



DATE: March 15, 2025

TO: Commonwealth of Kentucky Medicaid Prescriber Network

FROM: MedImpact Healthcare Systems

Subject: Kentucky Medicaid Provider Notice –Preferred Drug List (PDL) Updates from January P&T, effective 4/15/2025

This is a summary of the final Preferred Drug List (PDL) selections made by the Commissioner of 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 January 28, 2025, and the resulting official recommendations.

For a full list of preferred agents, please refer to the Kentucky Medicaid Pharmacy Program Single Preferred Drug List (PDL).

The following medications will move from **non-preferred to preferred**:

Drug Class	Preferred Agent
Antibiotics: Gastrointestinal	vancomycin solution
Antibiotics: Vaginal	clindamycin vaginal 2% cream
Antibiotics: Penicillins	Amoxicillin/clavulanate chewable tablet
Antibiotics: Sulfonamides, Folate Antagonists	Sulfatrim suspension
Antifungal, Oral	ketoconazole
Hepatitis C Agents: Interferons and Ribavirins	Pegasys vial
Chronic Obstructive Pulmonary Disease (COPD) Agents	Breztri Aerosphere roflumilast tablet
Epinephrine, Self-Injectable	epinephrine 0.3mg autoinjector (all manufacturers) epinephrine 0.15 mg autoinjector (all manufacturers)
Glucocorticoids, inhaled	Pulmicort Flexhaler



The following medications will move from **preferred to non-preferred**. All non-preferred agents will **require a PA**. Please consider an alternative preferred agent:

Drug Class	Non-Preferred Agent	Preferred Agents
Antibiotics, Gastrointestinal:	Firvanq	metronidazole 250mg, 500mg tablet neomycin tinidazole vancomycin capsule, solution Xifaxan
Antibiotics: Vaginal	Clindesse vaginal cream	Cleocin Ovule Clindamycin vaginal 2% cream metronidazole vaginal 0.75% gel Nuversa gel

The following medications are new to market and will **require a PA**:

Drug Class	Drug Name	PDL Status	Preferred Alternatives
Central Nervous System: Antipsychotics, Second Generation (Atypical) and Injectable	Cobenfy	Non-preferred	aripiprazole tablets asenapine clozapine tablets lurasidone quetiapine quetiapine ER risperidone Vraylar ziprasidone capsules Abilify Maintena Aristada ER Aristada Initio flupenazine decanoate Geodon injection haloperidol decanoate haloperidol lactate Invega Sustenna olanzapine ODT, tablet olanzapine vial Perseris ER Risperdal Consta
Gastrointestinal, Bile Salts	Livdelzi	Non-Preferred	Ursodiol capsule, tablet



Central Nervous System- Parkinson’s Disease (Antiparkinson’s Agents)	Vyalev	Non-Preferred	amantadine capsule, solution, tablet benztropine mesylate tablet carbidopa/levodopa tablet, ER tablet, ODT carbidopa/levodopa/entacapone tablet entacapone tablet selegiline capsule, tablet trihexyphenidyl solution, tablet
Immunomodulators: Atopic Dermatitis	Ebglyss Nemluvio	Non-Preferred	Adbry autoinjector, syringe Dupixent pen, syringe Eucrisa Opzelura cream pimecrolimus cream tacrolimus ointment
Ophthalmic antiparasitic	Xdemvy	Non-PDL	n/a
Parathyroid hormone analog	Yorvipath	Non-PDL	n/a
Muscular Dystrophy Agents	Duvyzat	Non-Preferred	Emflaza suspension, tablet
Self-injectable Epinephrine	Neffy	Non-Preferred	Epinephrine 0.3 mg autoinjector (all manufacturers) Epinephrine 0.15mg autoinjector (all manufacturers) EpiPen EpiPen Jr
Lysosomal Storage Disorder Agents: Niemann-Pick disease, type C (NPC) agents	Miplyffa Aqneursa	Non-PDL	n/a

What can you do now?

If you are considering a non-preferred medication for your patient, there may be other medicines on our Preferred Drug List (PDL) that your patient can take instead. You can visit the MedImpact provider portal (<https://kyportal.medimpact.com>) to:

- View the Preferred Drug List (PDL) for alternative options.
- Initiate a prior authorization for your patient if a nonpreferred medication is required.

Thank you for being a valued Kentucky Medicaid provider. For any additional questions, please contact the MedImpact Pharmacy Services team at 1-800-210-7628.