Notice of PDL Changes

Kentucky Medicaid

Pharmacy Provider Notice – October 2024 P&T PDL Changes

November 27, 2024

Please be advised that the Department for Medicaid Services (DMS) is making changes to the Kentucky Medicaid Pharmacy Preferred Drug List (PDL) based on recommendations and guidance from the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee (P&T Committee) that have subsequently been adopted by the Commissioner of DMS of the Cabinet for Health and Family Services by order dated **November 6, 2024**.

The Kentucky Medicaid P&T Committee met on October 17, 2024. The expertise, vote, and recommendations were captured within the P&T Committee's official recommendations and submitted to the Commissioner for review. After the review of the Commissioner, DMS has rendered the below final decisions.

On January 1, 2025, the following changes will be effective:

EXISTING DRUG CLASSES

Agents with status changes will be shown in ***bold, italicized text***.

Agents ***moving from preferred to non-preferred status are highlighted in yellow.*** These agents will now require prior authorization for continued use. Please refer to the full PDL table below for a list of preferred alternatives for possible adjustment to therapy.

Agents ***moving from non-preferred to preferred status are highlighted in green***.

Drug Class	Preferred Agents	Non-Preferred Agents
Stimulants and Related Agents	Adderall XR capsule CC, QL atomoxetine capsule CC, QL clonidine ER tablet QL Concerta tablet CC, QL dexmethylphenidate ER tablet CC, QL dexmethylphenidate tablet CC, QL dextroamphetamine sulfate tablet CC, QL dextroamphetamine/amphetamine ER capsule CC, QL dextroamphetamine/amphetamine tablet CC, QL dextroamphetamine sulfate tablet 5 mg, 10 mg, 15 mg guanfacine ER tablet CC, QL Methylin solution CC, QL methylphenidate solution CC, QL	Adderall capsule QL Adzenys XR-ODT tablet AE, QL amphetamine sulfate tablet QL Aptensio XR sprinkle capsule QL Azstarys capsule QL Cotempla XR-ODT tablet AE, QL Daytrana patch QL Desoxyn tablet QL Dexedrine capsule ER, QL dextroamphetamine ER capsule QL dextroamphetamine solution QL dextroamphetamine sulfate tablet 2.5mg, 7.5 mg 20 mg, 30 mg QL Dyanavel XR suspension AE, QL Dyanavel XR tablet AE, QL Evekeo ODT QL

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Notice of PDL Changes

Kentucky Medicaid

Drug Class	Preferred Agents	Non-Preferred Agents
	methylphenidate ER 10 mg, 20 mg tablet CC, QL methylphenidate tablet CC, QL ***Qelbree ER capsule*** ***CC, QL*** Vyvanse capsule CC, QL Vyvanse chewable tablet CC, QL	Evekeo tablet QL Focalin tablet QL Focalin XR capsule QL Intuniv ER tablet QL Jornay PM capsule AE, QL lisdexamfetamine capsule QL lisdexamfetamine chewable tablet QL methamphetamine tablet QL methylphenidate CD capsule QL methylphenidate ER capsule QL methylphenidate ER sprinkle capsule QL methylphenidate ER 18 mg, 27 mg, 36 mg, 54 mg, 63 mg, 72 mg tablet QL methylphenidate LA capsule QL methylphenidate ER OROS QL methylphenidate chewable tablet QL methylphenidate patch QL Mydayis ER capsule AE, QL ProCentra solution QL QuilliChew ER tablet AE, QL Relexxii tablet QL Ritalin LA capsule QL Ritalin tablet QL Strattera capsule QL Xelstrym patch QL Zenzedi QL
Antimigraine Agents, CGRP Inhibitors	Aimovig autoinjector AE, CC, QL Ajovy autoinjector AE, CC, QL Ajovy syringe AE, CC, QL Emgality pen AE, CC, QL Nurtec ODT AE, CC, QL ***Qulipta tablet*** ***AE, CC, QL*** Ubrelvy tablet AE, CC, QL	Emgality 100 mg/mL syringe AE, CC, QL Reyvow tablet AE, CC, QL Zavzpret AE, CC, QL
Colony Stimulating Factors	***Fulphila*** ***CC, QL*** Fylnetra CC, QL Neupogen CC, QL	Granix QL Leukine QL Neulasta QL Neulasta Noro CC, QL Nivestym QL Nyvepria QL Releuko QL Rolvedon AE, CC, QL Stimufend QL Udenyca QL

