Kentucky Department for Medicaid Services
Pharmacy and Therapeutics Advisory Committee Recommendations

The following chart provides a summary of the official recommendations made by the Pharmacy and Therapeutics (P&T) Advisory Committee at the **May 20, 2021** meeting.

Pending is the review by the Commissioner of the Department for Medicaid Services of the Cabinet for Health and Family Services of these recommendations and final decisions.

	Description of Recommendation	P & T Vote
1	**New Product to Market: Vocabria™** **Non-preferred 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: o Oral lead-in to assess tolerability of cabotegravir prior to administration of the injectable extended-release formulations of cabotegravir/rilpivirine; OR o 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** o Carbamazepine o Oxcarbazepine o Phenobarbital o Phenytoin o Rifabutin	**Passed** 9 For 0 Against

	Description of Recommendation	P & T Vote
	○ 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. **Age Limit:** ≥ 18 years **Quantity Limit:** 1 per day	
2	**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 This product should be brought back to the Committee in 6 months for re-review to ensure that criteria and utilization is appropriate.	**Passed** 9 For 0 Against
3	**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.	**Passed** 9 For 0 Against

	Description of Recommendation	P & T Vote
4	**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.	**Passed** 9 For 0 Against
5	**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.	**Passed** 9 For 0 Against
6	**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.	**Passed** 9 For 0 Against
7	**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.	**Passed** 9 For 0 Against
8	**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.	**Passed** 9 For 0 Against
9	**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.	**Passed** 9 For 0 Against
10	**Erythropoiesis Stimulating Proteins** • DMS to select preferred agent(s) based on economic evaluation; however, at least	**Passed** 9 For

	Description of Recommendation	P & T Vote
	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.	0 Against
11	**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.	**Passed** 9 For 0 Against
12	**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.	**Passed** 9 For 0 Against
13	**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 Advisory Committee.	**Passed** 9 For 0 Against
14	**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.	**Passed** 9 For 0 Against
15	**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.	**Passed** 9 For 0 Against
16	**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.	**Passed** 9 For 0 Against

Consent Agenda

For the following therapeutic classes, the P&T Committee had no recommended changes to the currently posted Preferred Drug List (PDL) status.

	Therapeutic Classes	P & T Vote

6	• Colony Stimulating Factors
	• Glucagon Agents
	• Glucocorticoids, Oral (Oral Steroids)
	• Growth Hormone
	• Hypoglycemics, Incretin Mimetics/Enhancers
	  ○ Diabetes: DPP-4 Inhibitors
	  ○ Diabetes: GLP-1 Receptor Agonists
	  This class should be brought back to the Committee for re-review in 6 months.
	• 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)
		Passed
		9 For
		0 Against