

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
2019 PREFERRED DRUG LIST REVIEW PANEL MEETING
WEDNESDAY MAY 22, 2019 10:00AM - 4:00PM
THE STATE LIBRARY BUILDING
109 EAST JONES STREET
RALEIGH, NC 27601**

I. WELCOME AND INTRODUCTIONS

Facilitator, Blake Cook, NC Medicaid Outpatient Pharmacy Manager began the meeting by welcoming attendees to the meeting and thanked the panel members for making themselves available to participate in the review process. The PDL Review Panel Members in attendance introduced 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 Furgiuele, Pharmacist, Research-Based Pharmaceutical Company
- Dr. Jessica Triche, Physician, NC Academy of Family Physicians
- Dr. Janice Huff- absent

Dr. Mandy Cohen, Secretary of the Department of Health and Human Services, made remarks to the Panel members. She thanked them for their thoughtful and collaborative work to ensure beneficiaries have access to the drugs they need. Specialty drugs are an emerging challenge and may present value-based opportunities for payment. As prescription drugs become more precise (gene therapies etc.), reimbursement models also should become more precise. Maintaining a unified PDL in the managed care environment is important for providers as new Prepaid Health Plan (PHP) partners assume a role in providing quality care to beneficiaries. As NC Medicaid enters the managed care environment the focus continues to be whole person wellness; value for dollars spent and driving towards health not just health care.

Mr. Stancil, Medicaid Pharmacy director made opening comments.

Mr. Stancil gave recent NC Medicaid utilization data and reported historic cost savings the state has achieved utilizing the Preferred Drug List. He also provided information regarding the upcoming transition to Medicaid Managed Care. It was stated that the recommendations approved during the meeting will be presented to the DHHS Secretary for final approval. It is anticipated that the new PDL will implement in July 2019.

Mr. Cook prefaced the start of the class review activity with general comments about the PDL:

- Trial and failure of two Preferred drugs are required unless only one Preferred option is listed or is otherwise indicated. *Select categories are trial and failure of one preferred drug.
- Not all therapeutic drug classes are included on the PDL. All drugs in the classes not included are considered Preferred.

- In addition to trial and failure criteria, clinical criteria (indicated in RED) may apply.

Procedural instructions were shared. 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 would make comments, ask questions, recommend changes to the proposed updates, and conclude each class discussion with a motion and vote. Speakers were asked to focus on new clinical information about the product during their three-minute time allotment.

It was also stated that all drugs presented during the meeting shaded in purple on the slides (and the final slide of the day) were being removed from the Preferred Drug List due to being discontinued by the manufacturer and/or their removal from the list of CMS rebateable products.

II. DRUG CLASS REVIEWS

ANALGESICS

NEUROPATHIC PAIN

- Recommendations: Add ZTLido™ as a new non-preferred product with clinical criteria.
- Public Comments: None
- Speakers: Two
 - Maria Anderson, Territory Business Manager, Scilex Pharmaceuticals - ZTLido™
 - Kelly Presson, Territory Business Manager, Scilex Pharmaceuticals - ZTLido™
- Discussion Points:
 - Category is trial and failure of two preferred products.
 - Clinical criteria for ZTLido is same as current lidocaine patch criteria.
 - Most favorable patch product fiscally is generic lidocaine.
 - Highest patch utilization is generic lidocaine.
 - No access issues to date to get coverage of a patch product.
- Motion with second: Approve proposed recommendations
- Vote: All in favor. None opposed.

ANTI-INFECTIVES – SYSTEMIC - Nitromidazoles

- Recommendations: Add Firvanq™ as a new non-preferred product.
- Public Comments: None
- Speakers: One
 - Dr. Rod Teat, Medical Affairs Director, Merck - Dificid®
- Discussion Points:
 - Category is trial and failure of two preferred.
 - vancomycin and fidaxomicin are indicated for Clostridium difficile (C diff).
 - Metronidazole can be used as a first-line option for C. diff.
 - Fidaxomicin priced high for a first line treatment option.
- Motion with second: Accept proposed recommendation, create an exception for Dificid® that for treatment of C. difficile ONLY, a trial and failure of vancomycin only is required.
- Vote: All in favor. None opposed.

