COMMISSIONER FOR THE DEPARTMENT FOR MEDICAID SERVIVCES SELECTIONS FOR PREFERRED PRODUCTS

TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

The following tables provide a summary of the final Preferred Drug List (PDL) selections made by the Commissioner for the Department for Medicaid Services (DMS) based on the Drug Review and Options for Consideration document prepared for the Pharmacy and Therapeutics (P&T) Advisory Committee's review on **October 13, 2026**, and the resulting official recommendations

NEW PRODUCTS TO MARKET

Hepcludex® (bulevirtide-gmod)

Non-PDL

Approval Duration: 1 year initial, 1 year renewal

- *Hepcludex® (bulevirtide-gmod) is a viral entry inhibitor that is indicated for the treatment of chronic hepatitis delta virus (HDV) infection in adults without cirrhosis or with compensated cirrhosis.*

Initial Approval Criteria:
- Diagnosis hepatitis D virus infection; without cirrhosis or with compensated cirrhosis; **AND**
- Prescribed by, or in consultation with, a hepatologist, gastroenterologist, infectious disease, transplant or other appropriate specialist; **AND**
- Patient does NOT have decompensated cirrhosis (Child-Pugh B or C); **AND**
- Documentation (e.g., chart note or lab report) of the following clinical data:
  - Recent (within 3 months) quantitative HDV RNA level (HDV viral load); **AND**
  - Elevated alanine aminotransferase (ALT) levels (>34 U/L for females and > 49 U/L for males); **AND**
- Prescriber attests that hepatitis B virus (HBV) infection is managed as clinically appropriate; **AND**
- Patient must meet the minimum age recommended by the package insert for this FDA-approved indication.

Renewal Criteria:
- Patient has experienced disease improvement or stabilization as evidenced by one of the following:
  - Reduction in HDV RNA levels or undetectable HDV RNA; **OR**
  - Reduction or normalization of ALT values.

Quantity Limit:
- 1 vial per day

Market: Xocova™ (ensitrelvir)

Anti-Infective – Oral Antivirals, COVID-19: Non-Preferred

Approval Duration: 1 month

- *Xocova™ (ensitrelvir) is an inhibitor of the SARS-CoV-2 main protease (Mpro), also referred to as 3C-like protease (3CLpro) or nonstructural protein 5 (nsp5) protease. Inhibition of SARS-CoV-2 Mpro renders it incapable of processing the viral polyproteins pp1a and pp1ab, preventing viral replication.*

Initial Approval Criteria:
- Member does not have known or suspected active COVID-19 infection at the time treatment is initiated; **AND**

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- Recent contact with and suspected exposure to COVID-19; **AND**
- Treatment will be initiated as soon as possible and within 72 hours of symptom onset; **AND**
- If the patient is a female of childbearing potential, the patient is not pregnant.

Age Limit: ≥ 12 years of age

Quantity Limit:
- 7 tablets per 5-day course and 1 fill per 30 days

Lynavoy® (linerixibat)

Anti-Infective – Gastrointestinal, Bile Salts: Non-Preferred

Approval Duration: 1 year initial, 1 year renewal

- *Lynavoy® (linerixibat) is an ileal bile acid transporter (IBAT) inhibitor approved for cholestatic pruritus associated with primary biliary cholangitis (PBC) in adults.*

Initial Approval Criteria:
- Diagnosis of cholestatic pruritus associated with primary biliary cholangitis; **AND**
- Patient meets two of the following:
  - Elevation of alkaline phosphatase (ALP levels > 200 IU/L); **OR**
  - Presence of antimitochondrial antibody (AMA) or other PBC-specific autoantibodies (including sp100 or gp210, if AMA is negative); **OR**
  - Histopathological evidence of primary biliary cirrhosis; **AND**
- Patient does NOT have decompensated cirrhosis or prior or active hepatic decompensation events (variceal hemorrhage, ascites, hepatic encephalopathy); **AND**
- Prescribed by, or in consultation with, a hepatologist or gastroenterologist; **AND**
- Patient has a history of trial and therapeutic failure, allergy, contraindication (including potential drug-drug interactions with other medications), or intolerance to at least 1 pruritus treatment (ursodiol or cholestyramine); **AND**
- Patient must meet the minimum age recommended by the package insert for this FDA-approved indication.

Renewal Criteria:
- Patient does not have unexplained liver elevations or uncorrected vitamin deficiencies; **AND**
- Patient has experienced reduction in pruritus.

Quantity Limit:
- 2 tablets per day

Awiqli® (insulin icodec-abae)

Diabetes – Insulin and Related Agents: Non-Preferred

Approval Duration: 1 year initial, 1 year renewal

- *Awiqli® (insulin icodec-abae) is a once-weekly long-acting basal insulin for adults with type 2 diabetes mellitus.*

Initial Approval Criteria:

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- Diagnosis of type 2 diabetes mellitus; **AND**
- Patient is at least 18 years of age; **AND**
- Trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications), or intolerance of at least two preferred long-acting insulins.

