

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
2016 PREFERRED DRUG LIST REVIEW PANEL MEETING**

Thursday, September 29, 2016

1:00 - 5:00 pm

The State Library Building

109 E. Jones Street

Raleigh, NC 27601

I. WELCOME AND INTRODUCTIONS

Mr. John Stancil, RPh, Pharmacy Director for the N.C. Division of Medical Assistance (DMA) opened the meeting, welcoming everyone to the 2016 N.C. Medicaid and N.C. Health Choice Preferred Drug List (PDL) Review Panel meeting. Mr. Stancil then provided the audience with highlights of the SFY 2016 N.C. Medicaid Pharmacy Program and the SFY 2015 Annual PA/PDL Report. Mr. Stancil also provided background information regarding the PDL. Mr. Stancil thanked each panel member for volunteering to serve as a member of the N.C. PDL Review Panel and invited each panel member to introduce themselves.

- Dr. Ann McGee, Pharmacist representing Hospital-based pharmacy
- Dr. Anna Miller-Fitzwater, Physician representing North Carolina Pediatric Society
- Dr. Theodore Zarzar, Physician representing North Carolina Psychiatric Association
- Mr. John Stancil, Pharmacy Director, representing the N.C. Division of Medical Assistance
- Dr. Lawrence Greenblatt, Physician representing North Carolina Physician Advisory Group Pharmacy & Therapeutics Committee
- Dr. Casey Johnson, Pharmacist, representing North Carolina Association of Pharmacists
- Dr. Andreas Maetzel, Physician representing Research-Based Pharmaceutical Company
- Dr. Robert (Chuck) Rich, Jr, Physician representing North Carolina Academy of Family Physicians
- Dr. Byron Hoffman, Jr, Physician representing North Carolina Chapter of the American College of Physicians
- Dr. Abigail Deveries, Physician representing Community Care of North Carolina

Not Present:

- Dr. Seung Kim, MD, representing the Old North State Medical Society

After the panel introductions, Mr. Stancil invited the DMA pharmacy program staff, the DMA Chief Medical Officer and the Magellan Health staff to introduce themselves.

- Dr. Desiree Elekwa-Izuakor, PharmD
- Dr. Amy Williams-Phelps, PharmD
- Dr. Harita Patel, PharmD
- Ms. Krista Kness, RPh
- Ms. Charlene Sampson, RPh

- Dr. Nancy Henley, MD
- Dr. Stephanie Christofferson, PharmD (Magellan Health)

Mr. Stancil then turned the meeting over to Dr. Desiree Elekwa-Izuakor, PharmD, Pharmacy Program Manager for the N.C. DMA. Dr. Elekwa-Izuakor welcomed everyone to the 2016 N.C. Medicaid and N.C. Health Choice Preferred Drug List (PDL) Review Panel meeting and went over a few housekeeping items. An overview of the procedures was provided that would be followed during the meeting. For each drug class reviewed, proposed updates would be announced followed by any public comments received during the public comment period (provided to each of the panel members for their review prior to the meeting) followed by speakers that had registered to speak for that drug class. Speakers were reminded to limit their comments and presentations to three minutes. After all of the speakers for a drug class had finished, discussion would be turned over to the PDL Panel. PDL Panel members would have an opportunity for discussion, to ask questions and to recommend any changes to the proposed updates. A vote of whether or not to approve the proposed updates as presented or with recommended change would occur next. PDL Panel members were asked to raise their hands in order to facilitate tabulation of their votes.

II. DRUG CLASS REVIEWS

BEHAVIORAL HEALTH

Three public comments were received addressing Behavioral Health in its entirety and not specific to any one therapeutic drug class.

