

****Fee-For-Service Pharmacy Provider Notice #263– November 2021 PDL and OTC List Changes****

January 3, 2022

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 November 18, 2021.

The Kentucky Medicaid FFS Pharmacy and Therapeutics Advisory Committee (Committee) met on November 18, 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 February 3, 2022 the following changes will be effective:

Existing Drug Classes

Drug Class	The following products will remain <i>preferred</i> products:	The following products will become <i>preferred</i> products:	The following products will become <i>non-preferred</i> products and require prior authorization (PA):	The following products will remain <i>non-preferred</i> products and require prior authorization (PA):
Diabetes: DPP-4 Inhibitors	Glyxambi [®] CC, QL Janumet [™] CC, QL Janumet XR [™] CC, QL Januvia [™] CC, QL Jentadueto [™] CC, QL Tradjenta [™] CC, QL	Jentadueto [®] XR CC, QL		alogliptin ^{QL} alogliptin/metformin ^{QL} alogliptin/pioglitazone ^{QL} Kazano [®] QL Kombiglyze [™] XR ^{QL} Nesina [®] QL Onglyza [™] QL Oseni [®] QL Qtern [®] QL Steglujan [™] AE, QL Trijardy [®] XR ^{QL}
Diabetes: GLP-1 Receptor Agonists	Byetta [®] CC, QL Bydureon [®] Pen CC, QL Victoza [®] CC, QL	Ozempic [®] CC, AE, QL	Trulicity [™] CC, QL	Adlyxin [™] AE, QL Bydureon [®] BCise [™] Rybelsus [®] AE, QL Soliqua [™] CC, AE, QL Xultophy [®] CC, AE, QL
Pulmonary Arterial Hypertension (PAH) Agents	Alyq [®] CC, QL ambrisentan ^{CC} sildenafil ^{CC} tadalafil ^{CC, QL} Tracleer [®] tablets ^{CC} Ventavis [®] CC			Adcirca [™] QL Adepas [®] bosentan tablets Letairis [™] Opsumit [®] Orenitram ER [™] Revatio [™]

Drug Class	The following products will remain <i>preferred</i> products:	The following products will become <i>preferred</i> products:	The following products will become <i>non-preferred</i> products and require prior authorization (PA):	The following products will remain <i>non-preferred</i> products and require prior authorization (PA):
				<p>Tracleer[®] 32 mg tablets for suspension^{CC} Tyvaso[™] Uptravi[®] QL</p>
<p>Topical Acne Agents</p>	<p>Clindacin[®] P[™] clindamycin gel, medicated swab (pledget), solution clindamycin/benzoyl peroxide (generic BenzaClin[®] or Duac[®]; excluding pumps) erythromycin solution erythromycin/benzoyl peroxide Neuac[®] gel Retin-A[®] cream, gel selenium sulfide</p>	<p>Differin[®] gel pump</p> <p>Pharmacies are asked to proactively order branded Differin gel pump for Medicaid members.</p>	<p>adapalene gel</p>	<p>Acanya[™] Aczone[™] adapalene cream, gel pump, gel adapalene/benzoyl peroxide Akliel[®] AE Altreno[™] Amzeeq[™] Arazlo[™] Atralin[™] Avar[™], Avar E[™], Avar E LS[™], Avar LS[™] Avita[®] BenzaClin[®] Benzamycin[®] BP 10-1[®] BP Cleansing Wash[™] BPO[®] Cleocin-T[®] Clindacin[®] ETZ Clindacin PAC[™] Clindagel[®] clindamycin foam, lotion clindamycin phosphate EQ 1% gel (Generic Clindagel[®]) clindamycin/benzoyl peroxide (Generic Acanya[™]) clindamycin/benzoyl peroxide gel pump clindamycin/tretinoin dapsone Differin[®] cream, lotion Epiduo[™], Epiduo Forte[™] Ery[®] Erygel[®] erythromycin gel, medicated swab Evoclin[®] Fabior[®]</p>