ANTI-INFECTIVES – SYSTEMIC – Tetracycline Derivatives

- Recommendation: Add Minocin® and Nuzyra™ as new non-preferred products, remove Adoxa® from the PDL
- Public Comments: None

- Speakers: One
 - Larry Friedrich, Senior Medical Science Liaison, Paratek Pharmaceuticals - Nuzyra™
- Discussion Points:
 - Nuzyra™ can be initiated inpatient or outpatient.
 - PA request with clinical justification can bypass preferred products
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTI-INFECTIVES – SYSTEMIC – Inhaled antibiotics

- Recommendations: add Arikayce® as a new non-preferred product.
- Public Comments: One
- Speakers: One
 - Dr. Jason Westbrook, Medical Science Liaison, Insmmed -Arikayce
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

BEHAVIORAL HEALTH

ATYPICAL ANTIPSYCHOTICS ORAL

- Recommendations: add Abilify MyCite® as a new non-preferred product.
- Public Comments: None
- Speakers: One
 - Jason Swartz, Medical Science Liaison, Otsuka Pharmaceuticals - Abilify MyCite®
- Discussion Points
 - Currently, no data supporting improved adherence
 - Currently, no current data supporting outcome change
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

CARDIOVASCULAR

BETA BLOCKERS

- Recommendations: add Kapsargo™ Sprinkle and Tenormin® as new non-preferred products, Kapsargo™ recommendation includes an exemption for children less than 12 years old.
- Public Comments: None
- Speakers: One
 - Dr. Christine Cazeau, Pediatric Dermatologist Medical Affairs, Pierre Fabre Pharmaceuticals - Hemangeol® Solution
- Discussion Points:
 - Hemangeol® is only product indicated for infantile hemangioma with treatment initiation five weeks to five months.
 - Per panel members generic liquid propranolol is used most often as first-line treatment for infantile hemangioma.
- Motion with second: approved proposed recommendations; add a diagnosis exemption for Hemangeol Solution for infantile hemangioma.
- Vote: All in favor. None opposed.

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS – CGRP Blockers / Modulators

- Recommendations: add CGRP Blockers / Modulators as a new sub-category under antimigraine agents; make Aimovig™ and Emgality® preferred products and Ajovy™ non-preferred.
- Public Comments: One
- Speakers: One
 - Dr. Maggie Murphy, Medical Outcome Liaison, Teva Pharmaceuticals – Ajovy
- Discussion Points:
 - Currently, no head to head direct comparison studies of products in category.
 - Category is trial and failure of two preferred products.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

HEMATOLOGIC

HEMATOPOIETIC AGENTS

- Recommendations: add Retacrit as a new Non-Preferred medication
- Public Comments: None
- Speakers
 - Dr. Bethany Boyd, Oncology Field Medical Director, Pfizer - Retacrit®.
- Discussion Points:
 - Retacrit is biosimilar to Procrit
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

RESPIRATORY

ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS

- Recommendations: Add Yupelri™ as a new non-preferred product.
- Public Comments: None
- Speakers: One
 - Dr. Joey Pippin, Medical Affairs Group, Glaxo SmithKline - Anoro® Ellipta®
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

CORTICOSTEROID COMBINATIONS

- Recommendations: add fluticasone/salmeterol inhaler and Wixela™ Inhub™, as new non-preferred products
- Public Comments: None
- Speakers: One
 - Dr. Joey Pippin, Medical Affairs Group, Glaxo SmithKline - Trelegy® Ellipta®
- Discussion Points:
 - Trelegy® is the first and only once daily triple action inhaler available to NC Medicaid and Health Choice members.
 - Trial and failure of two in this class.
 - PA request with clinical justification can bypass preferred products.

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

MISCELLANEOUS

IMMUNOMODULATORS, SYSTEMIC

- Recommendation: Add Ilumya® and Olumiant® as new non-preferred products.
- Public Comments: Six
- Speakers: One
 - Tim Hinson, Medical Science Liaison, UCB Pharma - Cimzia®
- Discussion Points:
 - Diagnosis of Ankylosing Spondylitis is in the process of being added for Cimzia® to the state's clinical coverage criteria.
 - Inclusion of pregnancy criteria is also in process for Cimzia®.
- Motion with second: Approve proposed recommendations; clinical criteria evaluation for Cimzia to include pregnancy and child bearing age.
- Vote: All in favor. None opposed.

DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES

CONTINUOUS GLUCOSE MONITOR READERS / SENSORS

- Recommendations: Add a new PDL category for Therapeutic Continuous Glucose Monitor Supplies; add Dexcom G5® and G6® Transmitter/Receivers as preferred and Freestyle Libre™ Reader as non-preferred; add Dexcom G4®, G5®, and G6® Sensors as preferred and Freestyle Libre™ Sensor as non-preferred;
- Public Comments: Six
- Speakers: One
 - Dr. Andrew Weis, Medical Outcomes Manager -Freestyle Libre™
- Discussion Points:
 - Clinical criteria for readers are insulin dependent and using insulin pump.
 - Coverage under pharmacy benefit will enhance access to products.
 - Current NC Medicaid utilization in our DME program by specific reader is not determinable by DME codes. It is estimated that the majority of therapeutic CGM products currently used are Dexcom products.
 - There is a concern that the patient must “manually” place the Freestyle Libre™ reader near the sensor for a reading to occur.
 - Freestyle Libre™ not having low blood sugar alert is a concern.
 - Freestyle Libre™ 10-day Reader and Sensor is no longer marketed.
- Motion with second: Approve proposed recommendations; remove Freestyle Libre™ 10 Day Reader / Sensor from category.
- Vote: All in favor. None opposed.

