

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
2018 PREFERRED DRUG LIST REVIEW PANEL MEETING
THURSDAY OCTOBER 11, 2018 12:30PM - 4:30PM
THE STATE LIBRARY BUILDING
109 EAST JONES STREET
RALEIGH, NC 27601**

I. WELCOME AND INTRODUCTIONS

Facilitator, Krista Kness, NC Medicaid Pharmacist, opened the meeting by welcoming attendees to the meeting and thanked the panel members for making themselves available to participate in the review process. Mrs. Kness recognized new NC Medicaid staff - Blake Cook, Pharmacist, Outpatient Pharmacy Manager and Raschaunda McDonald, Administrative Assistant Outpatient Pharmacy Program.

Mrs. Kness provided the procedural instructions for the meeting. For each drug class reviewed, the proposed changes would be stated, followed by a summary of the public comments and announcement of registered speakers. After the speakers, the Panel may make comments, ask questions, recommend any changes to the proposed updates, and conclude each class discussion with a motion and vote to approve. Speakers were asked to focus their presentation on evidenced-based clinical information about the product during their three-minute time allotment. Each speaker was asked to state if they were compensated by any entity to speak at the meeting. Mrs. Kness noted that all recommended updates to the Preferred Drug List (PDL) as well as all off cycle updates, have been reviewed by the Pharmacy and Therapeutics Committee and the Physicians Advisory Group in accordance with legislation are highlighted in the PDL.

Members of the PDL Review Panel were asked to introduce themselves.

- Mr. John Stancil, Pharmacist, Pharmacy Director, representing Division of Health Benefits
- Dr. Lawrence Greenblatt, Physician, representing N.C. Physician Advisory Group Pharmacy and Therapeutics Committee
- Dr. Seung Kim, Physician, representing Old North State Medical Society
- Dr. Ann McGee, Pharmacist, representing Hospital-Based Pharmacy
- Dr. Casey Johnson, Pharmacist, representing N.C. Association of Pharmacists
- Dr. Anna Miller-Fitzwater, Physician, representing N.C. Pediatric Society
- Dr. Theodore Zarzar, Physician, representing N.C. Psychiatric Association
- Dr. Duncan Vincent, N.C. Chapter of the American College of Physicians
- Mr. Tracy Furguele, Pharmacist, Research-Based Pharmaceutical Company

Mr. Stancil, NC Medicaid Pharmacy Director made opening comments. The audience was thanked for attending the meeting and the Panel members for their service. He recognized Panel members for being active Medicaid providers caring for Medicaid beneficiaries. The current panel will serve through 2020.

Mr. Stancil provided information on the legislation that mandated the NC Department of Health and Human Services (DHHS) to establish the PDL and the PDL Review Panel. Mr. Stancil reported that NC Medicaid provides an annual PDL report that evaluates the overall impact of the State's PDL and the supplemental rebate program, which is enforced by clinical prior authorization criteria. From SYF 2011 through SFY 2016, more than \$775 million (266.1 million State dollars) have been saved with no significant differences in use of medical services when comparing beneficiaries impacted by the PDL program to those not impacted by the PDL program for some of the most commonly used therapeutic drug categories. NC Medicaid is part of a multi-state purchasing pool that allows the opportunity for lower drug cost through negotiation of supplemental drug rebates. In SFY 2018, federal and supplemental drug rebates represented nearly 63 cents of every dollar spent on drugs.

Mr. Stancil reported that the Medicaid program is transitioning from fee for service to managed care and that legislation mandates a single state formulary determined by the State's PDL and managed by the Division of Health Benefits.

Mr. Stancil also reported that per legislation all recommendations approved during the meeting will be presented to the NC DHHS Secretary for final approval. It is anticipated that the new PDL will implement in November 2018. The implementation of the updates may be delayed because the PDL Review Panel meeting was rescheduled due to adverse weather.