Renewal Criteria:
- Patient is currently receiving Awiqli and previously met initial approval criteria; **AND**
- Patient demonstrates a positive clinical response to Awiqli therapy; **AND**
- Continued need for Awiqli therapy is documented.

Quantity Limit:
- 6 mL per 28 days

Lipfendra® (enlicitide)

Cardiovascular – Lipotropics: Non-Preferred

Approval Duration: 6 months initial, 1 year renewal

- *Lipfendra® (enlicitide) is a proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitor indicated as an adjunct to diet and exercise to reduce low-density lipoprotein cholesterol (LDL-C) in adults with hypercholesterolemia, including heterozygous familial hypercholesterolemia (HeFH).*

Initial Approval Criteria:
- Diagnosis of hypercholesterolemia, including heterozygous familial hypercholesterolemia (HeFH); **AND**
- Prescribed initially by, or in consultation with, a cardiologist, lipid specialist, endocrinologist, vascular medicine or other applicable specialist; **AND**
- Prescriber submits documentation(e.g., chart note or lab report) of low-density lipoprotein cholesterol (LDL-C) prior to/without PCSK9 inhibitor therapy; **AND**
- One of the following:
    - Patient has not achieved LDL goal after at least 3- month trial and failure of maximally tolerated high-intensity statin therapy (e.g., rosuvastatin 40 mg daily), as defined by one of the following:
        - LDL- C ≥55 mg/dL for patient with a history of a major atherosclerotic cardiovascular disease (ASCVD) event, **OR**
        - LDL-C ≥70 mg/dL for patient at increased risk for first ASCVD event, **OR**
    - Patient does not tolerate statins (at least two statin trials of any length were unsuccessful due to adverse effects); **AND**
- Trial and failure, allergy, contraindication (including potential drug-drug interactions with other medications) or intolerance to Repatha.

Renewal Criteria:
- Prescriber submits clinical documentation (e.g., progress note or lab report) that demonstrate a reduction in LDL-C when compared to the baseline values.

Quantity Limit:
- 1 tablet per day

Trutakna™ (atacicept-vymj)

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Non-PDL

Approval Duration: 3 months initial, 1 year renewal

- *Trutakna™ (atacicept-vymj) is an immune targeted biologic used to reduce proteinuria in adults with primary IGA nephropathy who are at risk for disease progression.*

Initial Approval Criteria:
- Diagnosis of primary immunoglobulin A nephropathy (IgAN) confirmed by kidney biopsy; **AND**
- Patient is not currently receiving dialysis and has not undergone kidney transplantation: **AND**
- Prescriber submits documentation (e.g., chart note or lab report) that patient meets the definition of high risk of disease progression, as defined as:
  - Proteinuria ≥ 1.0 g/day; **OR**
  - Urine protein-to-creatinine ratio (UPCR) ≥ 1.0 g/g; **AND**
- Diagnosis of primary immunoglobulin A nephropathy (IgAN) confirmed by kidney biopsy; **AND**
- Prescribed by, or in consultation with, a nephrologist or other appropriate specialist in the treatment of IgAN; **AND**
- Patient is stable on a maximally tolerated dose of angiotensin-converting enzyme inhibitors (ACEI) or angiotensin receptor blockers (ARB) unless contraindicated.

Renewal Criteria:
- Patient is stable on a maximally tolerated dose of angiotensin-converting enzyme inhibitors (ACEI) or angiotensin receptor blockers (ARB) unless contraindicated; **AND**
- Prescribed by, or in consultation with, a nephrologist or other appropriate specialist in the treatment of IgAN; **AND**
- Prescriber submits clinical documentation (e.g., chart note or lab report) that the patient has experienced disease improvement compared to baseline (such as reduction in proteinuria or UPCR) or stabilization.

Age Limit: ≥ 18 years of age

Quantity Limit:
- 4 mL per 28 days

FULL PDL CLASSES: SCHEDULED REVIEW WITH PROPOSED CHANGES

New PDL Class: Hereditary Angioedema (HAE) Agents

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Hereditary Angioedema (HAE) class, require PA until reviewed by the P&T Committee.

HEREDITARY ANGIOEDEMA: PROPHYLAXIS:

Preferred Agents	Non-Preferred Agents
danazol	Andembry
Haegarda	Dawnzera
	Orladeyo

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Preferred Agents	Non-Preferred Agents
	Takhzyro

HEREDITARY ANGIOEDEMA: ACUTE TREATMENT:

Preferred Agents	Non-Preferred Agents
icatibant	Ekterly
	Firazyr
	Sajazir

New PDL Class: Phenylketonuria (PKU) Agents

The committee recommended to extend initial approvals from 1 month to 3 months.

