



## PHARMACY PROVIDER NOTICE – JULY 2026 P&T PDL CHANGES

September 17, 2026

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 **August 17, 2026**.

The Kentucky Medicaid P&T Committee met on July 28, 2026. 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.

Please note that the changes outlined in this notice have varying effective dates. Please refer to the applicable sections for each effective date.

### 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***.

The changes listed in the table below will be effective on **October 1<sup>st</sup>, 2026**.

| Drug Class                                            | Preferred Agents                                                                                                            | Non-Preferred Agents                                                                                                                                                                        |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Angiotensin-<br>Converting Enzyme<br>(ACE) Inhibitors | benazepril<br>enalapril tablet<br>enalapril solution<br>lisinopril<br>quinapril<br>ramipril<br><b><i>trandolapril</i></b>   | Accupril<br>Altace<br>azilsartan medoxomil <sup>QL</sup><br>captopril<br>Epaned <sup>CC</sup><br>fosinopril<br>Lotensin<br>moexipril<br>perindopril<br>Qbrelis <sup>CC, QL</sup><br>Zestril |
| Angiotensin Receptor<br>Blockers (ARBs)               | irbesartan<br>losartan<br>olmesartan<br>sacubitril/valsartan <sup>QL</sup><br><b><i>telmisartan</i></b><br>valsartan tablet | Arbli <sup>QL</sup><br>Atacand<br>Avapro<br>Benicar<br>candesartan<br>Cozaar<br>Diovan<br>Edarbi<br>Entresto Sprinkle<br>Entresto tablet <sup>QL</sup>                                      |





# NOTICE OF PDL CHANGES KENTUCKY MEDICAID

| Drug Class            | Preferred Agents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Non-Preferred Agents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Antiarrhythmics, Oral | <b>amiodarone</b><br>disopyramide<br>dofetilide<br>flecainide<br>mexiletine<br>propafenone<br>Sorine<br>sotalol<br>sotalol AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | eprosartan<br>Micardis<br>valsartan solution<br>Betapace<br>Betapace AF<br>Multaq<br>Norpace<br>Norpace CR<br>Pacerone<br>propafenone SR/ER<br>quinidine sulfate<br>quinidine gluconate ER<br>Rythmol SR<br>Sotylize <sup>CC</sup><br>Tikosyn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Anticonvulsants       | Banzel suspension <sup>CC, QL</sup><br>Banzel tablet <sup>CC, QL</sup><br><b>Brivaracetam solution, tablet</b> <sup>CC, QL</sup><br>carbamazepine ER capsule<br>carbamazepine ER tablet<br>carbamazepine chewable tablet<br>carbamazepine tablet<br>Celontin capsule<br>clobazam oral suspension 2.5 mg/mL <sup>QL</sup><br>clobazam tablet <sup>QL</sup><br>clonazepam tablet <sup>QL</sup><br>diazepam rectal gel <sup>QL</sup><br>divalproex DR sprinkle capsule<br>divalproex DR tablet<br>divalproex ER tablet<br><b>Epidiolex oral solution</b> <sup>CC</sup><br>Equetro capsule<br>ethosuximide capsule<br>ethosuximide oral solution<br>felbamate oral suspension<br>felbamate tablet<br>lacosamide oral solution <sup>QL</sup><br>lacosamide tablet <sup>QL</sup><br>lamotrigine dispersing chewable tablet<br>lamotrigine tablet (except dose packs)<br>levetiracetam ER tablet <sup>QL</sup><br>levetiracetam oral solution <sup>QL</sup><br>levetiracetam tablet <sup>QL</sup><br>Nayzilam spray <sup>AE, QL</sup><br>oxcarbazepine oral suspension<br>oxcarbazepine tablet <sup>QL</sup><br>phenobarbital elixir <sup>CC</sup><br>phenobarbital tablet <sup>CC</sup><br>phenytoin chewable tablet<br>phenytoin ER capsule<br>phenytoin oral suspension | Aptiom tablet <sup>QL</sup><br>Briviact oral solution <sup>AE, CC, QL</sup><br>Briviact tablet <sup>AE, CC, QL</sup><br>carbamazepine oral suspension<br>Carbatrol ER capsule<br>clobazam syringe 10 mg/4mL <sup>AE, CC, QL</sup><br>clonazepam ODT <sup>QL</sup><br>Depakote ER tablet<br>Depakote Sprinkle capsule<br>Depakote tablet<br>Diacomit capsule <sup>CC, QL</sup><br>Diacomit powder packet <sup>CC, QL</sup><br>Dilantin capsule<br>Dilantin chewable tablet<br>Dilantin oral suspension<br>Elespia XR tablet <sup>QL</sup><br>Epitol tablet<br>Eprontia oral solution<br>eslicarbazepine tablet <sup>QL</sup><br>Felbatol oral suspension<br>Felbatol tablet<br>Fintepla oral solution <sup>QL</sup><br>Fycompa oral suspension<br>Fycompa tablet <sup>QL</sup><br>Keppra oral solution<br>Keppra tablet <sup>QL</sup><br>Keppra XR tablet <sup>QL</sup><br>Klonopin tablet <sup>QL</sup><br>Lamictal dispersing chewable tablet<br>Lamictal ODT<br>Lamictal ODT start kit/dose pack<br>Lamictal tablet<br>Lamictal tablet start kit/dose pack<br>Lamictal XR tablet <sup>QL</sup><br>Lamictal XR start kit/dose pack<br>lamotrigine ER tablet <sup>QL</sup> |