II. DRUG CLASS REVIEWS

MISCELLANEOUS

OPIOID DEPENDENCE

- Recommendations: Add Sublocade™ to preferred
- Public Comments: One
- Speakers:
 - John Woodyear, MD, President Old North State Medical Society
- Discussion: Opioid dependence drugs are trial and failure of one. The NCTracks POS claims processing is designed to create an automatic system prior authorization (PA) when the beneficiary's drug history has a suboxone claim. No paperwork is required with a system generated PA. When a PA for a non-preferred product for a beneficiary who has never been on suboxone is requested, the provider's clinical judgement has significant weight in the decision and is rarely overridden. PA layers like requesting a treatment plan have been removed supporting the strategic plan of the State to increase access to treatment. The efficacy of opioid dependence drugs is very similar clinically. The diversion concern, suggested to be significantly higher for Suboxone because of product recognition, could apply for all the opioid dependency drugs. These products are the same compound, buprenorphine and naloxone, made by different companies in different dosages. Having Suboxone as single preferred product makes clinical sense in the absence of evidenced based information regarding the advantage of one drug product over the other. The financial component to use state dollars wisely to treat as many beneficiaries as possible is very relevant for this class.
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

MOVEMENT DISORDERS

- Recommendations: Add Movement Disorders as a category on the PDL with clinical criteria; Xenazine® Tablet - preferred; Austedo™ Tablet, tetrabenazine tablet, Ingrezza® Capsule - non-preferred (Ingrezza® has not trial and failure requirement)
- Public Comments: One
- Speakers: Two
 - Anthony Rissling – Teva Pharmaceuticals
 - Diane Darling, PharmD, Medical Science Liaison, Neurocrine Biosciences
- Discussion – This is new class to PDL. Questions were asked about the advantages of Austedo® to the preferred product and comparators in Ingrezza® studies. It was stated the movement disorder class is managed by ensuring appropriate utilization through clinical criteria requirements. When Xenazine® is not approved for an indication, a non-preferred medication is approvable. A PA form is required in this class. Inappropriate use is a concern for this class.
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

BEHAVIORAL HEALTH

ATYPICAL ANTIPSYCHOTICS

- Recommendation: Move Aristada® Syringe from non-preferred to preferred; add Perseris® Syringe to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

CARDIOVASCULAR

ORAL PULMONARY HYPERTENSION

- Recommendations: Move Adcirca® Tablet from preferred to non-preferred.
- Public Comments: None
- Speakers: None (one registered – no show)
- Panel Discussion – It was clarified if beneficiary is currently on product moving from preferred to non-preferred status, a PA is needed. There is no grandfathering. The provider should state on the PA request that the beneficiary is stable on the product.
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

ENDOCRINOLOGY

HYPOGLYCEMICS INJECTABLE – RAPID ACTING INSULIN

- Recommendations: Move Humalog® Kwikpen from non-preferred to preferred.
- Public Comments: None
- Speakers: One
 - Mike Laraway – Regional Account Liaison, Novo Nordisk
- Discussion: The panel asked for confirmation that Fiasp® studies showed improvement in A1C over Novolog and faster onset. A panel member asked for the speaker to clarify that it was stated there were no differences with hypoglycemic episodes between groups which the speaker confirmed. As a non-preferred product, it is an option, with a PA, for patients having recurrent post-prandial hypoglycemia. Instead of requiring trial and failure of two rapid acting products, it makes clinical sense for the category to be trial and failure of one.
- Motion with second: Approve recommendation and make Rapid Acting Insulin class trial and failure of one.
- Vote: All in favor. None opposed.

GLP-1 RECEPTOR AGONISTS AND COMBINATIONS

- Recommendation: Move Victoza from non-preferred to preferred; Tanzeum® Pen Injector is being discontinued - move from preferred and non-preferred.
- Public Comments: None
- Speakers: One
 - Mike Laraway – Regional Account Liaison, Novo Nordisk
- Discussion: The speaker was asked by a panel member about the cardiovascular benefits of Ozempic. Panel members were asked where Ozempic fits in line of therapy. The cost to change

PDL status of Ozempic is significant. A panel member stated having three preferred products already on the PDL offers good options for the class. The study showing Ozempic superiority (A1C and weight) to Trulicity was not submitted for review. A panel member stated preference to reviewing the study before making a recommendation around Ozempic.