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Drug Class	Preferred Agents	Non-Preferred Agents
		Zarxio QL Ziextenzo CC, QL
Growth Hormones	Genotropin cartridge, syringe CC Norditropin Felxpro CC Nutropin AQ NuSpin CC ***Skytrofa cartridge*** CC	Humatrope cartridge CC Ngenla CC, AE Omnitrope cartridge, vial CC Serostim vial CC Sogroya CC Zomacton vial CC
Acne Agents, Oral	Amnesteem Claravis Zenatane	Absorica Absorica LD ***isotretinoin capsule***
Acne Agents, Topical	adapalene/benzoyl peroxide 0.3-2.5% (Teva and Mayne Pharma) clindamycin gel, medicated swab (pledget), solution clindamycin/benzoyl peroxide (generic BenzaClin or Duac; excluding pumps) erythromycin solution erythromycin/benzoyl peroxide Retin-A cream, gel	Acanya adapalene cream, gel, gel pump adapalene/benzoyl peroxide gel Altreno Arazlo Atralin Avar, Avar E, Avar E LS, Avar LS Avita benzamycin BP 10-1 cleanser BP cleansing wash Cabtreo Celocin-T Clindacin ETZ kit, medicated swab Clindacin foam ***Clindacin P*** Clindacin PAC kit Clindagel clindamycin foam, lotion clindamycin phosphate EQ 1% gel (generic Clindagel) clindamycin/benzoyl peroxide gel pump (Generic Acanya) clindamycin/benzoyl peroxide gel pump clindamycin/tretinoin gel dapsone gel, gel pump Ery medicated swab Erygel erythromycin gel Evoclin Fabior

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Drug Class	Preferred Agents	Non-Preferred Agents
		Klaron ***Neuac gel*** Neuac kit Onexton Ovace wash Ovace Plus cream, lotion, shampoo, wash, wash clean gel Retin-A Micro gel, gel pump Rosula sodium sulfacetamide cleanser, cleanser gel, shampoo, suspension sodium sulfacetamide/sulfur cleanser, cream, lotion, medicated pad, suspension sodium sulfacetamide/sulfur/urea cleanser SSS 10-5 cream, foam Sumadan cleanser, kit Sumadan XLT cleanser cream Sumaxin, Sumaxin CP, Sumaxin TS tazarotene cream, foam, gel tretinoin cream, gel, microsphere gel, microsphere gel pump Winlevi AE Ziana Zma Clear suspension
Antifungals, Topical	ciclopirox cream, solution clotrimazole cream, solution clotrimazole/betamethasone cream ***econazole cream*** ketoconazole cream QL, shampoo Nyamyc nystatin cream, ointment, powder QL nystatin/triamcinolone cream, ointment Nystop ***tavaborole solution***	Ciclodan cream, kit, solution ciclopirox gel, kit, shampoo, suspension clotrimazole/betamethasone lotion Ertazczo Extina Jublia CC Kerydin CC ketoconazole foam Ketodan Loprox cream, kit, suspension, suspension kit luliconazole Luzu miconazole/zinc oxide/petrolatum naftifine cream, gel Naftin oxiconazole QL Oxistat QL

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Drug Class	Preferred Agents	Non-Preferred Agents
		Vusion
Antipsoriatics, Topical	calcipotriene cream, ointment, solution ***calcipotriene/betamethasone suspension*** salicylic acid cream, gel, liquid film, lotion Salyntra gel urea cream QL	Bensal HP calcipotriene foam calcipotriene/betamethasone ointment calcitriol ointment Duobrii Enstilar AE, MD ***salicylic acid foam,*** ointment Sorilux Taclonex ointment, suspension Uramaxin Uramaxin GT ***urea foam*** Vtama AE, QL Zorvye AE, QL
Cytokine and CAM Antagonists	Cosentyx CC, QL Enbrel CC, QL ***Hadlima CC, QL*** Humira CC, QL Otezla CC, QL ***Rinvoq AE, CC, QL*** ***Rinvoq LQ AE, CC, QL*** ***Tyenne CC, QL*** Xeljanz CC, QL	Abrilada CC, QL Actemra CC, QL adalimumab-aacf CC, QL adalimumab-aaty CC, QL adalimumab-adaz CC, QL adalimumab-fjkp CC, QL adalimumab-ryvk CC, QL Amejvita CC, QL Avsola CC Bimzelx AE, CC, QL Cibinqo CC, QL Cimzia CC, QL Cyltezo CC, QL Enspryng AE, CC, QL Entyvio pen CC, QL Entyvio vial CC Hulio CC, QL Hyrimoz CC, QL Idacio CC, QL Ilaris CC, QL Ilumya CC, QL Inflectra vial CC Infliximab vial CC Kevzara CC, QL Kineret CC, QL Olumiant AE, CC, QL Omvoh AE, CC, QL Orencia CC, QL Remicade vial CC