ANTIDEPRESSANTS, OTHERS

- Recommendations: Move Cymbalta® Capsule and Savella® Tablet/Titration Pack from preferred to non-preferred status
- Public comments: None
- Speakers: None
- Discussion: Confirmation was provided that duloxetine capsule (generic for Cymbalta® Capsule) is available on the preferred side, but there is no generic available for the Savella® Tablet / Titration Pack.
- Motion with second: Approve the drug class with recommended changes
- Vote: All in Favor - None opposed

ANTIDEPRESSANTS, Selective Serotonin Reuptake Inhibitor (SSRI)

- Recommendation: Move fluoxetine tablet (generic for Prozac®) from preferred to non-preferred. Fluoxetine capsule and solution remain preferred.
- Public comments: None
- Speakers: None
- Discussion: A comment was made regarding the use of tablets in children and whether an exemption could be made for children. It was stated that capsules and solution will remain preferred.

- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANTIHYPERKINESIS / ADHD

- Recommendations: Move dextroamphetamine ER capsule (generic for Dexedrine® Spansules) from non-preferred to preferred; move Dexedrine® Tablet / Spansules from preferred to non-preferred; add Aptensio® XR, Dyanavel® XR, Quillchew® ER Oral to non-preferred as new non-preferred products
- Public comments: Two
- Speakers: Three
 - Donna Dalton, RN (Quillchew® ER Oral) - Quillchew® ER Oral is the only available oral ER stimulant formulation that is chewable and can be scored to obtain lower doses. Clinical trial compared to placebo was for one week.
 - Sally A. Berry, MD, PhD (Dyanavel® XR) - First and only extended release amphetamine available. Some children preferentially respond to amphetamine. The liquid formulation provides for greater dosing variability.
 - Dr. Michael Feld - Rhodes Pharmaceuticals - Aptensio® XR - Approved to be used as a capsule or sprinkle. Clinical study showed efficacy in one hour and showed sustained therapeutic levels for 12 hours. Increased tolerability and requires less immediate release augmentation.
- Discussion: Clarifying question regarding the length and type of study for Quillchew® ER Oral was one week and compared to placebo. Discussion surrounding the plausibility if an MD could argue the need for a liquid product, a case could be made for its clinical necessity in obtaining prior authorization.
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ATYPICAL ANTIPSYCHOTICS-INJECTABLE LONG ACTING

- Recommendations: Add Aristada® Syringe as a new non-preferred product
- Public Comments: Eight
- Speakers: Four (Aristada® Syringe)
 - Bryce Reynolds, MD - Telecare ACTT - Durham - Long acting injectable antipsychotics are a treatment option for very difficult patients. Aristada® stands out because of its efficacy, safety, tolerability, broad receptor coverage and extended serum levels. Sustained therapeutic serum levels after four weeks contribute to decreased relapse and hospitalizations. It does not add to cardiovascular risk.
 - Dr. Timothy Birner - Alkermes - Once monthly and six week dosing option is important in treatment of schizophrenia, therapeutics levels within four days and is a prodrug of aripiprazole,
 - Dr. Mona Bhatti, MD - Fellowship Health Resources - Longer dosing interval of six weeks is important; weight gain side effect profile is favorable.
 - Wei Zhang, MD - Daymark Recovery Services - Clinical testimony about a patient that improved considerably by taking Aristada® after being on other antipsychotics.

- Discussion: Panel asked if Aristada® is a first line treatment option. Response - It is an excellent choice for a non-adherent patient. Additional Panel comments included Aristada is a fairly new drug; is a prodrug of aripiprazole; clinical evidence not available to support superiority.
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ATYPICAL ANTIPSYCHOTICS-ORAL

