** Fee-For-Service Pharmacy Provider Notice #257 – May 2021 PDL Changes **

July 1, 2021

Please be advised that the Department for Medicaid Services (DMS) is making changes to the Kentucky Medicaid Fee-For-Service (FFS) Pharmacy Preferred Drug List (PDL) based on recommendations and guidance as adopted by the Commissioner of the Department for Medicaid Services of the Cabinet for Health and Family Services by order dated May 25, 2021.

The Kentucky Medicaid FFS Pharmacy and Therapeutics Advisory Committee (Committee) met on May 20, 2021. The necessary quorum was attained, and the expertise, vote, and recommendations were captured within the Committee's official recommendations. DMS, through its Commissioner, reviewed the recommendations and in consultation rendered its final decisions.

On <u>August 3, 2021</u> the following changes will be effective:

Existing Drug Classes

Drug Class	The following products will remain *preferred* products:	The following products will become *preferred* products:	The following products will become *non-preferred* products and require prior authorization (PA):	The following products will remain *non-preferred* products and require prior authorization (PA):
Narcotics: Long-Acting	fentanyl transdermal 12, 25, 50, 75, 100 mcg CC, QL morphine sulfate ER (generic MS Contin®) CC, QL	Butrans™ CC, QL tramadol ER (generic Ryzolt®, Ultram® ER) CC, AE, QL		*Belbuca™ AE, QL* *buprenorphine patch CC, QL* *ConZip™ AE, QL* *Duragesic® CC, QL* *fentanyl transdermal 37.5, 62.5, 87.5 mcg CC, QL* *hydrocodone ER QL* *hydromorphone ER QL* *Hysingla™ ER QL* *Kadian® QL* *methadone CC, QL* *morphine sulfate ER (generic Kadian®, Avinza™) QL* *MS Contin® QL* *Nucynta® ER CC, QL* *oxycodone ER QL* OxyContin® QL oxymorphone ER QL tramadol ER (generic ConZip™) AE, QL Xtampza™ ER AE, QL Zohydro ER™ QL

Drug Class	The following products will remain *preferred* products:	The following products will become *preferred* products:	The following products will become *non-preferred* products and require prior authorization (PA):	The following products will remain *non-preferred* products and require prior authorization (PA):
Narcotics: Short-Acting	codeine/APAP CC, MD, AE, QL hydrocodone/APAP CC, MD, QL hydrocodone/ibuprofen CC, MD, QL hydromorphone tablets CC, MD, QL morphine concentrate, solution, tablets CC, MD, QL oxycodone solution, tablets CC, MD, QL oxycodone/APAP CC, MD, QL tramadol 50 mg CC, MD, AE, QL	tramadol/APAP MD, AE, QL	*Nalocet CC, MD, QL*	*Apadaz™ MD, QL* *Ascomp® with codeine CC,AE, QL* *benzhydrocodone/APAP MD, QL* *butalbital/APAP/caffeine/codeine CC,AE, QL* *butalbital compound/codeine CC, AE, QL* *carisoprodol/ASA/codeine MD, AE, QL* *codeine MD, AE, QL* *Demerol™ MD, QL* *dihydrocodeine/bitartrate/APAP/caffeine MD, QL* *Dilaudid® MD, QL* *hydromorphone liquid, suppositories MD, QL* *levorphanol MD, QL* *Lorcet® MD, QL, Lorcet® HD MD, QL* *Lortab® MD, QL* *meperidine solution, tablets MD, QL* *morphine suppository MD, QL* *Norco® MD, QL* *Nucynta™ MD, QL* *Oxaydo® MD, QL* *oxycodone capsules, concentrate MD, QL* *oxycodone/ASA MD, QL* *oxymorphone MD, QL* *Percocet® MD, QL* *Roxicodone® MD, QL* *tramadol 100 mg CC, MD ,AE, QL* *Ultracet® MD,AE, QL* *Ultram® MD, AE, QL*
Narcotic Agonist/ Antagonists	N/A			*butorphanol NS* *pentazocine/naloxone QL*
Narcotics: Fentanyl Buccal Products	N/A			*Actiq® CC, QL* *fentanyl citrate lollipop CC, QL* *Fentora® CC, QL* *Subsys® CC*
Androgenic Agents	Androderm®	Androgel® Gel Pump	*testosterone gel pump*	*Androgel® Gel Packet* *Fortesta®* *Natesto™* *Testim®* *testosterone gel packet (generic Androgel®)* *testosterone (generic Axiron®, Fortesta®, Testim®, Vogelxo®)* *Vogelxo®*

