October 25, 2011

Mr. Lanier Cansler
Secretary of Health and Human Services
N.C. Department of Health and Human Services
101 Blair Drive
Raleigh, N.C. 27603

Dear Secretary Cansler,

On behalf of the North Carolina Department of Health and Human Services Medicaid Preferred Drug List Review Panel, I am pleased to present our annual recommendations to you for the North Carolina Medicaid Preferred Drug List. The following recommendations are from clinical reviews completed on September 16, 2011.

The panel reviewed drug classes on the proposed Preferred Drug List (PDL) that were approved by the Pharmacy and Therapeutics committee and the North Carolina Physician Advisory Group. The panel reviewed each drug class in which a decision was needed on preferred versus non-preferred status. Decisions were made with consideration given to the evidence-based data available for each drug class, the written comments received during two 45-day comment periods and the public comments received during the panel meeting. The two public comment periods were held from July 18, 2011 to September 1, 2011 and again from September 7, 2011 through October 24, 2011. Two public comment periods were necessary so that the Health Choice population could be added to the N.C. Medicaid PDL program. The panel also reviewed the PDL Review Panel Guidelines and Procedures.

RECOMMENDATIONS:

The panel recommends approval of the proposed N.C. Medicaid Preferred Drug List and the Preferred Drug List Guidelines and Procedures as posted during the public comment periods with the following changes:

1. **ADDITION OF HEALTH CHOICE TO THE MEDICAID PDL**
   The panel approves the PDL proposal with the addition of the Health Choice population to the N.C. Medicaid PDL program.

2. **ADDITION OF HEALTH CHOICE TO THE PDL GUIDELINES AND PROCEDURES**
   The panel approves the PDL Review Panel Guidelines and Procedures with the addition of the Health Choice population with the following change:
   - Change the number of PDL reviews from twice a year to once a year.

3. **SHORT-ACTING SCHEDULE II ANALGESICS**
   The panel approves the PDL proposal for the short-acting Schedule II analgesics with the following change:
   - Remove Lynox and Levo-Dromoran from the PDL because there are no covered national drug codes for these two drugs.

4. **LINCOSAMIDES-OXAZOLIDINONES ANTIBIOTICS**
   The panel approves the PDL proposal for the lincosamides-oxazolidinones antibiotics with the following change:
   - Add a clarification that clindamycin liquid (solution) is a preferred drug.

5. **CHOLESTEROL LOWERING AGENTS**
   The panel approves the PDL proposal for the cholesterol lowering agents with the following change:
   - Change the wording on the PDL to "Crestor preferred only after a documented failure of generic simvastatin after a period of at least 2 months on the maximum dose appropriate and tolerated by the patient".

6. **DIRECT RENIN INHIBITORS**
   The panel approves the PDL proposal for the direct renin inhibitors with the following change:
   - Change Amturnide and Tekamlo to preferred drugs.

7. **GLP-1 RECEPTOR AGONISTS**
   The panel approves the PDL proposal for the GLP-1 Receptor Agonists with the following changes:
   - Allow individuals currently on Victoza to continue to receive the drug by the prescriber indicating that the patient is meeting clinical goals. The provider shall document that the clinical goals are met on the prior authorization form.
   - The P&T committee and panel should be provided follow-up data in six months regarding this change.

8. **PANCREATIC ENZYMES**
   The panel approves the PDL proposal for the pancreatic enzymes with the following changes:
   - Allow all individuals who are well maintained on any of the non-preferred drugs to continue to receive the therapy.
   - Publicize the grandfathering of individuals who are well-maintained to the academic centers.

9. **ORAL ANTICOAGULANTS**
   The panel approves the PDL proposal for the oral anticoagulants with the following change:
   - Allow a one-time override for non-preferred drugs at point-of-sale to allow transition of the patient to a preferred drug in this drug class, including any new-to-market non-preferred drugs.

10. LOW-SEDATING ANTIHISTAMINES

The panel approves the PDL proposal for the low-sedating antihistamines with the following change:

- Add an exemption for Clarinex syrup in children less than two years of age.

11. TOPICAL HIGH POTENCY STEROIDS

The panel approves the PDL proposal for the topical high potency steroids with the following recommendations:

- Provide another public comment period with brand Topicort indicated as a non-preferred drug.
- Provide panel members the comments that are received during the additional public comment period so that a decision can be made regarding the final status of Topicort.

12. PRENATAL VITAMINS

The panel approves the PDL proposal for the prenatal vitamins with the following change:

- Remove prenatal vitamins from the PDL since all of the vitamins are preferred and there are no supplemental rebates associated with them.

Sincerely,

Lisa Weeks, PharmD, RPh

Lisa Weeks, PharmD, RPh
Chair, Medicaid Preferred Drug List Review Panel

Cc: Dr. Cedric Bright, Old North State Medical Society
Dr. Paul Bush, Hospital-Based Pharmacy
Dr. Larry Cutchin, Community Care of North Carolina
Dr. Stefanie Ferreri, N.C. Association of Pharmacists
Dr. Theresa Flynn, N.C. Pediatric Society
Dr. John Gilmore, N.C. Psychiatric Association
Dr. Byron J. Hoffman, N.C. Chapter of the American College of Physicians
Dr. Robert L. (Chuck) Rich, N.C. Academy of Family Physicians
Dr. Robert Schotzinger, Research-Based Pharmaceutical Company
Dr. Beat Steiner, N.C. Physician Advisory Group Pharmacy & Therapeutics Committee
Dr. Craigan Gray, N.C. Division of Medical Assistance
Ms. Tara Larson, N.C. Division of Medical Assistance
Ms. Sandra Terrell, N.C. Division of Medical Assistance
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