- Recommendations: Add paliperidone (generic for Invega® Tablet) and Rexulti® Tablet as new non-preferred products; move aripiprazole tablet (generic for Abilify® Tablet) to preferred effective Oct. 1, 2016; Abilify® Tablet to non-preferred effective Jan. 1, 2017
- Public Comments: Forty five
- Speakers: Thirteen (all Rexulti®)
 - Dr. Abraham - New Hope Specialty Clinic - Experience with Rexulti® shows improvement with least side effects.
 - Dr. Lucy Chartier, PhD, PMHNP - BC - Side effects of atypicals like metabolic syndrome and sedation can be problematic; provided example of patient that responded very well to Rexulti® resulting in improved quality of life.
 - Dr. Amelia Davis - B and D Behavioral Health – Shared her professional experience of using Rexulti® in treatment of patients.
 - Valerie Holmes, MD - Carolina Behavioral Care/Duke - Rexulti® has a cleaner side effect profile, long half-life more favorable with missed doses, works on three receptors.
 - Robert Millet, MD - Carolina Behavioral Care - Medications with partial agonist properties, like Rexulti® have made treatment option better, requests barriers to getting medication are removed. Barriers are anything that makes getting the medication harder.
 - Bryce Reynolds, MD - Telecare ACTT-Durham - Rexulti® is indicated for schizophrenia and adjunctive treatment for psychosis associated depression; has strong receptor binding and because partial D2 agonist mood and motor sensory are less affected.
 - Jason Swartz, MBA, R.Ph - Otsuka - Clinical overview of drug per package insert, [Indicated for schizophrenia and manic depression; Rexulti® has black box warning].
 - Steven Szabo - Duke Psychiatry - believes personalized medication therapy is essential, must determine what medication will benefit what patient.
 - Wei Zhang, MD - Daymark Recovery - Safety profile is better; shared story about young man who had a severe setback in treatment responded very well to Rexulti®.
 - Tammy Rader - New Hope Specialty Clinic - (registered, but did not speak).
 - Steven Worringham, MD - Carolina Outreach, LLC - (registered, but did not speak).
 - Dr. Richard Weisler, MD - Private Practice Raleigh - (registered, but did not speak).
 - Dr. Mona Bhatti, MD - Fellowship Health Resources - (registered, but did not speak).
- Discussion: Panel members commented that there were no comparison to other currently available agents. The concept of barrier was considered; panel shared the trial and failure

of only one for this class provides possibility for claim to pay without a prior authorization if one paid claim for any other atypical antipsychotic is found within the 12 month look back period. A question was asked is it reasonable that Rexulti® should be a first line treatment option without trying a preferred drug in the absence of studies that show superiority; cost difference is significant and head to head studies are lacking to support justification. Maximum treatment choice are important especially with refractory patients, but superiority and cost must be considered. Currently system does allow for 3 day emergency supply to ensure medication immediate availability and allow time for PA processing. Evidenced base medicine should have weight when making these decisions more so than individual observations. Conclusion was that there is need for more rigorous studies as there are currently no head to head studies; it has only been studied against placebo.

- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ALZHEIMER'S AGENTS

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- Recommendations: Move Namenda® Tablet move from preferred to non-preferred; add memantine oral solution (generic for Namenda® Solution); Namzaric™ Solution (Oral) and rivastigmine transderm (generic for Exelon® Patch) as new non- preferred products
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANALGESICS

Eight public comments were received for this class.

NARCOTIC ANALGESICS (Orally Disintegrating / Oral Spray Schedule II Narcotics)

- Recommendations: Move Fentora® Buccal Tablet from preferred to non-preferred; add Belbuca (Buccal) and fentanyl citrate lozenge (generic for Actiq®) as new non-preferred products.
- Public Comments: *see under subheading Analgesics*
- Speakers: One
 - Brian Howell, Pharm D- Perdue: Hysingla - Highlighted that it has the first only SR hydrocodone abuse deterrent properties recognized by the FDA
- Discussion: Embeda also has abuse deterrent properties. The revision of DMA's Narcotic Analgesic policy was discussed, including the fact that a beneficiary might not need a PA if their prescription is within the proposed dosing guidelines and the 2 week time frame. Thus, under these proposed revisions, Hysingla may not need a PA.
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

NARCOTIC ANALGESICS (SHORT ACTING SCHEDULE II NARCOTICS)

- Recommendations: Move oxycodone capsule (generic for OxyIR®) from preferred to non-preferred status
- Public Comments: *see under subheading Analgesics*
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

NSAIDS

- Recommendations: Move naproxen sodium tablet (generic for Anaprox®) from preferred to non-preferred; add naproxen CR, Tivorbex® capsule, Vivlodex™ to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANTICONVULSANTS

CARBAMAZEPINE DERIVATIVES

- Recommendations: Move carbamazepine suspension / tablet (generic for Tegretol® and Epitol®), carbamazepine XR tablet (generic for Tegretol XR®), oxcarbazepine suspension - (generic for Trileptal®) and Trileptal® Tablet (oral) from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

FIRST GENERATION

- Recommendations: Move Felbatol® Suspension / Tablet, Depakote® ER Tablet and Depakote® Sprinkle Capsule from preferred to non-preferred. Add Valproate Syrup (oral) as a new non-preferred product.
- Public Comment: One
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANTI-INFECTIVE-SYSTEMIC

ANTIBIOTICS- LINCOSAMIDES AND OXAZOLIDINONES

- Recommendations: Add Linezolid Tablet (generic for Zyvox®) to preferred; move Zyvox® Tablet from preferred to non-preferred; add lincomycin injection as a new non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANTIBIOTICS - NITROMIDAZOLES

Recommendations: Move vancomycin capsule (generic for Vancocin®) from preferred to non-preferred; move Vancocin® Capsule from non-preferred to preferred

Public Comments: None

Speakers: None

Discussion: None

Motion with second: Approve the drug class with recommended changes.

Vote: All in Favor - None opposed

ANTIBIOTICS - TETRACYCLINE DERIATIVES

- Recommendation: Move tetracycline capsule (generic for Sumycin®) from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANTIFUNGALS

- Recommendations: Move Grifulvin V® Tablet from non-preferred to preferred; move Gris-Peg® Tablet from preferred to non-preferred; add Cresemba® Capsule as a new non-preferred product
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANTIVIRAL HEPATITIS C AGENTS

- Recommendations: Move Ribasphere® Capsule / Tablet (branded generic for Rebatrol) from preferred to non-preferred; Harvoni® and Zepatier® Tablet move from non-preferred to preferred; add Epclusa® Tablet (for genotype 2 and 3) to preferred; add Epclusa® Tablet (for genotype 1,4,5 and 6) to non-preferred; Viekira® XR Tablet add to preferred; add Daklinza® Tablet (for genotype 3) to non-preferred

- Public Comments: Four
- Speakers: None
- Discussion: Announcement was made that the proposed Hep C changes would be made effective Oct 1, 2016. Comment was made that this was a welcome decision by DMA to provide additional preferred Hep C drug treatment options.
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANTIVIRAL, HERPES TREATMENTS

- Recommendation: Move acyclovir suspension (generic for Zovirax®) from preferred to non-preferred; move Zovirax® Suspension from non-preferred to preferred status
- Public Comments: Four
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANTIVIRAL, INFLUENZA

- Recommendation: Move amantadine tablet (generic for Symmetrel®) from preferred to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: Amantadine not currently prescribed nor very effective for influenza virus. A note was made that Amantadine capsules were still preferred
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

CARDIOVASCULAR

ACE INHIBITORS

- Recommendation: Move captopril tablet (generic for Capoten®) from preferred to non-preferred
- Public Comment: None
- Speakers: One
 - Trey Gardner, PharmD, Silvergate Pharmaceuticals- Epaned® Solution - Liquid formulation available for children; allows dosing option for children; safety reasons provided that Epaned® Solution is a safer alternative to a compounded product.
- Discussion: Compound formulation of ace inhibitor not readily available, consideration was given to instituting an age exemption for Epaned® Solution to make liquid formulation available for pediatrics.
- Motion with second: Approve the drug class with recommended changes; in addition place age edit exemption on Epaned® Solution for availability to pediatrics (age TBD).
*Note PDL panel members voted on age exemption <12 years after the meeting.
- Vote: All in Favor - None opposed

ACE INHIBITOR DIURETIC COMBINATIONS

- Recommendation: Move captopril-HCTZ tablet (generic for Capozide®) from preferred to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

- Recommendations: Add Prestalia® as new non-preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