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Kentucky Medicaid

Drug Class	Preferred Agents	Non-Preferred Agents
		Renflexis vial CC Siliq AE, CC, QL Simponi CC, QL Simlandi AE, CC, QL Skyrizi AE, CC, QL Sotyktu AE, CC, QL Stelara CC, QL Taltz CC, QL Tremfya AE, CC, QL Velsipity AE, CC, QL Xeljanz XR CC, QL Yuflyma CC, QL Yusimry CC, QL Zymfentra CC, QL
Gastrointestinal Motility, Chronic	Linzess capsule AE, CC, QL ***lubiprostone capsule*** AE, CC, QL Movantik tablet AE, CC, QL Trulance tablet AE, CC, QL	Alosetron tablet AE, CC, QL ***Amitiza capsule*** AE, CC, QL Ibsrela tablet AE, CC, QL Lotronex tablet AE, CC, QL Motegrity tablet AE, QL Relistor syringe AE, CC Relistor tablet AE, CC, QL Relistor vial AE, CC Symproic AE, CC, QL Viberzi AE, CC, QL
Immunological and Genetic Immunomodulators, Atopic Dermatitis	Adbry autoinjector AE, CC, QL Adbry syringe AE, CC, QL Dupixent pen CC, QL Dupixent syringe CC, QL Eucrisa CC, QL ***Opzelura cream*** AE, CC ***pimecrolimus cream*** ***tacrolimus ointment***	***Elidel***
Multiple Sclerosis Agents	Avonex CC, QL Avonex pen QL, syringe QL, syringe kit QL Betaseron CC, QL Betaseron kit QL, vial QL Copaxone 20 mg syringe CC, QL dalfampridine ER tablet QL dimethyl fumarate DR capsule CC, QL ***fingolimod capsule*** QL ***Kesimpta pen*** AE, CC, QL teriflunomide tablet QL	Ampyra tablet QL Aubagio tablet QL Bafiertam capsule AE, QL Copaxone 40 mg syringe QL Extavia kit QL, vial QL ***Gilenya capsule*** CC, QL glatiramer acetate syringe QL Glatopa syringe QL Mavenclad tablet AE, CC, QL Mayzent tablet AE, CC, QL, tablet dose pack AE, CC, QL

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Drug Class	Preferred Agents	Non-Preferred Agents
		Plegridy pen QL, syringe QL Ponvory tablet AE, CC, QL, tablet dose pack AE, CC, QL Rebif Rebidose autoinjector CC, QL Rebif syringe CC, QL Tascenso ODT QL Tecfidera capsule QL Vumerity capsule AE, QL Zeposia capsule AE, CC, QL
Ophthalmics, Antihistamines	***azelastine*** oloptadine 0.1% (generic Patanol) oloptadine 0.2% (generic Patanol)	bepotastine besilate Bepreve epinastine Zerviate
Ophthalmics, Anti-Inflammatory Steroids	dexamethasone sodium phosphate drops Durezol fluorometholone suspension ***Lotemax gel, ointment, suspension*** prednisolone acetate suspension prednisolone sodium phosphate drops	Alrex difluprednate Evsuvis Flarex FML suspension, FML Forte suspension Inveltys Lotemax SM gel loteprednol etabonate gel, suspension Maxidex Pred Forte Pred Mild
Ophthalmics, Beta Blockers	levobunolol timolol maleate drops (except preservative free)	betaxolol Betimol Betoptic S Carteolol Istalol ***timolol maleate gel*** timolol maleate once daily (generic Istalol) timolol PF (preservative-free) Timoptic Ocudose drops Timoptic/XE sol/gel
Otics, Anesthetics and Anti-Inflammatories	acetic acid ***fluocinolone acetonide 0.01% oil***	DermOtic Flac Otic oil hydrocortisone/acetic acid drops