- Motion with second: Approve recommendations.
- Vote: All in favor. None opposed.

DIABETIC SUPPLIES

- Recommendations: Refer to below listed items.
- METERS
 - ACCU-CHEK® Aviva Plus® care kit
 - ACCU-CHEK® Compact Plus® care kit
 - ACCU-CHEK® Nano SmartView® care kit
 - ACCU-CHEK® Guide® retail care kit
- LANCING DEVICES
 - ACCU-CHEK® Softclix® lancing device kit (Blue)
 - ACCU-CHEK® Softclix® lancing device kit (Black)
 - ACCU-CHEK® Multiclix® lancing device kit
 - ACCU-CHEK® Fastclix® lancing device kit
- TEST STRIPS
 - ACCU-CHEK® Aviva® 50 count test strips
 - ACCU-CHEK® Aviva Plus® 50 count test strips
 - ACCU-CHEK® SmartView® 50 count test strips
 - ACCU-CHEK® Compact Plus® 51 count test strips
 - ACCU-CHEK® Guide® 50 count test strips
- CONTROL SOLUTIONS
 - ACCU-CHEK® Aviva® glucose control solution (2 levels)
 - ACCU-CHEK® Compact Plus® glucose control solution (2 levels)
 - ACCU-CHEK® SmartView® glucose control solution (1 level)
 - ACCU-CHEK® Guide® control solution (2 levels)
- LANCETS
 - ACCU-CHEK® Softclix®
 - ACCU-CHEK® Multiclix®
 - ACCU-CHEK® Fastclix®
- Public Comments: None
- Speakers: One
 - Dan Doyle, National Account Manager, Trividia Health
- Discussion: Diabetic supplies are new class to the PDL. In the past a sole source contract was in place with Roche for diabetic testing supplies. Magellan offers a Diabetic Supply Program that can negotiate rebates with all manufacturers. This class was moved to PDL to increase better pricing opportunities. The Diabetic Supplies class was put on the PDL without changes for the first year. Putting diabetic supplies on the PDL is the first step. Roche products only are available on the PDL through a retail pharmacy. Coverage of any other meter than sole source product is available through the Durable Medical Equipment (DME) program. A panel member stated True Metrix meters are frequently used.
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

OSTEOPOROSIS

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

- Recommendations: Move Evista® Tablet from preferred to non-preferred status; move raloxifene tablet (generic for Evista®) from non-preferred to preferred
- Public Comments: None
- Speakers: One
 - Dr. Deanna Phillips- Health Economics Team -Amgen
- Discussion: Questions were asked about change in DEXA (bone densitometry) and fracture outcome in Prolia study. For Prolia, ten years of safety data is available. There is an off-treatment effect with Prolia. When the drug stops, over 18 months markers return to baseline. For providers having patients with significant kidney disease, Prolia is approvable with PA as a first line therapy.
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

ANALGESICS

OPIOID ANALGESIC (LONG ACTNG)

- Recommendations: Kadian® Capsule move from non-preferred to preferred; move morphine sulfate ER capsule (generic for Avinza®, Kadian®) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

NEUROPATHIC PAIN

- Recommendations: Move gabapentin tablet (generic for Neurontin® Tablet) from non-preferred to preferred status
- Public Comments: None
- Speakers: None
- Discussion: It was clarified that tablet and capsule have different dosing. Move brings broader range of dosing to preferred side.
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

ANTICONVULSANTS

FIRST GENERATION

- Recommendation: Move Depakene® Capsule / Solution from preferred to non-preferred, move Depakote® Tablet from preferred to non-preferred; Mysoline® Tablet from preferred to non-preferred; Peganone® Tablet from preferred to non-preferred; Zarontin® Capsule / Solution from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: Beneficiaries with diagnosis of seizure disorder are exempt from trial and failure and may use any first-generation product. No PA is required. The utilization for seizure disorder is significant.
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