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Antihyperuricemics	allopurinol probenecid probenecid/colchicine	colchicine tablets CC		*colchicine capsules* CC *Colcrys®* CC *febuxostat* QL *Gloperba®* *Mitigare®* CC *Uloric®* CC, QL *Zyloprim®*
Anti-Migraine: CGRP Inhibitors	Ajovy™ CC, AE, QL Emgality™ Pen, 120 mg/mL syringe CC, AE, QL	Ubrelvy™ CC, AE, QL	*Nurtec™ ODT* CC, AE, QL	*Aimovig™* AE, QL *Emgality™ 100 mg/mL syringe* CC, AE, QL *Reyvow®* CC,AE, QL
Anti-Migraine: 5-HT1 Receptor Agonists	rizatriptan QL rizatriptan ODT QL sumatriptan syringe, tablet, vial QL	Imitrex® nasal QL	*sumatriptan nasal spray* QL	*almotriptan* QL *Amerge®* QL *Cambia™* *eletriptan* QL *Frova™* QL *frovatriptan* QL *Imitrex® kit, vial, tablet* QL *Maxalt®* QL *Maxalt-MLT®* QL *naratriptan* QL *Onzetra™ XSail™* AE, QL *Relpax™* QL *sumatriptan kit* QL *sumatriptan/naproxen* QL *Treximet™* QL *Tosymra ™* *Zembrace™ SymTouch™* QL *zolmitriptan tablet, nasal spray* QL *zolmitriptan ODT* QL *Zomig®* QL *Zomig-ZMT®* QL
Bone Resorption Suppression and Related Agents	alendronate tablets QL ibandronate tablets QL raloxifene	teriperatide CC, QL		*Actonel®* QL *alendronate solution* QL *Atelvia™* QL *Boniva®* QL *calcitonin-salmon* *Evenity™* CC, AE, QL *Evista®* *Forteo™* CC QL *Fosamax®* QL *Fosamax Plus D™* QL *Miacalcin®* *Prolia™* *Reclast®* QL *risedronate* QL *Tymlos™* CC, AE, QL

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				zoledronic acid QL
Erythropoiesis Stimulating Proteins	Aranesp® CC Retacrit™ CC		*Epogen® CC*	*Mircera®* *Procrit®* *Reblozyl® CC, AE*
Diabetes: Alpha-Glucosidase Inhibitors	acarbose QL		*Glyset® QL*	*miglitol QL* *Precose® QL*
Diabetes: Insulins and Related Agents	Humalog® cartridge, vial and KwikPen Humalog® Junior (Jr) KwikPen® Humalog® Mix vial and KwikPen® Humulin® R vial Humulin® R U-500 vial and KwikPen® Humulin® 70/30 vial and KwikPen® Lantus® and Lantus® Solostar Levemir® and Levemir® FlexTouch® Novolog® vial, cartridge, and FlexTouch® Novolog® Mix vial and FlexPen®	insulin aspart cartridge, vial and pen insulin aspart/insulin aspart protamine pen and vial insulin lispro pen, vial and Jr. KwikPen insulin lispro/insulin lispro protamine KwikPen	*Humulin® N and Humulin® N KwikPen®*	*Admelog® and Solostar® CC* *Afrezza®* *Apidra™ vial and Solostar®* *Basaglar® KwikPen® CC* *Fiasp® vial, pen and ® FlexTouch®* *Humalog® 200 unit/mL KwikPen®* *Lyumjev™ pen and vial* *Novolin® R, N vial, pen* *Novolin® 70/30 vial, pen* *Semglee™ pen and vial* *Symlin® CC, AE* *Toujeo® Solostar® and Max Solostar®* *Tresiba® vial, FlexTouch®*
Diabetes: SGLT2 Inhibitors	Farxiga™ CC, QL Invokana® CC, QL Jardiance® CC, QL Synjardy® CC, QL	Invokamet™ CC, QL Xigduo™ XR CC, QL		*Invokamet® XR QL* *Segluromet™ QL* *Steglatro™ AE, QL* *Synjardy® XR QL*
Neuropathic Pain	duloxetine DR (generic Cymbalta®) gabapentin QL pregabalin CC, QL	Lidoderm® QL	*lidocaine 5% patch QL*	*Cymbalta®* *duloxetine (generic Irenka™)* *Drizalma Sprinkle™* *Gralise™* *Horizant®* *Lyrica® QL* *Lyrica® CR QL* *Neurontin® QL* *pregabalin ER QL* *Savella®* *ZTlido™*
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	celecoxib QL diclofenac sodium DR/EC tablets diclofenac sodium topical gel (1%)		*diclofenac sodium SR/ER*	*Arthrotec®* *Celebrex® QL* *Daypro®* *diclofenac epolamine patches* *diclofenac sodium/misoprostol*