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				Klaron® Neuac® Kit Onexton™ Ovace®, Ovace Plus® Pacnex® HP Pacnex® LP Retin-A Micro® Rosanil® Rosula® sulfacetamide sodium sulfacetamide sodium sulfacetamide/sulfur SSS 10-5® sulfacetamide sodium sulfacetamide/sulfur sulfacetamide/sulfur/urea Sumadan™, Sumadan™ XLT Sumaxin®, Sumaxin® CP, Sumaxin® TS Tazorac® tazarotene Tretin-X™ tretinoin tretinoin microsphere Veltin® Ziana™
Oral Psoriasis Agents	acitretin			methoxsalen Oxsoalean-Ultra® Soriatane®
Topical Psoriasis Agents	calcipotriene ointment, solution salicylic acid urea	Dovonex® Pharmacies are asked to proactively order branded Dovonex for Medicaid members.	calcipotriene cream	Bensal HP® calcipotriene foam calcipotriene/betamethasone calcitriol ointment Duobrii™ Enstilar® MD, AE KeraFoam™ Salex™ Sorilux™ Taclonex® Uramaxin® Uramaxin® GT Vectical™
Topical Steroids	alclometasone dipropionate Anusol® HC betamethasone dipropionate cream,		hydrocortisone valerate cream	amcinonide Ana-Lex™ ApexiCon E® Aqua Glycolic HC®

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	lotion betamethasone dipropionate (augmented) cream betamethasone valerate cream, ointment clobetasol propionate cream, gel, ointment, shampoo, solution Clodan [®] shampoo Derma-Smoothe/FS [®] desonide cream, ointment fluocinonide solution fluticasone propionate cream, ointment halobetasol propionate cream, ointment hydrocortisone cream, gel, lotion, ointment mometasone furoate cream, ointment, solution Procto-Med HC TM Procto-Pak TM Protosol-HC [®] Proctozone-HC TM triamcinolone acetonide cream, lotion, ointment			Beser TM betamethasone dipropionate ointment betamethasone dipropionate augmented ointment, lotion, gel betamethasone valerate foam, lotion Bryhali TM Capex [®] Shampoo clobetasol emollient clobetasol propionate foam, lotion, spray Clobetex [®] Kit Clobex [®] clocortolone Clodan [®] kit Cloderm [®] Cutivate [®] Desonate [®] desonide gel, lotion desoximetasone diflorasone diacetate Diprolene [®] fluocinolone acetonide oil, cream ointment, solution fluocinonide emollient fluocinonide cream, gel, ointment flurandrenolide fluticasone propionate lotion halcinonide cream halobetasol propionate foam Halog [®] hydrocortisone butyrate hydrocortisone butyrate/emollient hydrocortisone valerate ointment Impeklo TM Kenalog [®] Lexette Lidocort TM Locoid [®] Locoid Lipocream [®]

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				<p>Luxiq[®] Olux[®], Olux-E[®] Pandel[®] prednicarbate Proctocort[®] Psorcon[®] SanadermTM Rx SernivoTM Synalar[®], Synalar[®] TS Temovate[®] Texacort[®] Topicort[®] TovetTM triamcinolone acetonide spray Trianex[®] Ultravate VanosTM</p>
Cytokine and CAM Antagonists	<p>Cosentyx[®] CC, QL Enbrel[®] CC, QL Humira[®] CC, QL</p>	<p>Otezla[®] CC, QL</p>		<p>Actemra[®] CC, QL Cimzia[®] CC, QL EnspryngTM CC, AE, QL IlumyaTM CC, AE, QL Kevzara[®] CC, AE, QL Kineret[®] CC, QL Olumiant[®] CC, AE, QL Orencia[®] CC, QL RinvoqTM CC, QL SiliqTM CC, AE, QL SimponiTM CC, QL SkyriziTM CC, AE, QL StelaraTM CC, QL Taltz[®] CC, QL TremfyaTM CC, AE, QL Xeljanz[®] CC, QL Xeljanz[®] XR CC, QL</p>
Ophthalmic Beta Blockers	<p>levobunolol timolol maleate (except preservative-free)</p>			<p>betaxolol Betimol[®] Betoptic S[®] carteolol Istalol[®] metipranolol timolol maleate once daily (generic Istalol[®]) timolol PF (preservative-free) Timoptic[®] Timoptic XE[®]</p>
Ophthalmic	<p>dorzolamide</p>			<p>Azopt[®]</p>