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Drug Class	Preferred Agents	Non-Preferred Agents
Steroids, Topical	alclometasone dipropionate betamethasone dipropionate cream, lotion betamethasone dipropionate (augmented) cream betamethasone valerate cream, ointment clobetasol propionate cream, ointment, shampoo, solution Clodan shampoo Derma-Smoothe/FS desonide cream, ointment fluocinonide ointment, solution fluticasone propionate cream, ointment halobetasol propionate cream, ointment hydrocortisone cream, lotion, ointment mometasone furoate cream, ointment, solution Procto-Med HC Proctosol-HC Proctozone-HC triamcinolone acetonide cream, lotion, ointment	amcinonide cream QL Ana-Lex QL ***Anusol HC*** Apexicon E Beser betamethasone dipropionate augmented ointment, lotion, gel betamethasone dipropionate ointment betamethasone valerate foam, lotion Bryhali clobetasol emollient, emulsion clobetasol propionate foam, gel, lotion, spray clocortolone cream Clodan shampoo kit Cloderm desonide lotion desoximetasone cream, gel, ointment, spray diflorasone dacetate cream, ointment Diprolene fluocinolone acetonide cream, oil, ointment, solution fluocinonide emollient cream fluocinonide cream, gel fluoncinonide-E cream flurandrenolide fluticasone propionate lotion halcinonide cream, solution halobetasol propionate foam Halog cream, ointment, solution hydrocortisone butyrate cream, lotion, ointment, solution hydrocortisone butyrate/emollient cream hydrocortisone valerate cream, ointment Impeklo Kenalog Lexette Locoid Lipocream Locoid lotion Luxiq Olux Pandel prednicarbate cream, ointment

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Drug Class	Preferred Agents	Non-Preferred Agents
		Proctocort Sanaderm Rx Synalar cream, ointment, solution, kit Synalar TS Temovate Texacort Topicort cream, gel, ointment, spray Toyet emollient foam, kit triamcinolone acetonide spray Ultravate Vanos

NEW THERAPEUTIC CLASS

Drug Class	Preferred Agents	Non-Preferred Agents
Muscular Dystrophy Agents	***Emflaza suspension*** AE, CC ***Emflaza tablet*** AE, CC, QL	Agamree suspension AE, CC, QL deflazacort suspension AE, CC deflazacort tablet AE, CC, QL

NEW PRODUCTS TO MARKET

Drugs Requiring PA	Criteria for Prior Authorization

Tryvio™	**Non-PDL**
	
	Approval Duration: 6 months initial, 1 year renewal
	
	Initial Approval Criteria:
	
	• Diagnosis of treatment resistant hypertension defined as:
	  ○ Persistent blood pressure above 140/90 mmHg; **AND**
	  ○ Patient has failed optimal dosing of at least three antihypertensive medications concurrently from different classes for a minimum of 4 weeks; **AND**
	  ○ One of the tried and failed medications is a diuretic; **AND**
	• Prescribed by, or in consultation with, a cardiologist, or other disease state specialist; **AND**

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Drugs Requiring PA	Criteria for Prior Authorization
	• Prescriber attests that other reasons for uncontrolled hypertension (e.g., non-compliance, white coat syndrome, etc.) have been ruled out; **AND** • Prescriber attests that serum aminotransferase levels and total bilirubin were measured prior to initiation and will be repeated periodically during treatment; **AND** • Will be used in combination with at least three other antihypertensive drugs at maximally tolerated doses; **AND** • Patient meets the minimum age recommended by the package insert for use in treatment resistant hypertension. **Renewal Criteria:** • Prescriber attestation of clinically significant improvement or stabilization in clinical signs and symptoms; **AND** • Used in combination with at least three other antihypertensive drugs at maximally tolerated doses. **Quantity Limit: 1 tablet per day**

Iqirvo®	**Gastrointestinal, Bile Salts: Non-Preferred**
	
	Approval Duration: 1 year
	
	Initial Approval Criteria:
	
	• Diagnosis of primary biliary cholangitis (PBC); **AND**
	• Prescribed by, or in consultation with, a gastroenterologist, hepatologist, or other disease state specialist; **AND**
	• Patient meets one of the following:
	  ○ Patient has had a 12-month trial and failure of ursodiol, and will take Iqirvo in addition to current therapy; **OR**
	  ○ Patient has a contraindication or intolerance to ursodiol and will take Iqirvo as monotherapy; **AND**
	• Patient has an alkaline phosphatase (ALP) level greater than 200 IU/L; **AND**
	• Patient does not have decompensated cirrhosis; **AND**

Drugs Requiring PA	Criteria for Prior Authorization

	• Patient meets the minimum age recommended by the package insert.
	
	Renewal Criteria:
	
	• Documentation (e.g., progress notes, labs) of improvement or stabilization in alkaline phosphatase (ALP)**; AND**
	• Patient meets one of the following:
	  ○ Patient has had a 12-month trial and failure of ursodiol, and will take Iqirvo in addition to current therapy**; OR**
	  ○ Patient has a contraindication or intolerance to ursodiol and will take Iqirvo as monotherapy.
	