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| Drug Class                     | Preferred Agents                                                                                                                                                                                                                                                                                                                                                                                                      | Non-Preferred Agents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                | primidone tablet <sup>CC</sup><br>Roweepra tablet <sup>QL</sup><br>Sabril powder packet <sup>CC, QL</sup><br>Sabril tablet <sup>CC, QL</sup><br>Tegretol oral suspension<br>tiagabine tablet <sup>QL</sup><br>topiramate sprinkle capsule <sup>QL</sup><br>topiramate tablet <sup>QL</sup><br>valproic acid capsule<br>valproic acid oral solution<br>Valtoco spray <sup>QL</sup><br>zonisamide capsule <sup>QL</sup> | lamotrigine ODT<br>lamotrigine ODT start kit/dose pack<br>lamotrigine tablet start kit/dose pack<br>levetiracetam tablet for oral suspension <sup>CC, QL</sup><br>Libervant film <sup>AE, QL</sup><br>methsuximide capsule<br>Motpoly XR capsule<br>Onfi oral suspension <sup>QL</sup><br>Onfi tablet <sup>QL</sup><br>oxcarbazepine ER tablet <sup>QL</sup><br>Oxtellar XR tablet <sup>QL</sup><br>perampanel tablet <sup>QL</sup><br>Phenytek capsule<br>Qudexy XR sprinkle capsule <sup>QL</sup><br>rufinamide oral suspension <sup>QL</sup><br>rufinamide tablet <sup>QL</sup><br>Spritam tablet for oral suspension <sup>QL</sup><br>subvenite tablet<br>subvenite tablet dose pack<br>subvenite oral suspension <sup>AE, QL</sup><br>Sympazan film <sup>AE, CC, QL</sup><br>Tegretol tablet<br>Tegretol XR tablet<br>Topamax sprinkle capsule <sup>QL</sup><br>Topamax tablet <sup>QL</sup><br>topiramate oral solution<br>topiramate ER capsule <sup>QL</sup><br>topiramate ER sprinkle capsule <sup>QL</sup><br>Trileptal oral suspension<br>Trileptal tablet <sup>QL</sup><br>Trokendi XR capsule <sup>QL</sup><br>vigabatrin powder packet <sup>QL</sup><br>vigabatrin tablet <sup>QL</sup><br>vigadrone powder packet <sup>QL</sup><br>vigadrone tablet <sup>QL</sup><br>Vigafyde oral solution <sup>CC, QL</sup><br>Vimpat oral solution <sup>QL</sup> |
| Antidepressants,<br>Tricyclics | amitriptyline tablet<br>clomipramine capsule<br><b>desipramine tablet</b><br>doxepin capsule<br>doxepin oral concentrate<br>imipramine tablet<br>nortriptyline capsule                                                                                                                                                                                                                                                | amoxapine tablet<br>Anafranil capsule<br>imipramine pamoate capsule<br>Norpramin tablet<br>nortriptyline solution<br>Pamelor capsule<br>protriptyline tablet<br>trimipramine capsule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |





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| Drug Class                      | Preferred Agents                                                                                                                                                                                                       | Non-Preferred Agents                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Calcium Channel Blockers (CCBs) | amlodipine<br>Cartia XT<br>diltiazem<br>diltiazem CD capsule<br>diltiazem ER 24HR capsule<br>diltiazem XR<br>Dilt-XR<br><b>felodipine ER</b><br>nifedipine ER<br>Tiadylt ER<br>verapamil tablet<br>verapamil ER tablet | diltiazem ER 12HR capsule<br>diltiazem ER (LA) tablet<br>isradipine<br>Katerzia AE, CC, QL<br>levamlodipine<br>Matzim LA<br>nicardipine<br>nifedipine IR CC<br>nimodipine capsule CC<br>nimodipine solution CC<br>nisoldipine ER<br>Norliqva<br>Norvasc<br>Nymalize solution CC<br>Nymalize syringe CC<br>Procardia XL<br>Sdamlo AE, CC, QL<br>Sular ER<br>verapamil ER capsule<br>verapamil ER PM capsule<br>verapamil SR capsule |
| Movement Disorders              | Austedo tablet AE, CC, QL<br><b>Austedo XR tablet CC, QL</b><br><b>Austedo XR tablet titration kit CC</b><br>Ingrezza capsule AE, CC, QL<br>Ingrezza sprinkle capsule AE, CC, QL<br>tetrabenazine tablet               | Xenazine                                                                                                                                                                                                                                                                                                                                                                                                                           |

The changes listed in the table below will be effective on October 15<sup>th</sup>, 2026.

| Drug Class        | Preferred Agents                                                                                                                                      | Non-Preferred Agents                                                                                                                                                                                                                                                                               |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Anticoagulants    | <b>dabigatran capsule</b><br>Eliquis dose pack, tablet<br>Enoxaparin syringe, vial<br>Jantoven tablet<br>warfarin tablet<br>Xarelto dose pack, tablet | Arixtra syringe<br>Eliquis tablet for suspension QL<br>Eliquis Sprinkle capsule QL<br>fondaparinux sodium syringe<br>Fragmin syringe, vial<br>Lovenox syringe, vial<br><b>Pradaxa capsule</b> , pellet pack<br>rivaroxaban suspension, tablet<br>Savaysa tablet<br>Xarelto granules for suspension |
| Narcolepsy Agents | armodafinil tablet CC, QL<br><b>modafinil tablet CC, QL</b>                                                                                           | Nuvigil tablet CC, QL<br><b>Provigil tablet CC, QL</b><br>sodium oxybate solution CC, QL<br>Sunosi tablet CC, QL<br>Wakix tablet CC, QL<br>Xyrem solution CC, QL<br>Xywav solution CC, QL                                                                                                          |





