with, a hematologist; **AND**
- Prescriber attests patient is not on another non-factor prophylactic agent (e.g., Alhemo, Hemlibra, Hympavzi); **AND**
- Trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance to one agent approved for either:
  - Hemophilia B WITH inhibitors (i.e., Alhemo); **OR**
  - Hemophilia B WITHOUT inhibitors (i.e., Hympavzi)**; AND**
- Patient meets the minimum age recommended by the package insert for the provided indication.

Renewal Criteria:

- Prescriber attests patient has experienced clinical benefit compared to baseline (e.g., reduced bleeding frequency/severity); **AND**
- Prescriber provides documentation (e.g., lab result within the past year) of Hemophilia B with or without Factor IX inhibitors.

Age Limit: 12 years of age or older

	Description of Recommendation	P&T Vote
	Quantity Limit: • 0.2 mL per month (vial) • 0.5 mL per month (pen)	
3	**New Product to Market: Ryzneuta®** **Blood Modifiers - Colony Stimulating Factors: Non-Preferred** **Approval Duration:** 6 months • *Efbemalenograstim alfa-vuxw is a colony-stimulating factor that acts on hematopoietic cells by binding to specific cell surface receptors, thereby stimulating proliferation, differentiation, commitment, and end cell functional activation.* **Initial Approval Criteria:** • The medication is being used for prophylaxis of neutropenia related to chemotherapy, to decrease the incidence of febrile neutropenia; **AND** • Patient has a non-myeloid malignancy and is receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia; **AND** • Patient has had at least a 7-day trial and therapeutic failure, allergy, contraindication, or intolerance of 2 preferred agents. **Age Limit:** 18 years of age or older **Quantity Limit:** 1 syringe every 14 days	***Decision 8 For 0 Against***
4	**New Product to Market: Vanrafia®** **Non-PDL** **Approval Duration: 6 months** *Atrasentan is an oral, once-daily endothelin A receptor antagonist indicated to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN) who are at risk of rapid disease progression, generally defined as a urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g. Its approval was granted under the FDA's accelerated approval pathway based on its ability to reduce proteinuria, however, it has not yet been established whether atrasentan slows the decline of kidney function; confirmatory data from an ongoing Phase III trial (ALIGN study) are expected in 2026 to support traditional approval.* **Initial Approval Criteria:** • Patient has a confirmed diagnosis of primary IgA nephropathy (IgAN); **AND**	***Decision 8 For 0 Against***

	Description of Recommendation	P&T Vote
	• Patient has proteinuria ≥ 1 g/day or urine protein-to-creatinine ratio (UPCR) ≥ 1.5 g/g; **AND** • Patient is currently on a stable, maximally tolerated dose of a RAAS inhibitor (ACE inhibitor or ARB), unless contraindicated or not tolerated; **AND** • Prescribed by, or in consultation with a nephrologist; **AND** • Provider attestation of a negative pregnancy test prior to initiation in females of reproductive potential; **AND** • Provider attestation of patient counseling on teratogenic risks and contraception. **Renewal Criteria:** • Patient continues to meet all initial criteria; **AND** • Prescriber submits clinical documentation that the patient has experienced a clinical benefit compared to baseline. **Age Limit:** 18 years of age or older **Quantity Limit:** 30 tablets per 30 days	
5	**Antimigraine Agents, CGRP Inhibitors & Other Agents: Acute Treatment** • DMS to create a new drug class and 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 will require PA. • For any new chemical entity in the Antimigraine Agents, CGRP Inhibitors & Other Agents: Acute Treatment class, require PA until reviewed by the P&T Committee.	***Decision 8 For 0 Against***
6	**Antimigraine Agents, CGRP Inhibitors & Other Agents: Prophylaxis – Injectable** • DMS to create a new drug class and 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 will require PA. • For any new chemical entity in the Antimigraine Agents, CGRP Inhibitors & Other Agents: Prophylaxis - Injectable class, require PA until reviewed by the P&T Committee.	***Decision 8 For 0 Against***
7	**Antimigraine Agents, CGRP Inhibitors & Other Agents: Prophylaxis – Oral** • DMS to create a new drug class and 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 will require PA.	***Decision 8 For 0 Against***

	Description of Recommendation	P&T Vote
	• For any new chemical entity in the Antimigraine Agents, CGRP Inhibitors & Other Agents: Prophylaxis - Oral class, require PA until reviewed by the P&T Committee.	
8	**Bladder Relaxants** • DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred. • Agents not selected as preferred will be considered non-preferred and will require PA. For any new chemical entity in the Bladder Relaxants class, require PA until reviewed by the P&T Committee.	***Decision*** ***8 For*** ***0 Against***
9	**Narcolepsy Agents** • 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 will require PA. • For any new chemical entity in the Narcolepsy Agents class, require PA until reviewed by the P&T Committee.	***Decision*** ***8 For*** ***0 Against***
10	**Skeletal Muscle Relaxants** • DMS to select preferred agent(s) based on economic evaluation; however, at least 2 chemical entities should be preferred. • Agents not selected as preferred will be considered non-preferred and will require PA. • For any new chemical entity in the Skeletal Muscle Relaxants class, require PA until reviewed by the P&T Committee.	***Decision*** ***8 For*** ***0 Against***
11	**Stimulants & Related Agents** • 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 will require PA. • For any new chemical entity in the Stimulants & Related Agents class, require PA until reviewed by the P&T Committee.	***Decision*** ***0 For*** ***8 Against***
12	**Glucagon Agents** • 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 will require PA. • For any new chemical entity in the Glucagon Agents class, require PA until reviewed by the P&T Committee.	***Decision*** ***8 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
13	• Angiotensin-Converting Enzyme (ACE) Inhibitors • ACEI + Diuretic Combinations • Angiotensin Modulator + Calcium Channel Blocker (CCB) Combinations • Angiotensin Receptor Blockers (ARBs) • Antianginal & Anti-Ischemic • Antiarrhythmics, Oral • Anticoagulants • ARB + Diuretic Combinations • Beta-Blockers • Calcium Channel Blockers (CCBs) • Direct Renin Inhibitors • Lipotropics, Other • Lipotropics, Statins • PAH Agents – Oral and Inhaled • Platelet Aggregation Inhibitors • Alzheimer's Agents • Anticonvulsants • Antidepressants, Monoamine Oxidase Inhibitors • Antidepressants, Other • Antidepressants, SNRIs • Antidepressants, SSRIs • Antidepressants, Tricyclics • Antimigraine Agents – CGRP Inhibitors & Other Agents: Acute Treatment • Antimigraine Agents – CGRP Inhibitors & Other Agents: Prophylaxis – Injectable • Antimigraine Agents – CGRP Inhibitors & Other Agents: Prophylaxis - Oral • Antimigraine Agents -Triptans • Antiparkinson's Agents • Antipsychotics, First Generation • Antipsychotics, Second Generation: Oral and Injectable • Anxiolytics • Dopamine Receptor Agonists • Movement Disorders • Neuropathic Pain • Sedative Hypnotics • Tobacco Cessation Products • 5-Alpha Reductase Inhibitors • Alpha Blockers For Benign Prostatic Hyperplasia (BPH)	*Decision* *8 For* *0 Against*