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	ibuprofen indomethacin ketorolac tablets QL meloxicam tablets naproxen sodium tablets naproxen tablets sulindac			*diclofenac potassium* *diclofenac 1.5% topical solution* *diflunisal* *Diclofex DC* *Duexis® CC* *EC-Naproxen®* *etodolac, etodolac ER* *Feldene®* *fenoprofen* *Flector® CC* *flurbiprofen* *Indocin®* *indomethacin ER* *ketoprofen, ketoprofen ER* *ketorolac nasal spray CC* *Licart™* *meclofenamate* *mefenamic acid* *meloxicam capsules CC* *Mobic®* *nabumetone* *Nalfon®* *Naprelan® CR* *Naprosyn®* *naproxen CR/ER/DR* *naproxen suspension* *naproxen/esomeprazole QL* *oxaprozin* *Pennsaid® CC* *piroxicam* *Relafen™, Relafen™ DS* *Sprix™ CC* *tolmetin* *Vimovo™ CC, QL* *Vivlodex™ QL* *Voltaren® topical gel* *Zipsor™* *Zorvolex®*
Phosphate Binders	calcium acetate MagneBind® 400 RX Phoslyra™	Renvela™	*sevelamer carbonate tablets*	*Auryxia™* *Fosrenol®* *lanthanum carbonate* *Renagel®* *sevelamer carbonate powder packets* *sevelamer hydrochloride* *Velphoro®*

New Products to Market

Drugs Requiring PA	Criteria for Prior Authorization
Vocabria™	Non-prefer in the PDL class: *Antiretrovirals: HIV/AIDS* **Length of Authorization:** 30 Days • Vocabria (cabotegravir) is human immunodeficiency virus type-1 (HIV-1) integrase strand transfer inhibitor (INSTI) indicated to be used in combination with oral rilpivirine (Edurant®) for the short-term treatment of HIV-1 infection in adults who are virologically suppressed with an HIV-1 RNA level <50 copies/mL on a stable antiretroviral regimen and no history of treatment failure or known or suspected resistance to cabotegravir or rilpivirine. Vocabria is indicated for use in combination with oral rilpivirine as: 1) oral lead-in to assess tolerability of cabotegravir prior to administration of the injectable extended-release formulations of cabotegravir/rilpivirine; and 2) oral therapy for patients who plan to miss a dose of their cabotegravir/rilpivirine injection. **Criteria for Approval**: • Patient has a diagnosis of human immunodeficiency virus type 1 (HIV-1) infection; AND • Patient is virologically suppressed with HIV-RNA < 50 copies/mL and is on a stable antiretroviral regimen; AND • Patient has no history of treatment failure or known or suspected resistance to cabotegravir or rilpivirine; AND • Patient has not had a previous hypersensitivity reaction to cabotegravir or rilpivirine; AND • Patient will take rilpivirine concomitantly for 28 days; AND • Patient will be using cabotegravir as: ○ Oral lead-in to assess tolerability of cabotegravir prior to administration of the injectable extended-release formulations of cabotegravir/rilpivirine; OR ○ Oral therapy for patients who plan to miss a dose of their cabotegravir/rilpivirine injection. • Patient will NOT receive concomitant therapy with ANY of the following medications that can result in significant decreases of cabotegravir and/or rilpivirine; AND ○ Carbamazepine ○ Oxcarbazepine ○ Phenobarbital ○ Phenytoin ○ Rifabutin ○ Rifampin ○ Rifapentine ○ Dexamethasone (more than a single-dose treatment) ○ St. John's wort • Prescribed by or in consultation with an infectious disease specialist or HIV specialist.

