Kentucky Department for Medicaid Services
Drug Review and Options for Consideration

The following tables list the Agenda items as well as the Options for Consideration that are scheduled to be presented and reviewed at the **May 20, 2021** meeting of the Pharmacy and Therapeutics Advisory Committee.

Single Agent Reviews	Options for Consideration

New Product to Market:
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

Single Agent Reviews	Options for Consideration
	○ Dexamethasone (more than a single-dose treatment) ○ St. John's wort • Prescribed by or in consultation with an infectious disease specialist or HIV specialist. **Age Limit**: ≥ 18 years **Quantity Limit**: 1 per day
New Product to Market: **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:** **Initial Approval Criteria** • Patient has a diagnosis of heart failure; **AND** • Patient's ejection fraction is < 45%; **AND** • Patient meets ≥ 1 of the following criteria: ○ 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. **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

Full Class Reviews	Options for Consideration
Analgesics, Narcotics Long **(Narcotics: Long-Acting)**	**Narcotics: Long-Acting** • DMS to select preferred agent(s) based on economic evaluation; however, at least one long-acting form of morphine and transdermal fentanyl should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Narcotics: Long-Acting* class, require PA until reviewed by the P&T Advisory Committee.
Analgesics, Narcotics Short **(Narcotics: Short-Acting; Narcotic Agonist/Antagonists; Narcotics: Fentanyl Buccal Products)**	**Narcotics: Short-Acting** • DMS to select preferred agent(s) based on economic evaluation; however, at least six unique chemical entities should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Narcotics: Short-Acting* class, require PA until reviewed by the P&T Advisory Committee. **Narcotic Agonist/Antagonists** • DMS to select preferred agent(s) based on economic evaluation. • Agents not selected as preferred will be considered non-preferred and will require PA. • For any new chemical entity in the *Narcotic Agonist/Antagonists* class, require PA until reviewed by the P&T Committee. **Narcotics: Fentanyl Buccal Products** • DMS to select preferred agent(s) based on economic evaluation. • Agents not selected as preferred will be considered non-preferred and will require PA. • For any new chemical entity in the *Narcotics: Fentanyl Buccal Products* class, require PA until reviewed by the P&T Committee.
Androgenic Agents	**Androgenic Agents** • DMS to select preferred agent (s) based on economic evaluation; however, at least one topical formulation of testosterone should be preferred. • Agents not selected as preferred will be considered non preferred and require PA. • For any new chemical entity in the *Androgenic Agents* class, require a PA until reviewed by the P&T Advisory Committee.
Antihyperuricemics	**Antihyperuricemics** • DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities, one of which is allopurinol, should be preferred. • Agents not selected as preferred will be considered non preferred and require PA. • For any new chemical entity in the *Antihyperuricemics* class, require a PA until reviewed by the P&T Advisory Committee.

Full Class Reviews	Options for Consideration
Antimigraine Agents, Other **(Antimigraine Agents, CGRP Inhibitors)**	**Antimigraine Agents, CGRP Inhibitors** • DMS to select preferred agent (s) based on economic evaluation. • Agents not selected as preferred will be considered non preferred and require PA. • For any new chemical entity in the *Antimigraine Agents, CGRP Inhibitors* class, require a PA until reviewed by the P&T Advisory Committee.
Antimigraine Agents, Triptans **(Antimigraine: 5-HT1 Receptor Agonists)**	**Antimigraine: 5-HT1 Receptor Agonists** • DMS to select preferred agent (s) based on economic evaluation; however, at least one unique chemical entity should be preferred. At least one non-oral dosage form should be preferred. • Agents not selected as preferred will be considered non-preferred and will require Prior Authorization. • For any new chemical entity in the *Antimigraine: 5-HT1 Receptor Agonists* class, require a PA until reviewed by the P&T Advisory Committee.
Bone Resorption Suppression and Related Agents	**Bone Resorption Suppression and Related Agents** • 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 require PA. • For any new chemical entity in the *Bone Resorption Suppression and Related Agents* class, require PA until reviewed by the P&T Advisory Committee.
Erythropoiesis Stimulating Proteins	**Erythropoiesis Stimulating Proteins** • DMS to select preferred agent(s) based on economic evaluation; however, at least one unique chemical entity should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Erythropoiesis Stimulating Proteins* class, require PA until reviewed by the P&T Advisory Committee.
Hypoglycemics, Alpha-Glucosidase Inhibitors **(Diabetes: Alpha-Glucosidase Inhibitors)**	**Diabetes: Alpha-Glucosidase Inhibitors** • DMS to select preferred agent (s) based on economic evaluation; however, at least one 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 *Diabetes: Alpha-Glucosidase Inhibitors* class, require a PA until reviewed by the P&T Advisory Committee.
Hypoglycemics, Insulin and Related Agents **(Diabetes: Insulins and Related Agents)**	**Diabetes: Insulins and Related Agents** • DMS to select preferred agent(s) based on economic evaluation; however, at least one insulin of each type (short, intermediate, long) should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Diabetes: Insulins and Related Agents* class, require PA until reviewed by the P&T Advisory Committee.

Full Class Reviews	Options for Consideration
Hypoglycemics, SGLT2 Inhibitors **(Diabetes: SGLT2 Inhibitors)**	**Diabetes: SGLT2 Inhibitors** • DMS to select preferred agent(s) based on economic evaluation; however, at least one 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 *Diabetes: SGLT2 Inhibitors* class, require PA until reviewed by the P&T Committee.
Neuropathic Pain	**Neuropathic Pain** • DMS to select preferred agent(s) based on economic evaluation; however, at least two unique chemical entities should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Neuropathic Pain* class, require PA until reviewed by the P&T Advisory Committee.
NSAIDs **(Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)**	**Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)** • DMS to select preferred agent(s) based upon economic evaluation; however, at least six 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 *Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)* class, should require PA until reviewed by the P&T Advisory Committee.
Phosphate Binders	**Phosphate Binders** • DMS to select preferred agent(s) based on economic evaluation; however, at least two unique chemical entities, one of which should be a calcium-based phosphate binder, should be preferred. • Agents not selected as preferred will be considered non-preferred and require PA. • For any new chemical entity in the *Phosphate Binders* class, require a PA until reviewed by the P&T Advisory Committee.

Consent Agenda	Options for Consideration
For the following therapeutic classes, there are **no recommended changes to the Preferred Drug List (PDL) status**; these may be voted on as a group:	

• 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)