- Recommendations: Move Diovan® HCT Tablet from preferred to non-preferred; move valsartan-HCTZ tablet (generic for Diovan® HCT) from non-preferred to preferred
- Public Comment - None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANGIOTENSIN II RECEPTOR-NEPRILYSIN BLOCKER COMBINATIONS

- Recommendations: Add Entresto® (*Clinical Criteria Apply) to preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes
- Vote: All in Favor - None opposed

NIACIN DERIVATIVES

- Recommendations: Move niacin ER tablet (generic for Niaspan®) and Niacor® Tablet from preferred to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- Recommendations: Move Cardizem® LA Tablet, Cardizem® Tablet and verapamil ER capsules (generic for Verelan®) from preferred to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ORAL PULMONARY HYPERTENSION

- Recommendations: Move Adcirca® Tablet from non-preferred to preferred; Uptravi® Tablet added as a new non-preferred.
- Public Comment: None
- Speakers: One
 - Melanie Shadoan, PhD for– United Therapeutics- Orenitram ER
- Discussion: No head to head studies available
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

PLATELET INHIBITORS

- Recommendations: Move ticlopidine tablet (generic for Ticlid®) from preferred to non-preferred; Durlaza® Capsule added as new non-preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

- Recommendations: Move rizatriptan tablet (generic for Maxalt®) from non-preferred to preferred; add almotriptan tablet as a new non-preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

MULTIPLE SCLEROSIS

- Recommendations: Move Tecfidera® Capsule / Starter Pack tablet from non-preferred to preferred status; add Glatopa® Syringe as a new non-preferred product
- Public Comment: None
- Speakers: Two
 - Manuel Nunez, Pharm D - Sanofi Genzyme - Aubagio® - (did not speak)

- Tanner Odom, Pharm D, Biogen - Tecfidera® - 5 year safety data provided showing a statistically significant lower relapse rate; lower rate of disability progression; rates of adverse events low
- Discussion: The appropriateness of trial and failure of two was questioned for this category. Utilization was requested for Tecfidera®. Tecfidera® utilization was shown to be high compared to other agents in the multiple sclerosis therapeutic class on the PDL. Based on outcome of the discussion, a motion was made to move Tecfidera® to preferred.
- Motion with second: Approve the drug class with recommended changes; additionally to move Tecfidera® Capsule / Starter Pack to preferred
- Vote: All in Favor - None opposed

ENDOCRINOLOGY

GROWTH HORMONE

- Recommendations: Add Zomacton® Vial as a new non-preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

HYPOGLYCEMICS – INJECTABLE- Rapid Acting Insulin

- Recommendation: Move Humalog® Kwikpen from non-preferred to preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor- None opposed

HYPOGLYCEMICS – INJECTABLE- Long Acting Insulin

- Recommendations: Add Tresiba® as a new non-preferred product
- Public Comment: Three
- Speakers: One
 - Michael Santiago, MD, Novo Nordisk - Tresiba® - Overview of Tresiba®. It has a ½ life of 24 hours as compared to Lantus; effective and safe when dosed any time of the day.
- Discussion: Tresiba® is a once a day basal insulin that can be used anytime of the day. A comment was made that this is not a class that a trial and failure of two products (i.e. Lantus® and Levemir®) seems appropriate. Discussion led to the consideration of changing the requirement to a trial and failure of one product before using the non-preferred product (Tresiba®)
- Motion with second: Approve the drug class with recommended changes.
 *Note: Included with the motion for was to change to trial and failure of (1) one preferred product for HYPOGLYCEMICS - INJECTABLE- Long Acting Insulin.