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 1 unique chemical entity should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Phenylketonuria (PKU) class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
sapropterin dihydrochloride	Javygtor
	Kuvan
	Palynziq
	Sephience
	Zelvysia

Antiparasitics, Topical

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Antiparasitics, Topical class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
permethrin cream	Crotan lotion
spinosad suspension	Elimite cream
	Eurax cream

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Preferred Agents	Non-Preferred Agents
	Eurax lotion
	malathion lotion
	Natroba suspension
	Ovide lotion
	Pruradik lotion

Cytokine & CAM Antagonists

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Cytokine & CAM Antagonists class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
adalimumab-aaty (CF) autoinjector	Abrilada (CF) pen
adalimumab-aaty (CF) syringe	Abrilada (CF) syringe
adalimumab-adaz (CF) pen	Actemra ACTpen
adalimumab-adaz (CF) syringe	Actemra syringe
adalimumab-adbm (CF) Crohn's	adalimumab-aacf (CF) pen
adalimumab-adbm (CF) psoriasis/uveitis pen	adalimumab-aacf (CF) syringe
adalimumab-adbm (CF) syringe	adalimumab-fkjp (CF) syringe 20 mg
adalimumab-adbm (CF) pen	adalimumab-ryvk (CF) autoinjector
adalimumab-fkjp (CF) pen 40 mg	adalimumab-ryvk (CF) syringe
adalimumab-fkjp (CF) syringe 40 mg	Amjevita (CF) autoinjector
Enbrel mini cartridge	Amjevita (CF) syringe
Enbrel SureClick pen	Avsola vial
Enbrel syringe	Avtozma syringe
Enbrel vial	Avtozma autoinjector
Hadlima PushTouch autoinjector	Bimzelx autoinjector
Hadlima syringe	Bimzelx syringe
Hadlima (CF) PushTouch autoinjector	Cibinqo tablet
Hadlima (CF) syringe	Cimzia pen

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Preferred Agents	Non-Preferred Agents
Otezla tablet	Cimzia syringe
Otezla tablet dose pack	Cosentyx syringe
Otezla XR tablet	Cosentyx Sensoready pen
Otezla XR tablet dose pack	Cosentyx syringe
Pyzchiva syringe	Cosentyx UnoReady pen
Pyzchiva vial	Cosentyx injection
Rinvoq tablet	Cyltezo (CF) Crohn's/UC/HS pen
Rinvoq LQ solution	Cyltezo (CF) pen
Taltz autoinjector	Cyltezo (CF) psoriasis/uveitis pen
Taltz syringe	Cyltezo (CF) syringe
Tyenne syringe	Enspryng syringe
Tyenne autoinjector	Entyvio pen
Xeljanz solution	Entyvio vial
Xeljanz tablet	Hulio (CF) pen
Yesintek syringe	Hulio (CF) syringe
Yesintek vial	Hyrimoz (CF) pediatric Crohn's syringe
Yuflyma autoinjector kit	**Humira Crohn's/UC/HS pen**
Yuflyma (CF) Crohn's/UC/HS	**Humira pen**
Yuflyma syringe kit	**Humira psoriasis/uveitis/ adolescent HS pen**
	Humira syringe
	Humira (CF) pediatric Crohn's syringe
	Humira (CF) Crohn's/UC/HS pen
	Humira (CF) pediatric UC pen
	Humira (CF) pen
	Humira (CF) psoriasis/uveitis/ adolescent HS pen
	Humira (CF) syringe
	Hyrimoz (CF) Crohn/UC start pen
	Hyrimoz (CF) pen
	Hyrimoz (CF) psoriasis pen
	Hyrimoz (CF) syringe
	Icotyde tablet

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Preferred Agents	Non-Preferred Agents
	Idacio (CF) Crohn's/UC pen
	Idacio (CF) pen
	Idacio (CF) psoriasis pen
	Idacio (CF) syringe
	Ilaris vial
	Ilumya syringe
	Imuldosa syringe
	Imuldosa vial
	Inflectra vial
	Infliximab vial
	Kevzara pen
	Kevzara syringe
	Kineret syringe
	Olumiant tablet
	Omvoh pen
	Omvoh syringe
	Omvoh vial
	Orencia Clickject autoinjector
	Orencia syringe
	Otulfi syringe
	Otulfi vial
	Remicade vial
	Renflexis vial
	Selarsdi syringe
	Selarsdi vial
	Siliq syringe
	Simlandi autoinjector
	Simlandi (CF) autoinjector kit
	Simlandi (CF) syringe kit
	Simponi Aria vial
	Simponi pen