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| Drug Class                                                     | Preferred Agents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Non-Preferred Agents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Platelet Aggregation Inhibitors                                | cilostazol<br>clopidogrel<br>dipyridamole<br>prasugrel<br><b>ticagrelor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | aspirin/dipyridamole<br><b>Brilinta</b><br>Effient<br>Plavix                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Pulmonary Arterial Hypertension (PAH) Agents, Oral and Inhaled | Alyq <sup>CC, QL</sup><br>ambrisentan <sup>CC</sup><br><b>bosentan tablet <sup>QL</sup></b><br>sildenafil suspension <sup>CC</sup><br>sildenafil tablet <sup>CC</sup><br>tadalafil (generic for Adcirca) <sup>CC, QL</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Adcirca <sup>QL</sup><br>Adempas <sup>QL</sup><br>bosentan tablet for suspension <sup>CC, QL</sup><br>Letairis<br>macitentan <sup>QL</sup><br>Opsumit <sup>QL</sup><br>Opsynvi <sup>CC, QL</sup><br>Orenitram ER<br>Revatio tablet <sup>CC</sup><br>Tadliq<br><b>Tracleer tablet <sup>CC, QL</sup></b><br>Tracleer tablet for suspension <sup>CC, QL</sup><br>Tyvaso, Tyvaso DPI <sup>CC</sup><br>Uptravi <sup>QL</sup><br>Ventavis<br>Yutrepia <sup>CC</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Stimulants and Related Agents                                  | atomoxetine capsule <sup>CC, QL</sup><br>clonidine ER tablet <sup>CC, QL</sup><br>dexamethylphenidate ER capsule <sup>CC, QL</sup><br>dexamethylphenidate tablet <sup>CC, QL</sup><br>dextroamphetamine sulfate tablet 5 mg, 10 mg, 15 mg <sup>CC, QL</sup><br>dextroamphetamine/amphetamine ER capsule <sup>CC, QL</sup><br>dextroamphetamine/amphetamine tablet <sup>CC, QL</sup><br>guanfacine ER tablet <sup>CC, QL</sup><br>Jornay PM capsule <sup>AE, QL</sup><br><b>lisdexamfetamine capsule <sup>CC, QL</sup></b><br><b>lisdexamfetamine chewable tablet <sup>CC, QL</sup></b><br>Methylin solution <sup>CC, QL</sup><br>methylphenidate solution <sup>CC, QL</sup><br>methylphenidate ER tablet 10 mg, 20 mg (generic Metadate ER) <sup>CC, QL</sup><br>methylphenidate ER tablet 18 mg, 27 mg, 36 mg, 54 mg (generic Concerta) <sup>CC, QL</sup><br>methylphenidate tablet <sup>CC, QL</sup><br>Qelbree ER capsule <sup>CC, QL</sup><br>Vyvanse capsule <sup>CC, QL</sup><br>Vyvanse chewable tablet <sup>CC, QL</sup> | Adderall tablet <sup>QL</sup><br><b>Adderall XR capsule <sup>CC, QL</sup></b><br>Adzenys XR-ODT tablet <sup>AE, CC, QL</sup><br>amphetamine ER ODT tablet <sup>AE, CC, QL</sup><br>amphetamine sulfate tablet <sup>QL</sup><br>Aptensio XR sprinkle capsule <sup>QL</sup><br>Arynta <sup>AE, CC, QL</sup><br>Atoncy solution <sup>QL</sup><br>Azstarys capsule <sup>QL</sup><br><b>Concerta tablet <sup>CC, QL</sup></b><br>Cotempla XR-ODT tablet <sup>AE, QL</sup><br>Daytrana patch <sup>CC, QL</sup><br>Desoxyn tablet <sup>QL</sup><br>Dexedrine ER capsule <sup>QL</sup><br>dextroamphetamine ER capsule <sup>QL</sup><br>dextroamphetamine solution <sup>CC, QL</sup><br>dextroamphetamine sulfate tablet 2.5 mg, 7.5 mg, 20 mg, 30 mg <sup>QL</sup><br>Dyanavel XR suspension <sup>AE, QL</sup><br>Dyanavel XR tablet <sup>AE, QL</sup><br>Evekeo ODT tablet <sup>QL</sup><br>Evekeo tablet <sup>QL</sup><br>Focalin tablet <sup>QL</sup><br>Focalin XR capsule <sup>QL</sup><br>Intuniv ER tablet <sup>CC, QL</sup><br>methamphetamine tablet <sup>QL</sup><br>methylphenidate CD capsule <sup>QL</sup><br>methylphenidate ER capsule <sup>QL</sup> |