Drugs Requiring PA	Criteria for Prior Authorization
	Age Limit: ≥ 18 years **Quantity Limit**: 1 per day
Verquvo®	**Length of Authorization:** 1 year • Verquvo® (vericiguat), a soluble guanylate cyclase (sGC) stimulator, is indicated to reduce the risk of cardiovascular (CV) death and heart failure (HF) hospitalization following a hospitalization for HF or need for outpatient intravenous (IV) diuretics, in adults with symptomatic chronic HF and ejection fraction (EF) < 45% (HF with reduced EF [HFrEF]. **Criteria for Approval**: • Patient has a diagnosis of heart failure; AND • Patient's ejection fraction is < 45%; AND • Patient meets ≥ 1 of the following criteria: o Patient has required the use of intravenous diuretics as an outpatient in the past 3 months; OR o Patient was recently hospitalized for heart failure (within the last 6 months); AND • Patient is on guideline-directed therapy for heart failure, unless contraindicated (e.g., beta-blocker, angiotensin-converting enzyme [ACE] inhibitor or angiotensin II receptor blockers [ARB], and mineralocorticoid receptor antagonists/aldosterone antagonists); AND • Patient is NOT taking another soluble guanylate cyclase (sGC) stimulator or phosphodiesterase-5 (PDE-5) inhibitor; AND • If patient is of childbearing potential, patient is NOT pregnant AND is using contraception. **Renewal Criteria** • Patient continues to meet above criteria; AND • Prescriber attestation that patient is responding positively to treatment (e.g., symptom improvement, slowing of decline); AND • Patient has NOT experienced treatment-limiting adverse effects (e.g., symptomatic hypotension). **Age Limit**: ≥ 18 years **Quantity Limit**: 1 per day *This product will be brought back to the Committee in 6 months for re-review to ensure that criteria and utilization is appropriate.

Consent Agenda

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

- Colony Stimulating Factors
- Glucagon Agents
- Glucocorticoids, Oral (Oral Steroids)
- Growth Hormone
- Hypoglycemics, Incretin Mimetics/Enhancers
    - Diabetes: DPP-4 Inhibitors
    - Diabetes: GLP-1 Receptor Agonists
- Hypoglycemics, Meglitinides (Diabetes: Meglitinides)
- Hypoglycemics, Metformins (Diabetes: Metformins)
- Hypoglycemics, Sulfonylureas (Diabetes: Sulfonylureas)
- Hypoglycemics, Thiazolidinediones (TZD) (Diabetes: Thiazolidinediones)
- Pancreatic Enzymes
- Progestins for Cachexia
- Skeletal Muscle Relaxants
- Thrombopoiesis Stimulating Proteins (thrombopoiesis Stimulating 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 May 20, 2021 posted on the provider web portal at: https://kentucky.magellanmedicaid.com(by clicking the Provider/Resources/Documents/Committees/P&T tabs).

Thank you for helping Kentucky Medicaid members maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible. Please contact Magellan Medicaid Administration at kyproviders@magellanhealth.com for any additional information or questions you may have.

Sincerely,

ShaLeigh Hammons, CPhT

ShaLeigh Hammons, CPhT
Account Manager I
kyproviders@magellanhealth.com

Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information		
Clinical Support Center	1-800-477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request. **NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Synagis®, and Zyvox®.**

Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information		
Pharmacy Support Center	1-800-432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center.
Provider Services	1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m.	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
Member Services	1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m.	Please contact Member Services if you are a member or if you as the provider have questions regarding the member's benefits or eligibility coverage dates.