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Preferred Agents	Non-Preferred Agents
	Simponi syringe
	Skyrizi on-body
	Skyrizi pen
	Skyrizi syringe
	Skyrizi vial
	Sotyktu tablet
	Starjemza syringe
	Starjemza vial
	Stelara syringe
	Stelara vial
	Steqeyma syringe
	Steqeyma vial
	tofacitinib citrate ER tablet
	tofacitinib citrate tablet
	tofacitinib citrate solution
	Tremfya autoinjector
	Tremfya pen
	Tremfya syringe
	Tremfya vial
	ustekinumab-aekn syringe
	ustekinumab syringe
	ustekinumab vial
	ustekinumab-ttwe syringe
	ustekinumab-ttwe vial
	Velsipity tablet
	Xeljanz XR tablet
	Yusimry (CF) pen
	Zymfentra pen
	Zymfentra syringe

Gastrointestinal Motility, Chronic

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Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Gastrointestinal Motility, Chronic class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Linzess capsule	alosetron tablet
lubiprostone capsule	Amitiza capsule
Movantik tablet	Ibsrela tablet
prucalopride tablet	Lotronex tablet
	Motegrity tablet
	Symproic tablet
	Viberzi tablet

Laxatives and Cathartics

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 2 unique chemical entities should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Laxatives and Cathartics class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
Clenpiq solution	alvimopan capsule
Constulose solution	**Kristalose packet**
Enulose solution	**lactulose packet**
GaviLyte-C	
GaviLyte-G	
GaviLyte-N	
Generlac solution	
Golytely solution	
lactulose solution	
PEG 3350/Electrolyte solution	
PEG 3350 and Electrolytes	

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Preferred Agents	Non-Preferred Agents
PEG 3350/Sod Sul/NaCl/KCl/ASB/C powder packet	
sodium sulfate/potassium sulfate/magnesium sulfate solution	
Suflave solution	
Suprep solution	
Sutab tablet	

Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 1 unique chemical entity should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors class, require PA until reviewed by the P&T Committee.

Preferred Agents	Non-Preferred Agents
dapagliflozin tablet	dapagliflozin/metformin ER tablet
Synjardy tablet	Farxiga tablet
Xigduo XR tablet	Inpefa tablet
	Invokamet tablet
	Invokamet XR tablet
	Invokana tablet
	Jardiance tablet
	Segluromet tablet
	Steglatro tablet
	Synjardy XR tablet

Ophthalmics, Immunomodulators

Class Selection & Guidelines

- DMS to select preferred agent(s) based on economic evaluation; however, at least 1 unique chemical entity should be preferred.
- Agents not selected as preferred will be considered non-preferred and will require PA.
- For any new chemical entity in the Ophthalmics, Immunomodulators class, require PA until reviewed by the P&T Committee.

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Preferred Agents	Non-Preferred Agents
Restasis droperette	Cequa
	cyclosporine 0.05%
	Miebo
	Restasis Multidose
	Tryptyr
	Tyrvaya
	Verkazia 0.1%
	Vevye
	Xiidra

CONSENT AGENDA REVIEWS

For the following therapeutic classes, the P&T Committee had no recommended changes to the currently posted Preferred Drug List (PDL) status. The committee accepted the consent agenda, but made the recommendation to reevaluate the Immunomodulator, Asthma class at the January meeting.

Therapeutic Classes
• **Acne Agents, Oral** • **Acen Agents, Topical** • **Anti-Ulcer Protectants** • **Antibiotics, Topical** • **Anticholinergics and Antispasmodics** • **Antidiarrheals** • **Antiemetics and Antivertigo Agents** • **Antifungals, Topical** • **Antipsoriatics, Oral** • **Antivirals, Topical** • **Bile Salts** • **H. Pylori Treatment** • **Immunomodulators, Asthma** • **Immunomodulators, Atopic Dermatitis** • **Immunosuppressives, Oral** • **Multiple Sclerosis Agents** • **Ophthalmics, Antibiotics** • **Ophthalmics, Antibiotic-Steroid Combinations** • **Ophthalmics, Antivirals** • **Ophthalmics, Beta Blockers** • **Ophthalmics, Carbonic Anhydrase Inhibitors** • **Ophthalmics, Combinations for Glaucoma** • **Ophthalmics, Glaucoma Agents (Other)**

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Therapeutic Classes
• Ophthalmics, Mast Cell Stabilizers • Ophthalmics, Mydriatic • Ophthalmics, NSAIDs • Ophthalmics, Prostaglandin Agonists • Ophthalmics, Sympathomimetics • Otics, Anesthetics and Anti-Inflammatory • Otics, Antibiotics • Proton Pump Inhibitors • Rosacea Agents, Topical • Steroids, Topical • Ulcerative Colitis Agents

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