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| Drug Class | Preferred Agents | Non-Preferred Agents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                  | methylphenidate ER tablet 63 mg, 72 mg (generic Relexxii) <sup>QL</sup><br>methylphenidate ER sprinkle capsule <sup>QL</sup><br>methylphenidate LA capsule <sup>QL</sup><br>methylphenidate ER OROS <sup>QL</sup><br>methylphenidate chewable tablet <sup>CC, QL</sup><br>methylphenidate patch <sup>CC, QL</sup><br>Mydayis ER capsule <sup>AE, QL</sup><br>Onyda XR suspension <sup>AE, QL</sup><br>ProCentra solution <sup>CC, QL</sup><br>QuilliChew ER tablet <sup>AE, QL</sup><br>Quillivant XR suspension <sup>QL</sup><br>Relexxii tablet <sup>QL</sup><br>Ritalin LA capsule <sup>QL</sup><br>Ritalin tablet <sup>QL</sup><br>Xelstryl patch <sup>CC, QL</sup><br>Zenzedi tablet <sup>QL</sup> |

## NEW PRODUCTS TO MARKET

Prior authorization criteria will be effective on October 15<sup>th</sup>, 2026.

| Drug Requiring PA        | Criteria for Prior Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Yuviwel® (navepegritide) | <p><b>Non-PDL</b></p> <p><b>Approval Duration:</b> 1 year initial, 1 year renewal</p> <p><b>Initial Approval Criteria:</b></p> <ul style="list-style-type: none"><li>• Diagnosis of achondroplasia confirmed by genetic testing demonstrating a mutation in the fibroblast growth factor receptor type 3 (FGFR3) gene; <b>AND</b></li><li>• Prescribed by, or in consultation with, a pediatric endocrinologist, or other appropriate specialist in the treatment of this condition; <b>AND</b></li><li>• Documentation confirms open epiphyses; <b>AND</b></li><li>• Documentation of patient's baseline body weight, growth, and physical development; <b>AND</b></li><li>• Patient has not had limb lengthening surgery in the previous 18 months; <b>AND</b></li><li>• Patient does not plan to have limb-lengthening surgery while on Yuviwel.</li></ul> <p><b>Renewal Criteria:</b></p> <ul style="list-style-type: none"><li>• Prescribed by, or in consultation with, a pediatric endocrinologist, or other appropriate specialist in the treatment of this condition; <b>AND</b></li><li>• Documentation of improvements in annualized growth velocity and height compared to pre-treatment baseline; <b>AND</b></li><li>• Documentation confirms open epiphyses; <b>AND</b></li><li>• Patient has not had limb lengthening surgery in the previous 18 months; <b>AND</b></li><li>• Patient does not plan to have limb-lengthening surgery while on Yuviwel.</li></ul> |