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Carbonic Anhydrase Inhibitors				brinzolamide Trusopt®
Ophthalmic Combinations for Glaucoma	Combigan™ dorzolamide/timolol (except preservative-free) Simbrinza™			Cosopt® Cosopt PF® dorzolamide/brimonidine (preservative-free) dorzolamide/timolol PF (preservative-free)
Ophthalmic Prostaglandin Agonists	latanoprost ^{QL}			bimatoprost ^{QL} Lumigan® ^{QL} Travatan Z® travoprost Vyzulta™ ^{AE, QL} Xalatan® ^{QL} Xelpros™ Zioptan® ^{QL}
Ophthalmic Sympathomimetics	Alphagan P® 0.15% brimonidine 0.2%			Alphagan P® 0.1% apraclonidine brimonidine 0.15% lopidine®
Ophthalmics, Glaucoma Agents (Other)	Rhopressa® ^{CC, AE, QL} Rocklatan™ ^{CC, AE, QL}		Phospholine iodide	Isopto Carpine® Pilocarpine Vuity™

New Products to Market

Drugs Requiring PA	Criteria for Prior Authorization
Brexafemme®	<p>Non-prefer in the PDL class: <i>Antifungals: Oral</i></p> <p>Length of Authorization: Date of Service</p> <ul style="list-style-type: none"> Ibrexafungerp (Brexafemme) is a triterpenoid antifungal indicated for the treatment of adult and post-menarchal pediatric females with vulvovaginal candidiasis (VVC). <p>Criteria for Approval:</p> <ul style="list-style-type: none"> Patient is post-menarchal female; AND Diagnosis of vulvovaginal candidiasis (VVC); AND Females of reproductive potential must have negative pregnancy test; AND Patient must have an adequate trial and failure, contraindication, resistance, or intolerance of at least single dose 150 mg oral fluconazole. <p>Renewal Criteria:</p> <ul style="list-style-type: none"> Coverage is not renewable.

Drugs Requiring PA	Criteria for Prior Authorization
	<p>Quantity Limit:</p> <ul style="list-style-type: none"> 4 tablets per fill
<p>Kerendia[®]</p>	<p>Non-PDL drug class agent requiring PA</p> <p>Length of Authorization: 1 year</p> <ul style="list-style-type: none"> Kerendia[®] (finerenone) is a non-steroidal mineralocorticoid receptor antagonist (MRA) indicated to reduce the risk of sustained estimated glomerular filtration rate (eGFR) decline, end stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease (CKD) associated with type 2 diabetes (T2D). <p>Criteria for Approval</p> <p>Initial Approval Criteria</p> <ul style="list-style-type: none"> Patient has a diagnosis of type 2 diabetes; AND Patient has a diagnosis of chronic kidney disease (CKD); AND Patient has eGFR \geq 25 mL/min/1.73 m²; AND Patient must NOT be concomitantly receiving strong CYP3A4 inhibitors; AND Patient must NOT have adrenal insufficiency; AND Patient must NOT have severe hepatic impairment (Child Pugh C); AND Serum potassium is \leq 5 mEq/L. <p>Renewal Criteria</p> <ul style="list-style-type: none"> Patient must continue to meet the above criteria; AND Patient must have disease improvement and/or stabilization OR improvement in the slope of decline (based on UACR or eGFR); AND Patient has NOT experienced any treatment-restricting adverse effects (e.g., hyperkalemia). <p>Age Limit: \geq 18 years</p> <p>Quantity Limit: 1 per day</p>
<p>Verquvo[®]</p>	<p>Non-PDL drug class agent requiring PA</p> <p>Length of Authorization: 1 year</p> <ul style="list-style-type: none"> 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]). <p>Criteria for Approval</p> <p>Initial Approval Criteria</p> <ul style="list-style-type: none"> Patient has a diagnosis of heart failure; AND Patient's ejection fraction is $<$ 45%; AND

Drugs Requiring PA	Criteria for Prior Authorization
	<ul style="list-style-type: none"> • Patient meets ≥ 1 of the following criteria: <ul style="list-style-type: none"> ○ Patient has required the use of intravenous diuretics as an outpatient in the past 3 months, OR ○ 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. <p>Renewal Criteria</p> <ul style="list-style-type: none"> • 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). <p>Age Limit: ≥ 18 years Quantity Limit: 1 per day</p>

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.