SECOND GENERATION

- Recommendations: Move gabapentin tablet (generic for Neurontin® Tablet) from non-preferred to preferred; move Sabril® Powder Packet to preferred; move vigabatrin powder packet (generic for Sabril® Powder Packet) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: Stated seizure disorder exempt from trial and failure criteria and beneficiaries with diagnosis may use any second generation.
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

ANTI-INFECTIVES SYSTEMIC

ANTIBIOTICS – CEPHALOSPORINS AND RELATED

- Recommendations: Move cefpodoxime suspension / tablet (generic for Vantin®) from preferred to non-preferred; amoxicillin-clavulanate chewable / XR tablet (generic for Augmentin® and XR) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: The concern was voiced about not having an extended release Augmentin product preferred. No option to push high dose amoxicillin without increasing clavulanic acid adverse effects leaves a gap. When prescribing an antibiotic time is critical and having to request a PA before starting treatment makes a difference. The panel favors the generic XR tablet staying preferred.
- Motion with second: Approve recommendations with exception amoxicillin clavulanate XR remains preferred.
- Vote: All in favor. None opposed.

ANTIBIOTICS – MACROLIDES AND KETOLIDES

- Recommendations: Move erythromycin es 200mg suspension (generic for E.E.S.® Suspension) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

ANTIBIOTICS - QUINOLONES

- Recommendations: Move moxifloxacin tablet (generic for Avelox®) from non-preferred to preferred; move Avelox® Tablet / ABC Pack from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

ANTIFUNGALS

- Recommendations: Move griseofulvin ultra tablets (generic for Gris-Peg®) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: Concern raised that with the move no tablet formulation of griseofulvin on preferred side. There is a high volume of prescribing of the tablet for tinea capitis. The griseofulvin suspension is not very palatable for adolescents. It was stated the better financial option is the generic product for preferred status.
- Motion with second: Recommendation not approved. Griseofulvin ultra tablets stays preferred.
- Vote: All in favor. None opposed.

ANTIVIRALS – HEPATITIS B AGENTS

- Recommendations: Move Baraclude® Solution from preferred to non-preferred; move Epivir® HBV Tablet / Solution from non-preferred to preferred; Hepsera® Tablet from preferred to non-preferred status; move lamivudine HBV tablet (generic for Epivir® HBV) from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

ANTIVIRALS – HEPATITIS C AGENTS

- Recommendations: Add Pegintron® Subcutaneous Injection as new non-preferred product; Rebetrol® as a new non-preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

BEHAVIORAL HEALTH

ANTIDEPRESSANTS – OTHER

- Recommendations: Move desvenlafaxine ER tablet (generic for Pristiq®) from non-preferred to preferred; move Pristiq® ER Tablet from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

ANTIHYPERKINESIS/ADHD

- Recommendations: Make atomoxetine capsule (generic for Strattera® Capsule) preferred; move Concerta® Tablet from preferred to non-preferred; move Ritalin® Tablet from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: It was stated meeting the market demand is important in this class. In the past, availability issues have happened with preferred products, Quillichew® and Quillivant®. Those

products have been recently purchased by a new manufacturer who has committed to consistent availability. With unavailability issue, beneficiaries were switched to other products. Switching is difficult especially when a beneficiary is doing well on a product. It was noted utilization of Concerta is very high, so concern about moving to non-preferred status. If a beneficiary is doing well on Concerta prefer not to switch to another product. There are no dosing equivalency guidelines. The financial impact to move Concerta to preferred is acceptable to the State.

- Motion with second: Approve recommendations with exception keep Concerta preferred.
- Vote: All in favor. None opposed.