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| Drug Requiring PA                      | Criteria for Prior Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                        | <p><b>Age Limit:</b> 2-18 years of age</p> <p><b>Quantity Limit:</b></p> <ul style="list-style-type: none"><li>• 1.3 mg vial: 4 vials per 28 days</li><li>• 2.8 mg vial: 4 vials per 28 days</li><li>• 5.5 mg vial: 8 vials per 28 days</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Icotyde™ (icotrokinra)                 | <p><b>Immunologic and Genetic – Cytokine and CAM Antagonists: Non-Preferred</b></p> <p><b>Approval Duration:</b> 6 months initial, 1 year renewal</p> <p><b>Initial Approval Criteria:</b></p> <ul style="list-style-type: none"><li>• Diagnosis of moderate to severe plaque psoriasis; <b>AND</b></li><li>• Patient weighs <math>\geq 40</math> kg; <b>AND</b></li><li>• Patient is a candidate for systemic therapy or phototherapy; <b>AND</b></li><li>• Trial and failure (at least 3 months) of <math>\geq 1</math> conventional therapy:<ul style="list-style-type: none"><li>◦ Disease-modifying anti-rheumatic drug (DMARD) such as methotrexate,</li><li>◦ Immunosuppressant (e.g., cyclosporine),</li><li>◦ Oral retinoid (e.g., acitretin); <b>AND</b></li></ul></li><li>• Trial and failure of <math>\geq 2</math> preferred biologics indicated for plaque psoriasis; <b>AND</b></li><li>• NOT used in combination with any other biologic agent; <b>AND</b></li><li>• Screening for and absence of tuberculosis (TB) and other active infections prior to therapy initiation; <b>AND</b></li><li>• NOT administered concurrently with live vaccines; <b>AND</b></li><li>• Prescribed by, or in consultation with, a dermatologist, rheumatologist or other specialist in the treatment of psoriasis.</li></ul> <p><b>Renewal Criteria:</b></p> <ul style="list-style-type: none"><li>• Documentation (e.g., progress note) of response to therapy compared to baseline, such as redness, thickness, scaliness, amount of surface area involvement, and/or PASI score.</li></ul> <p><b>Age Limit:</b> <math>\geq 12</math> years of age</p> <p><b>Quantity Limit:</b> 1 tablet per day</p> |
| Kygevvi® (doxecitine and doxribtimine) | <p><b>Non-PDL</b></p> <p><b>Approval Duration:</b> 1 year initial, 1 year renewal</p> <p><b>Initial Approval Criteria:</b></p> <ul style="list-style-type: none"><li>• Documented clinical diagnosis of thymidine kinase 2 deficiency (TK2d) confirmed with genetic testing; <b>AND</b></li><li>• Age of symptom onset <math>\leq 12</math> years; <b>AND</b></li><li>• Documentation of baseline of transaminase (e.g., alanine aminotransferase [ALT], aspartate aminotransferase [AST]) and total bilirubin; <b>AND</b></li><li>• Clinical documentation to verify the member's weight within the past 6 months; <b>AND</b></li><li>• Weight based dosing should not exceed 800 mg/kg/day for the maintenance phase (400 mg doxecitine and 400 mg doxribtimine); <b>AND</b></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |





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| Drug Requiring PA                | Criteria for Prior Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                  | <ul style="list-style-type: none"><li>Prescribed by, or in consultation with, a pulmonologist, neurologist, geneticist, or specialist experienced in the management of metabolic or neuromuscular disorders.</li></ul> <p><b>Renewal Criteria:</b></p> <ul style="list-style-type: none"><li>Clinical documentation demonstrating improvement and/or stabilization in motor function, respiratory status, or disease progression; <b>AND</b></li><li>Clinical documentation to verify the member's weight within the past 6 months.</li></ul> <p><b>Age Limit:</b> N/A</p> <p><b>Quantity Limit:</b> 16 packets per day</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Nereus™ (tradipitant)            | <p><b>Gastrointestinal – Antiemetics and Antivertigo Agents: Non-Preferred</b></p> <p><b>Approval Duration:</b> 3 months</p> <p><b>Initial Approval Criteria:</b></p> <ul style="list-style-type: none"><li>Nereus is being used for prevention of vomiting induced by motion; <b>AND</b></li><li>Member has been counseled on non-pharmacological interventions; <b>AND</b></li><li>Member has a planned event expected to cause vomiting induced by motion; <b>AND</b></li><li>Patient has tried and failed, or has an allergy, contraindication, (including potential drug-drug interactions with other medications), or intolerance of ≥ 2 preferred agents, including BOTH of the following:<ul style="list-style-type: none"><li>Transdermal scopolamine; <b>AND</b></li><li>≥ 1 preferred or over-the-counter (OTC) first-generation antihistamine (e.g., meclizine, dimenhydrinate) verified by pharmacy claims.</li></ul></li></ul> <p><b>Renewal Criteria:</b></p> <ul style="list-style-type: none"><li>Not applicable.</li></ul> <p><b>Age Limit:</b> ≥ 18 years of age</p> <p><b>Quantity Limit:</b> 14 capsules per fill and 36 capsules per year</p> |
| Idvynso™ (doravirine/islatravir) | <p><b>Antiretrovirals – Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS): Non-Preferred</b></p> <p><b>Approval Duration:</b> 1 year initial, 1 year renewal</p> <p><b>Non-Preferred (NPD) Criteria:</b></p> <ul style="list-style-type: none"><li>Approval of non-preferred agents requires trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications), or intolerance of 1 preferred agent.</li></ul> <p><b>Age Limit:</b> N/A</p> <p><b>Quantity Limit:</b> 1 tablet per day</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |





# NOTICE OF PDL CHANGES KENTUCKY MEDICAID

| Drug Requiring PA           | Criteria for Prior Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bysanti™<br>(milsaperidone) | <p><b>Central Nervous System – Antipsychotics Second-Generation (Atypical): Non-Preferred</b></p> <p><b>Approval Duration:</b> 1 year</p> <p><b>Non-Preferred (NPD) Criteria:</b></p> <ul style="list-style-type: none"><li>• Diagnosis of one of the following conditions:<ul style="list-style-type: none"><li>◦ Schizophrenia; <b>OR</b></li><li>◦ Bipolar I disorder with acute mania or mixed episodes; <b>AND</b></li></ul></li><li>• A ≥ 2-week trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications), or intolerance of &gt; 2 preferred antipsychotics.</li></ul> <p><b>Age Limit:</b> ≥ 18 years of age</p> <p><b>Quantity Limit:</b></p> <ul style="list-style-type: none"><li>• 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg tablets: 2 per day</li><li>• 1-2-4-6 mg, 1-2-6 mg, 1-2-6-8 mg tablets: 1 titration pack per 365 days</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Baxfendy™ (baxdrostat)      | <p><b>Non-PDL</b></p> <p><b>Approval Duration:</b> 1 year initial, 1 year renewal</p> <p><b>Initial Approval Criteria:</b></p> <ul style="list-style-type: none"><li>• Diagnosis of uncontrolled or treatment resistant hypertension defined as:<ul style="list-style-type: none"><li>◦ Persistent blood pressure above 140/90 mmHg; <b>AND</b></li><li>◦ Patient has tried and failed optimal dosing of at least TWO antihypertensive medications concurrently from different classes for a minimum of 4 weeks; <b>AND</b></li></ul></li><li>• Patient has had a trial and failure, allergy, contraindication, (including potential drug-drug interactions with other medications), or intolerance of a mineralocorticoid receptor antagonist (e.g., spironolactone, eplerenone); <b>AND</b></li><li>• Prescribed by, or in consultation with, a cardiologist, nephrologist, or other disease state specialist; <b>AND</b></li><li>• Prescriber attests that other reasons for uncontrolled hypertension (e.g., non-compliance, white coat syndrome, etc.) have been ruled out; <b>AND</b></li><li>• Prescriber attests that serum potassium and serum sodium levels were measured prior to initiation and will be repeated periodically during treatment; <b>AND</b></li><li>• Will be used in combination with at least two other antihypertensive drugs at maximally tolerated doses.</li></ul> <p><b>Renewal Criteria:</b></p> <ul style="list-style-type: none"><li>• Prescriber attestation of clinically significant improvement or stabilization in clinical signs and symptoms; <b>AND</b></li><li>• Used in combination with at least two other antihypertensive drugs at maximally tolerated doses.</li></ul> <p><b>Age Limit:</b> ≥ 18 years of age</p> <p><b>Quantity Limit:</b> 1 tablet per day</p> |