<ul style="list-style-type: none"> • Acne Agents, Oral • Antibiotics, Topical • Antifungals, Topical • Antiparasitics, Topical • Antivirals, Topical • Rosacea Agents, Topical • Antiemetics & Antivertigo Agents <ul style="list-style-type: none"> ○ Anti-Emetics: Other ○ Oral Anti-Emetics: 5-HT3 Antagonists ○ Oral Anti-Emetics: NK-1 Antagonists ○ Oral Anti-Emetics: Δ-9-THC Derivatives • Antispasmodics/Anticholinergics • Antidiarrheals 	<ul style="list-style-type: none"> • Multiple Sclerosis Agents • Spinal Muscular Atrophy • Ophthalmics, Allergic Conjunctivitis <ul style="list-style-type: none"> ○ Ophthalmic Antihistamines ○ Ophthalmic Mast Cells Stabilizers • Ophthalmics, Anti-inflammatories <ul style="list-style-type: none"> ○ Ophthalmic NSAIDs ○ Ophthalmic Anti-inflammatory Steroids • Ophthalmics, Antibiotics-Steroid Combinations • Ophthalmics, Antibiotics <ul style="list-style-type: none"> ○ Ophthalmic Quinolones ○ Ophthalmic Antibiotics, Non-Quinolones
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<ul style="list-style-type: none"> • Anti-Ulcer Protectants • Bile Salts • GI Motility Agents • H. pylori Treatment • Histamine II Receptor Blockers <ul style="list-style-type: none"> ○ H2Receptor Antagonists • Laxatives and Cathartics • Proton Pump Inhibitors • Ulcerative Colitis Agents • Immunomodulators, Atopic Dermatitis • Immunosuppressives, Oral <ul style="list-style-type: none"> ○ Immunosuppressants 	<ul style="list-style-type: none"> • Ophthalmics, Antivirals • Ophthalmic Immunomodulators • Ophthalmics, Mydriatics & Mydriatic Combinations • Ophthalmic Vasoconstrictors • Otic Antibiotics • Otics, Anti-Inflammatories <ul style="list-style-type: none"> ○ Otic Anesthetics and Anti-Inflammatories
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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 November 18, 2021 posted on the provider web portal at: <https://kentucky.magellanmedicaid.com> (by clicking the Provider/Resources/Documents/Committees/P&T tabs).

OTC List Changes

The Department for Medicaid Services (DMS) will make updates to the Over-the-Counter (OTC) Drug list for both Fee-For-Service (FFS) and the Managed Care Organizations (MCOs). The following is a summary of the additions to the list.

Label Name	NDC
BD 3 ML SYRINGE 25GX1"	08290-3095-81
BD LUER-LOK SYR 3 ML 25GX5/8"	08290-3095-70
BD 3 ML SYRINGE WITH NEEDLE	08290-3095-71
BD 3 ML SYRINGE WITH NEEDLE	08290-3095-72
BD NEEDLES 18GX1"	08290-3051-95
BD 3 ML SYRINGE WITH NEEDLE	08290-3095-74
BD TB SYRINGE 27GX1/2"	08290-3096-23
BD 3 ML SYRINGE WITH NEEDLE	08290-3095-88
BD ALLERGY SYRINGE-NEEDLE 1 ML	08290-3055-00
BD 3 ML SYRINGE WITH NEEDLE	08290-3095-75
BD TB SYRINGE 25GX5/8"	08290-3096-26



To review the complete summary of covered OTC products please refer to the “Over-the-Counter Drug List” located on the provider web portal at: <https://kentucky.magellanmedicaid.com> (by clicking the Provider/Resources/Documents/Drug Info/Over-the-Counter Drug List). As a reminder, only rebateable products on the OTC list are covered. Any product that is not on the list, will NOT be covered.

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

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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.
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.