	Quantity Limit: 1 tablet per day

Xolremdi™	**Non-PDL** **Approval Duration: 1 year** **Initial Approval Criteria:** • Diagnosis of WHIM (Warts, Hypogammaglobulinemia, Infections, and Myelokathexis) syndrome; **AND** • Diagnosis has been confirmed through genetic testing and identification of CXCR4 gene mutation; **AND** • Prescribed by, or in consultation with, a hematologist, immunologist, infectious disease specialist, or other specialist; **AND** • Patient meets the minimum age recommended by the package insert. **Renewal Criteria:** • Clinically significant improvement or stabilization in signs and symptoms **Age Limit:** 12 years of age or older **Quantity Limit:** 4 capsules per day

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Drugs Requiring PA	Criteria for Prior Authorization
Vafseo®	**Erythropoiesis Stimulating Proteins: Non-Preferred** **Approval Duration: 6 months** **Initial Approval Criteria:** • Diagnosis of chronic kidney disease (N18.9); **AND** • Pretreatment hemoglobin level ≤ 11g/dl; **AND** • Patient has been receiving dialysis for at least 3 months; **AND** • Patient does not have uncontrolled hypertension; **AND** • Patient is not receiving treatment with any other erythropoiesis stimulating agents; **AND** • Patient meets the minimum age recommended by the package insert. **Renewal Criteria:** • Documentation (e.g., progress notes, laboratory report) of a positive response to therapy. **Quantity Limit:** 150 mg four tablets per day 300 mg two tablets per day

Ohtuvayre™	**Respiratory, Chronic Obstructive Pulmonary Disease (COPD) Agents: Non-Preferred (NPD)**
	
	Approval Duration: 6 months initial, 1 year renewal
	
	Initial Approval Criteria:
	
	• Diagnosis of moderate to severe chronic obstructive pulmonary disorder; **AND**
	• Trial and failure of at least a 2-week trial of standard of care therapy:
	  ○ Triple-ingredient therapy (inhaled corticosteroids [ICS], long-acting beta agonist [LABA], and long-acting muscarinic antagonist [LAMA]); **OR**
	  ○ Dual-ingredient therapy (long-acting beta agonist [LABA]/long-acting muscarinic agent [LAMA]); **AND**
	• Patient meets the minimum age recommended by the package insert.

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Drugs Requiring PA	Criteria for Prior Authorization
	Renewal Criteria: • Clinically significant improvement or stabilization in signs and symptoms **Age Limit:** 18 years of age or older **Quantity Limit:** 5 mL per day

CONSENT AGENDA ITEMS

The therapeutic classes listed in the table below were reviewed; no changes were made to the currently posted status for agents in these classes.

Drug Classes With No Changes	
• **Antiemetics & Antivertigo Agents** • **Anti-Ulcer Protectants** • **Antibiotics, Topical** • **Anticholinergics and Antispasmodics** • **Antidiarrheals** • **Antiparasitics, Topical** • **Antipsoriatics, Oral** • **Antivirals, Topical** • **Bile Salts** • **H. Pylori Treatment** • **Histamine II Receptor Blockers** • **Immunomodulators, Asthma** • **Immunosuppressives, Oral** • **Laxatives and Cathartics** • **Ophthalmics, Mast Cell Stabilizers** • **Ophthalmics, Antibiotic-Steroid Combinations**	• **Ophthalmics, Antibiotics** • **Ophthalmics, Antivirals** • **Ophthalmics, Carbonic Anhydrase Inhibitors** • **Ophthalmics, Combinations for Glaucoma** • **Ophthalmics, Glaucoma Agents (Other)** • **Ophthalmics, Immunomodulators** • **Ophthalmics, Mydriatic** • **Ophthalmics, NSAIDs** • **Ophthalmics, Prostaglandin Agonists** • **Ophthalmics, Sympathomimetics** • **Otics, Antibiotics** • **Proton Pump Inhibitors** • **Rosacea Agents, Topical** • **Spinal Muscular Atrophy** • **Ulcerative Colitis Agents**

To review the complete summary of the final PDL selections and new products to market updates and changes, please refer to the “Commissioner’s Final Decisions” from October 17, 2024, posted on the provider portal at: https://kyportal.medimpact.com/provider-documents/pt-committee

Thank you for helping Kentucky Medicaid members maintain access to cost-effective medications by selecting drugs on the preferred drug list whenever possible. For any additional information or questions

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that you may have, please contact the Kentucky MedImpact team at KYMFFS@medimpact.com for Fee-for-Service members or at KYMCOPBM@medimpact.com for Managed Care Organization (MCO) members.

KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

KY FFS Contact Information

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Prior Authorizations	Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	

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