**EXISTING PRODUCT REVIEW**

| Drug Requiring PA      | Criteria for Prior Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vraylar® (cariprazine) | <p><b>Central Nervous System – Antipsychotics: Second Generation (Atypical) and Injectable: Preferred</b></p> <p><b>Age Limit:</b></p> <ul style="list-style-type: none"><li>• ≥ 10 years: Acute manic or mixed episodes associated with bipolar I disorder (ICD-10 Disease Group F31)</li><li>• ≥ 13 years: Schizophrenic Disorder (ICD-10 Disease Group F20; ICD-10 = F60.1)</li><li>• ≥ 18 years:<ul style="list-style-type: none"><li>○ Dementias (ICD-10 Disease Groups F01, F01, F03, F06);</li><li>○ Dissociative and conversion disorders (ICD-10 Disease Group F44);</li><li>○ Episodic Mood Disorders (ICD-10 Disease Group F30, F39);</li><li>○ Huntington’s disease (ICD-10 Disease Group G10);</li><li>○ Major depressive disorder (ICD-10 Disease Group F32, F33):<ul style="list-style-type: none"><li>▪ Note: If used as adjunctive therapy for major depressive disorder (AMDD): documentation of current use of, or trial and failure of, contraindication, or intolerance to ≥ 1 antidepressant of adequate dose and duration (e.g., SSRI, SNRI, bupropion, mirtazapine).</li></ul></li><li>○ Oppositional defiant disorder (ICD-10 = F91.3);</li><li>○ Pervasive developmental disorders (ICD-10 Disease Group F84);</li><li>○ Schizoaffective disorder (F25.9);</li><li>○ Tic disorder (ICD-10 Disease Group F95);</li><li>○ Substance use disorders and related conditions</li></ul></li></ul> <p><b>Quantity Limit:</b> 1 per day</p> |





## 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <ul style="list-style-type: none"><li>• 5-Alpha Reductase (5AR) Inhibitors</li><li>• ACEI + Diuretic Combinations</li><li>• Alpha Blockers for Benign Prostatic Hyperplasia (BPH)</li><li>• Alzheimer's Agents</li><li>• Angiotensin Modulator + Calcium Channel Blocker (CCB) Combinations</li><li>• Anti-anginal and Anti-Ischemic</li><li>• Antidepressants, Monoamine Oxidase Inhibitors (MAOIs)</li><li>• Antidepressants, Other</li><li>• Antidepressants, Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)</li><li>• Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)</li><li>• Antimigraine Agents, Calcitonin Gene-Related Peptide (CGRP) Inhibitors and Other Agents: Acute Treatment</li><li>• Antimigraine Agents, Calcitonin Gene-Related Peptide (CGRP) Inhibitors and Other Agents: Prophylaxis, Injectable</li></ul> | <ul style="list-style-type: none"><li>• Antimigraine Agents, Calcitonin Gene-Related Peptide (CGRP) Inhibitors and Other Agents: Prophylaxis, Oral</li><li>• Antimigraine Agents, Triptans</li><li>• Antiparkinson's Agents</li><li>• Antipsychotics</li><li>• Anxiolytics</li><li>• ARB + Diuretic Combinations</li><li>• Beta-Blockers</li><li>• Bladder Relaxants</li><li>• Direct Renin Inhibitors</li><li>• Dopamine Receptor Agonists</li><li>• Lipotropics, Other</li><li>• Lipotropics, Statins</li><li>• Neuropathic Pain</li><li>• Sedative Hypnotics</li><li>• Skeletal Muscle Relaxants</li><li>• Spinal Muscular Atrophy</li><li>• Tobacco Cessation Products</li></ul> |

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 August 17, 2026, 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 that you may have, please contact the Kentucky MedImpact team at [KYMFFS@medimpact.com](mailto:KYMFFS@medimpact.com) for Fee-for-Service members or at [KYMCOPBM@medimpact.com](mailto:KYMCOPBM@medimpact.com) for Managed Care Organization (MCO) members.

### KY MCO Contact Information

|                                           |                                                                                 |
|-------------------------------------------|---------------------------------------------------------------------------------|
| Program Questions                         | <a href="mailto:KYMCOPBM@MedImpact.com">KYMCOPBM@MedImpact.com</a>              |
| 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                           | <a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>   |
| BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01 |                                                                                 |





**NOTICE OF PDL CHANGES  
KENTUCKY MEDICAID**



**KY FFS Contact Information**

|                                           |                                                                                   |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| Program Questions                         | KYMFFS@MedImpact.com                                                              |
| Pharmacy Help Desk                        | (877) 403-6034 [24 hours per day/ 7 days per week]                                |
| Prior Authorizations                      | Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week]<br>Fax (858) 357-2612 |
| Pharmacy Portal                           | <a href="https://kyportal.medimpact.com/">https://kyportal.medimpact.com/</a>     |
| BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01 |                                                                                   |