ATYPICAL ANTIPSYCHOTICS – ORAL

- Recommendations: Move FazaClo® ODT from non-preferred to preferred; move clozapine ODT (generic for FazaClo®) to non-preferred; move paliperidone (generic for Invega®) Tablet to preferred, move quetiapine ER tablet (generic for Seroquel® XR Tablet) to preferred, move Seroquel® XR Tablet / XR Sample Kit to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: All changes in this category are brand generic switches
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

CARDIOVASCULAR

ANGIOTENSIN II RECEPTOR BLOCKER

- Recommendation: Move Diovan® Tablet from preferred to non-preferred; move valsartan tablet (generic for Diovan®) from non-preferred to preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

- Recommendation: Move amlodipine-valsartan tablet (generic for Exforge®) from non-preferred to preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

ANTI-ARRHYTHMICS

- Recommendation: Move propafenone SR capsule (generic for Rythmol SR®) from non-preferred to preferred; move Rythmol SR® Capsule from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

CHOLESTEROL LOWERING AGENTS

- Recommendations: Move ezetimibe (generic for Zetia®) from non-preferred to preferred; move Zetia® Tablet (used as an adjunctive to statin therapy) from preferred to non-preferred; added Zypitamag® as a non-preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second. Approve all recommendations.
- Vote: All in favor. None opposed.

DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- Recommendations: Move nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: The question was asked why nifedipine capsule is preferred. The placement is cost driven. The quarterly utilization is approximately one hundred prescriptions. It was asked if the concern was great enough to have PA criteria to know why prescribed.
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

NIACIN DERIVATIVES

- Recommendations: Moved niacin ER tablet (generic for Niaspan®) from preferred to non-preferred status; Move Niaspan® ER Tablet from non-preferred to preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

PLATELET INHIBITORS

- Recommendations: Move prasugrel tablet (generic for Effient® Tablet) to preferred; move Effient® Tablet to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendations.
- Vote: All in favor. None opposed.

TRIGLYCERIDE LOWERING AGENTS

- Recommendations: Move fenofibric acid capsule / tablet (Trilipix®) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendation
- Vote: All in favor. None opposed.

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

- Recommendations: Move sumatriptan syringe (generic for Imitrex®) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

- Recommendations: Added Gocovri™ Capsule as a non-preferred product
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

ENDOCRINOLOGY

DPP-IV INHIBITORS AND COMBINATIONS

- Recommendation: Move Glyxambi® Tablet from non-preferred to preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

- Recommendations: Move Diclegis from non-preferred to preferred; add Bonjesta® Tablet as a new non-preferred product; add palonsetron, prochlorperazine rectal, promethazine 50mg rectal, Reglan® as new non-preferred products; add promethazine 25mg rectal as new preferred product
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendations.
- Vote: All in favor. None opposed.

PROTON PUMP INHIBITORS

- Recommendations: Move Nexium® Rx Capsule / Nexium® OTC from preferred to non-preferred; move esomeprazole capsule (generic for Nexium® Rx) and esomeprazole OTC (generic for Nexium® OTC) from non-preferred to preferred. Add esomeprazole strontium and Esoemp EZS® Kit as non-preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve recommendations.
- Vote: All in favor. None opposed

ELECTROLYTE DEPLETERS

- Recommendation: Move Eliphos® Tablet from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

GENITOURINARY / RENAL

URINARY ANTISPASMODICS

- Recommendation: Move oxybutynin ER tablet (generic for Ditropan XL®) from non-preferred to preferred.
- Public Comments: None
- Speakers: None
- Discussion: The question was asked if there are concerns about the move. It was stated the move makes three once daily products preferred options.
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

GOUT

GOUT

- Recommendations: Move colchicine capsule (generic for Mitigare®) from preferred to non-preferred; move Mitigare® Capsule from non-preferred to preferred; added Krystexxa® IV as a non-preferred product
- Public Comments: None
- Speakers: None
- Discussion: It was asked if colchicine tablets are substitutable for Mitigare®. Substitution is according to rating (i.e. AB) and those products are not substitutable. The prescriber would have to authorize the change to Mitigare®. However, if the prescriber writes for “colchicine” the prescription can be filled with generic colchicine capsules, colchicine tablets, or Mitigare® capsules. Both colchicine tablet and capsule will be non-preferred. Mitigare® capsules have a substantially better price than either generic product.
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed

HEMATOLOGIC

ANTICOAGULANTS INJECTABLE

- Recommendations: move enoxaparin syringe (generic for Lovenox®) from non-preferred to preferred; move Lovenox® Syringe from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed

ANTICOAGULANTS ORAL

- Recommendations: Move Coumadin® Tablet from preferred to non-preferred; Move Eliquis® Starter Dose Pack from non-preferred to preferred; move Savaysa® Tablet from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed

COLONY STIMULATING FACTORS

- Recommendations: Add Granix® Injection; Leukine® Injection, Neulasta® Syringe/Kit, Neupogen® Vial/Syringe, Zarxio® Injection as preferred product
- Public Comments: None
- Speakers: None
- Discussion: New PDL category.
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed

OPHTHALMIC

ALLERGIC CONJUNCTIVITIS AGENTS

- Recommendations: Move olopatadine drops (generic for Patanol®) from preferred to non-preferred; move Pataday® Drops from non-preferred to preferred; move Pazeo® Drops from non-preferred to preferred, add olopatadine drops (generic for Pataday®) as non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations
- Vote: All in favor. None opposed.

ANTIBIOTICS

- Recommendations: Move neomycin-bacitracin-polymyxin ointment (generic for Neosporin® Ophthalmic Ointment) from preferred to non-preferred; move neomycin-bacitracin-gramicidin drops (generic for Neosporin® Ophthalmic Drops) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

ANTI-INFLAMMATORY

- Recommendations: Move FML® Forte Drops / S.O.P. Ointment from preferred to non-preferred; move Ilevro® Drops from non-preferred to preferred; move Maxidex® Drops from preferred to non-preferred; move prednisolone sodium phosphate drops (generic for Inflammase Forte®) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

BETA BLOCKER AGENTS

- Recommendation: Move carteolol drops (generic for Ocupress®) from preferred to non-preferred; move Istalol® Drops from preferred to non-preferred; move levobunolol drops (generic for Betagan®) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

CARBONIC ANHYDRASE INHIBITORS

- Recommendation: Move Azopt® Drops from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

OTIC

ANTI-INFLAMMATORY

- Recommendations: Added Dermotic® as a preferred product; added fluocinolone 0.01% Oil as a non-preferred product.
- Public Comments: None
- Speakers: None
- Discussion: New PDL class.
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

RESPIRATORY

BETA ADRENERGIC – ORAL

- Recommendations: Move albuterol tablets (generic for Proventil® Repetabs) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Recommendations: Approve recommendation.
- Vote: All in favor. None opposed.

ORALLY INHALED ANTICHOLINERGICS

- Recommendation: Move Bevespi ® Aerosphere from non-preferred to preferred; move Combivent® Respimat Inhalation Spray from non-preferred to preferred.
- Public Comments: None
- Speakers: One
 - Ed Palewonsky, PharmD, Glaxo Smith Kline Medical Affairs
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

CORTICOSTEROIDS

- Recommendations: Move Flovent® HFA Inhaler from non-preferred to preferred; remove QVAR® Inhaler from PDL preferred – product discontinued.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

INTRANASAL RHINITIS AGENTS

- Recommendations: Move Astepro® Nasal Spray to preferred; move olopatadine nasal spray (generic for Patanase®) from non-preferred to preferred; move Patanase® Nasal Spray from preferred to non-preferred; move azelastine spray (generic for Astepro®) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

LEUKOTRIENE MODIFIERS

- Recommendations: Moved zafirlukast tablet (generic for Accolate®) from preferred to non-preferred; move montelukast granules (generic for Singulair®) from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

LOW SEDATING ANTIHISTAMINES

- Recommendations: Move cetirizine OTC syrup 1mg/1ml (generic for Zyrtec OTC® Syrup) from non-preferred to preferred; move levocetirizine tablet (generic for Xyzal®) from non-preferred to preferred; cetirizine chewable tablets OTC (generic for Zyrtec® OTC Tablets) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