ANALGESICS

OPIOID ANALGESICS – Long Acting Opioids

Recommendations: Move tramadol ER from the short-acting opioid category to the long-acting opioid category (see recommendations for Opioid Analgesics – Short Acting Schedule III – IV Opioids / Analgesic Combinations), move tramadol ER from non-preferred to preferred status

- Public Comments: One

- Speakers: None
- Discussion Point:
 - Current criteria for coverage of long acting opioid requires having tried a short acting opioid in the past 45 days before trying long acting.
 - Tramadol ER will have same coverage criteria as others drugs in long acting category.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

OPIOID ANALGESICS – Short Acting Opioids schedule II

- Recommendations: Add Apadaz™ as a new non-preferred product, remove Endodan® Tablet, Hycet® Solution, and Meperitab® Tablet, Oxceta® Tablet, Percodan® Tablet from the PDL, add Oxaydo® as a new non-preferred product;
- Public Comments: None
- Speakers: None
- Discussion Points: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

OPIOID ANALGESICS – Short Acting Schedule III – IV Opioids / Analgesic Combinations

- Recommendations: Remove Branded Ultram® ER from the PDL, move Conzip® and tramadol ER to long acting opioid category
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTICONVULSANTS

SECOND GENERATION

- Recommendations: Add clobazam and Epidiolex® as new non-preferred products; for Epidiolex® make an exception for recipients two years old and older that have a diagnosis of Lennox-Gastaut or Dravet Syndrome; Topiragen® Tablet and Zonegran® Capsule are being removed from the PDL.
- Public Comments: One
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTI-INFECTIVES - SYSTEMIC

ANTIBIOTICS - Antifungals

- Recommendation: Add Tolsura™ 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.

ANTIBIOTICS – Antivirals (Hepatitis B Agents)

- Recommendations: Move Epivir® HBV Tablet/Solution from preferred to non-preferred; move lamivudine HBV tablet from non-preferred to preferred, remove Baraclude® suspension from the PDL.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

ANTIBIOTICS – Antivirals (Hepatitis C Agents)

- Recommendations: Add sofosbuvir-velpatasvir tablet (generic for Epclusa® Tablet) as preferred for all genotypes with decompensated cirrhosis, move Epclusa® to non-preferred; add ledipasvir-sofosbuvir (generic for Harvoni®) to non-preferred, remove Copegus® and Olysio® from the PDL.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve all recommendations.
- Vote: All in favor. None opposed.

ANTIBIOTICS – Antivirals (Influenza)

- Recommendations: Add Xofluzza™ Tablet as a non-preferred product
- Public Comments: None
- Speakers: None
- Discussion Points:
 - Flu strain resistance to amantadine is a concern
- Motion with second: Approve proposed recommendation; remove amantadine from the PDL listing for this class
- Vote: All in favor. None opposed.

BEHAVIORAL HEALTH

ANTIHYPERKINESIS / ADHD

- Recommendations: move clonidine ER tablets from non-preferred to preferred (off cycle change), move Dyanavel® XR suspension from non-preferred to preferred status, remove Kapvay® (off cycle change) from the PDL.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ATYPICAL ANTIPSYCHOTICS – Injectable long Acting

- Recommendation: Move Perseris® from non-preferred to preferred; add Aristada® Initio as a new preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

CARDIOVASCULAR

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

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

ANTI-ARRHYTHMICS

- Recommendation: Move dofetilide (generic for Tikosyn®) from non-preferred to preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

BILE ACID SEQUESTRANTS

- Recommendations: Add colesevelam packet / tablet (generic Welchol®) as new non-preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second. Approve proposed recommendations.
- Vote: All in favor. None opposed.

DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- Recommendations: Move nifedipine ER tablet (generic for Adalat CC® / Procardia XL®) from non-preferred to non-preferred (off cycle change), remove Afeditab CR® and Nifedical® XL from the PDL
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

CENTRAL NERVOUS SYSTEM

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

- Recommendations: Add Osmolex ER™ as a new non-preferred product with clinical criteria
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

MULTIPLE SCLEROSIS

- Recommendations: Add dalfampridine ER tablet (generic for Ampyra®) as new preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ENDOCRINOLOGY

HYPOGLYCEMICS – INJECTABLE Rapid Acting Insulin

- Recommendations: Category coverage clarification - Humalog® U-100 Kwikpen® / Vial are preferred, Humalog® U-100 Cartridge / U-100 Junior Kwikpen®, Humalog® U-200 KwikPen® are non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommended category clarification.
- Vote: All in favor. None opposed.

HYPOGLYCEMICS – INJECTABLE Short Acting Insulin

- Recommendations: Category coverage clarification - Humulin R U500 vial is a preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommended category clarification.
- Vote: All in favor. None opposed.

HYPOGLYCEMICS – INJECTABLE Long Acting Insulin

- Recommendations: Add Toujeo® Max SoloStar® as a new non-preferred product; remove Levemir® FlexPen® from the PDL (no longer manufactured)
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

HYPOGLYCEMICS – INJECTABLE Premixed 70/30 Combination Insulin

- Recommendation: Add Novolin® 70/30 FlexPen® as a new non-preferred product.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - Having no pen delivery option as preferred is a concern.
 - If a 70/30 Pen is to be considered Preferred, Humulin is best Pen option fiscally
- Motion with second: Approve proposed recommendation; move Humulin® 70/30 Kwikpen® to preferred.
- Vote: All in favor. None opposed.

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

- Recommendations: Add Compro® Rectal suppositories as a new non-preferred product, move promethazine ampules/vial (generic for Phenergan®) from non-preferred to preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

PROTON PUMP INHIBITORS

- Recommendations: Move lansoprazole capsule (generic for Prevacid® Rx) from non-preferred to preferred.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

ULCERATIVE COLITIS - Oral

- Recommendation: Add budesonide ER tablet (generic for Uceris®) as a new non-preferred, remove Sulfazine® (branded generic for Azulfidine®) from the PDL.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ULCERATIVE COLITIS - Rectal

- Recommendation: Add mesalamine suppository (generic for Canasa®) as new non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

GENITOURINARY / RENAL

BENIGN PROSTATIC HYPERPLASIA TREATMENTS

- Recommendations: Add silodosin capsule (generic for Rapaflo®) as new non-preferred, add tadalafil tablet (generic for Cialis®) as new non-preferred product with clinical criteria, remove Uroxatral® from the PDL.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed

HEMATOLOGIC

COLONY STIMULATING FACTORS

- Recommendations: Add Udenyca™ Syringe as a new non-preferred product
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

THROMBOPOIESIS STIMULATING AGENTS

- Recommendations: Add Promacta® Suspension as new preferred product, add Tavalisse™ as new non-preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed

OPHTHALMIC

ANTIBIOTICS

- Recommendations: Move Neo-Polycin® Ointment (branded generic for Neosporin® Ophthalmic Ointment) from preferred to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

ANTI-INFLAMMATORY

- Recommendations: Add Bromsite™ Solution, Dexycu™ Vial, Inveltys™ Drops, and Yutiq™ Implant as new non-preferred products, remove Ocufen® Drops and Vexol® Drops from the PDL.
- Public Comments: None

- Speakers: None
- Discussion Point:
 - Implants are obtained usually through a specialty pharmacy and shipped to the provider.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTI-INFLAMMATORY / IMMUNOMODULATOR

- Recommendation: Add Cequa™ as new non-preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS

- Recommendation: Add dorzolamide/timolol PF drops (generic for Cosopt® PF) as new non-preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

PROSTAGLANDIN AGONISTS

- Recommendations: Add Xelpros® Drops as new non-preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

RESPIRATORY

BETA ADRENERGIC HANDHELD, SHORT ACTING

- Recommendations: Add albuterol HFA inhaler (generic for Proair® HFA Inhaler), albuterol HFA inhaler (generic for Ventolin® HFA Inhaler), and levalbuterol HFA inhaler (generic for Xopenex® HFA Inhaler) as new non-preferred products.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - Proair® (versus the generic) is preferred because of manufacturer rebate.
 - Fiscal considerations support both Proair and Proventil as preferred products.
- Recommendations: Approve proposed recommendations.
- Vote: All in favor. None opposed.