TOPICALS

ACNE AGENTS

- Recommendations: Move clindamycin-benzoyl peroxide gel (generic for Duac®) from non-preferred to preferred; move clindamycin/benzoyl peroxide with pump (generic for Benzaclin®) from non-preferred to preferred; move Epiduo® Gel to preferred; move adapalene/benzoyl peroxide (generic for Epiduo® Gel) to non-preferred; move Benzaclin Gel/Pump to non-preferred; move erythromycin solution (generic for Emcin®, EryDerm®, EryMax®, A/T/S®, T-Stat®) from non-preferred to preferred.
- Public Comments: None
- Speakers: None
- Discussion: None

- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

ANDROGENIC AGENTS

- Recommendations: Move Androgel® Packet from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed

ANTIBIOTIC – VAGINAL

- Recommendation: Move clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

ANTIPARASITICS

- Recommendations: Move Eurax® Cream from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

ANTIVIRAL

- Recommendations: Move Zovirax® Ointment from non-preferred to preferred; move acyclovir ointment/ AG (generic for Zovirax® Ointment) from preferred to non-preferred.
- Public Comments: None.
- Speakers: None.
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

PSORIASIS

- Recommendations: Move Dovonex® Cream from non-preferred to preferred; move calcipotriene cream / ointment / solution (generic for Dovonex®) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

STEROIDS LOW POTENCY

- Recommendations: Move alclometasone dipropionate cream / ointment (generic for Aclovate®) from preferred to non-preferred; move DermaSmoothe® FS Scalp and Body Oil from non-preferred to preferred; move fluocinolone body / scalp oil (generic for Derma-Smoothe® FS Scalp / Body Oil) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: For last two years, this class has experienced unavailability of the preferred brand DermaSmoothe® product causing the need to allow PA exceptions. Will closely monitor availability as a preferred product.
- Motion with second: Approve all recommendations.
- Vote All in favor. None opposed.

STEROIDS HIGH POTENCY

- Recommendations: Move fluocinonide solution (generic for Lidex® / Lidex®) from preferred to non-preferred; move betamethasone valerate lotion (generic for Valisone®) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed

STEROIDS VERY HIGH POTENCY

- Recommendation: Move Clobex® shampoo to preferred; move clobetasol shampoo (generic for Clobex® shampoo) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with Second: Approve recommendations.
- Vote: All in favor. None opposed

MISCELLANEOUS

EPINEPHRINE, SELF INJECTED

- Recommendations: Move Auvi-Q® Auto Injector to non-preferred due to being non-rebateable.
- Public Comments: None
- Speakers: None
- Discussion: CMS does not require coverage of non-rebateable drugs.
- Motion with second: Approve all recommendation.
- Vote: All in favor. None opposed.

ESTROGEN AGENTS, COMBINATIONS

- Recommendation: Move FemHRT® Tablet from preferred to non-preferred; move Prefest® Tablet from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendations.
- Vote: All in favor. None opposed.

PROGESTATIONAL AGENTS

- Recommendations: Move Makena® Auto-Injector (hydroxyprogesterone caproate injection) from non-preferred to preferred.
- Public Comments: None
- Speakers: None
- Discussion: Change will go into system expedited, target 10/12/2018, to increase access due to Makena® vials being on backorder status currently.
- Motion with second: Approve all recommendation.
- Vote: All in favor. None opposed.

ESTROGEN AGENTS (ORAL/TRANSDERMAL)

- Recommendation: Move Climara® Patch / Climara® Pro Patch from preferred to non-preferred; Move Estrace® Tablet from preferred to non-preferred; move estradiol patch (generic for Climara®, Menostar®, Vivelle-Dot®) to preferred; move Vivelle-Dot® Patch to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve recommendation.
- Vote: All in favor. None opposed.

IMMUNOMODULATORS, SYSTEMIC

- Recommendations: Moved Enbrel® Mini Cartridge from non-preferred to preferred; move Cosentyx® Pen / Syringe from non-preferred to preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

The meeting adjourned at 3:20PM.

Everyone was thanked for their attendance and service.