INTRANASAL RHINITIS AGENTS

- Recommendation: Add Sinuva™ Implant as new non-preferred, remove Astelin® Nasal Spray,

Atrovent® Nasal Spray, Flonase® Nasal Spray (Rx ONLY), and Rhinocort® Aqua Nasal Spray from the PDL

- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

TOPICALS

ACNE AGENTS

- Recommendations: Add adapalene solution (generic for Differin®) and clindamycin-benzoyl peroxide with pump (generic for Acanya®) and Plixda® Swabs as new non-preferred products, remove Inova® (4/1, 8/2) Pad, Seb-Prev® Wash, Sulfacleanse® Suspension, Veltin® Gel, and Virti-Sulf® Emollient cream from PDL.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - Benzyl Peroxide only products are generally more expensive and non-preferred on the PDL.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

NSAIDS

- Recommendations: Add DermacinRx® Lexital PharmaPak® as new non-preferred product, remove Klofensaid® II Solution from PDL
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTIFUNGALS

- Recommendations: Add miconazole/zinc oxide/petrolatum ointment (generic for Vusion®) as new non-preferred product with clinical criteria, remove CNL® 8 Nail Kit, PEDIADERM® AF Kit, and Xolegel® Gel from PDL.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTIPARASITICS

- Recommendations: Add Crotan™ Lotion as new non-preferred, remove Ulesfia® from the PDL.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.

- Vote: All in favor. None opposed.

IMMUNOMODULATORS – Atopic Dermatitis

- Recommendations: Add pimecrolimus cream (generic for Elidel®) as new non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ROSACEA AGENTS

- Recommendations: Add azelaic acid gel (generic for Finacea®) as new non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

STEROIDS – High Potency

- Recommendation: Add desoximetasone spray (generic for Topicort) as new non-preferred.
Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

STEROIDS – Very High Potency

- Recommendations: Add Bryhali™ Lotion, halobetasol propionate foam (generic for Lexette® Foam) and Lexette® Foam as new non-preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

MISCELLANEOUS

EPINEPHRINE, SELF INJECTED

- Recommendations: Add the phrase “Quantity limits apply to drugs in this class”, add Symjepi™ as new non-preferred, remove Adrenaclick® Auto Injector from the PDL.
- Public Comments: None.
- Speakers: None.
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

PROGESTATIONAL AGENTS

- Recommendations: Move Makena® (hydroxyprogesterone caproate injection) Autoinjector from non-preferred to preferred, move hydroxyprogesterone caproate injection (generic for Makena) single dose vial from non-preferred to preferred (off cycle change).
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

DIABETIC SUPPLIES

- Recommendations: Remove Accu-Chek® Compact Plus® blood glucose meters and blood glucose test strips from the PDL due to manufacturer discontinuation, add Freestyle® Freedom Lite, Freestyle® Lite, Freestyle® InsuLinx, Freestyle® Precision Neo, and Precision Xtra® blood glucose meters to Preferred status. Add Freestyle®, Freestyle® InsuLinx, Freestyle® Lite, Freestyle® Precision Neo, and Precision Xtra® 50 count blood glucose test strips to Preferred status. Add Freestyle® 100 count lancets to Preferred status. Add Freestyle® and Freestyle® II lancing devices to Preferred status. Add Freestyle® control solution to Preferred status
- Public Comments: None.
- Speakers: None.
- Discussion: There were proposed recommendations for Diabetic Syringes and Diabetic Pen Needles, but due to fiscal concerns internally with the state and other considerations it was recommended to table discussion of these products at this time.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

The following products are removed from the PDL due to manufacturer discontinuation or removal from the CMS of rebateable products. These products are in categories without other changes not subject to this review cycle.

Anaprox® Tablet /DS Tablet
 EC Naprosyn® Tablet
 Meloxicam suspension
 Mobic® Suspension
 Naprosyn® Tablet
 Ponstel® Kapseals
 Voltaren® XR Tablet
 Famvir® Tablet
 Parnate® Tablet
 Oleptro® ER Tablet
 Dutoprol® Tablet
 Lofibra® Capsule / Tablet
 Buproban® Tablet (branded generic for Zyban®)
 Tev-Tropin® Vial
 Tanzeum® Pen Injector
 Duzallo® Tablet
 Zurampic® Tablet
 Acetic acid – aluminum drops (generic for Domeboro®)

Antipyrine-benzocaine drops (generic for Auralgan®)
Auroguard® Solution (branded generic for Auralgan®)
Acetasol HC® Drops (branded generic for Vosol®) HC)
Otic Care® Solution
Otozin® Ear Drops
Pinnacaine® Otic Drops
Natesto® Nasal
Bactroban® Topical Ointment
Orapred® ODT
Hecoria® Capsule

The PDL Review for this meeting is completed. Thank you for attending.
Motion for adjournment with second
All in Favor. None Opposed.
Meeting was adjourned at 2:02 p.m.