- Vote: All in Favor - None opposed

HYPOGLYCEMICS - INJECTABLE - Premixed Rapid Combination Insulin

- Recommendations: Move Humalog® Mix 50/50 Kwikpen and Humalog® Mix 75/25 Kwikpen from non-preferred to preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes
- Vote: All in Favor - None opposed

HYPOGLYCEMICS - ORAL - Meglitinides

- Recommendations: Move Prandin® Tablet from preferred to non-preferred; move repaglinide tablet (generic for Prandin®) from non-preferred to preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

HYPOGLYCEMICS- ORAL- Meglitinides Combinations

- Recommendations: Add repaglinide-metformin tablet as a new non-preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes
- Vote: All in Favor - None opposed

HYPOGLYCEMICS - ORAL - Sodium - Glucose Co-Transporter 2 (SGLT2) Inhibitor and Combinations

- Recommendations: Move Invokamet® Tablet from non-preferred to preferred; add Synjardy® Tablet as a new non-preferred product
- Public Comment: None
- Speakers: One
 - Erica Jessie, Boehringer Ingelheim - Jardiance® - A 0.5 to 0.9 A1c reduction has been observed with the use of Jardiance including reduction in Wt. and B.P. as secondary endpoints.
- Discussion: A question was asked if the preferred products also have similar reductions observed with Jardiance (in other words was this a class effect).
- Motion with second: Approve the drug class with recommended changes
- Vote: All in Favor - None opposed

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

- Recommendation: Move trimethobenzamide capsule (generic for Tigan®) from preferred to non-preferred; add Varubi® Tablet as a new non-preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

BILE ACID SALTS

- Recommendations: Add Cholbam® Capsule as a new non-preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

H. PYLORI COMBINATIONS

- Recommendations: Move Prevpac® Patient Pack from preferred to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

SELECTIVE CONSTIPATION AGENTS

- Recommendation: Add alosetron tablet as a new non-preferred product; allow Viberzi® Tablet for beneficiaries with IBS-D to obtain medication without prior authorization (i.e. exemption for Irritable Bowel Syndrome with Diarrhea)
- Public Comment: None
- Speakers: None
- Discussion: Clarification provided on what Viberzi® with exemption for (IBS-D) actually means. Even though it is non-preferred beneficiary with a diagnosis of (IBS-D) will be exempt from prior authorization.
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

GENITOURINARY/RENAL

BENIGN PROSTATIC HYPERPLASIA TREATMENTS

- Recommendation: Add dutasteride capsule as a new non-preferred product
- Public Comment: None
- Speakers: None

- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ELECTROLYTE DEPLETERS

- Recommendations: Move Fosrenol® Chewable from preferred to non-preferred; add Fosrenol® Powder Pack as a new non-preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

GOUT

ANTIHYPERURICEMICS

- Recommendation: Add Mitigare® Capsule as a new non-preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

HEMATOLOGIC

HEMATOPOIETIC AGENTS

- Recommendations: Move Epogen® Vial from preferred to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

OPHTHALMIC

ANTI INFLAMATORY

- Recommendations: Move prednisolone acetate drops (generic for Pred Forte®) from preferred to non-preferred.
- Public Comment: None
- Speakers: None
- Discussion: Important to have a steroid option available that can be used for otic care. This product is dispensed daily, specifically after surgery. A decision was reached to leave it as preferred.
- Motion with second: Approve the drug class with prednisolone acetate drops (generic for Pred Forte®) remaining preferred.

- Vote: All in Favor - None opposed

GLAUCOMA, BETA BLOCKER AGENTS

- Recommendations: Move betaxolol drops (generic for Betoptic®) and metipranolol drops (generic for OptiPranolol®) from preferred to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

GLAUCOMA, PROSTAGLANDIN AGONISTS

- Recommendation: Add bimatoprost to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

OSTEOPOROSIS

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

- Recommendations: Move etidronate tablet (generic for Didronel®) and Evista® Tablet from preferred to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

OTIC

ANTIBIOTICS

- Recommendations: Confirmed the move of ofloxacin drops from preferred to non-preferred status from Feb 1, 2016
- Public Comment: None
- Speakers: None
- Discussion: Clarification was made regarding the reasoning behind this change on Feb 1, 2016.
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in favor - None opposed

RESPIRATORY

BETA-ADRENERGIC NEBULIZERS

- Recommendations: Move albuterol 0.63mg/3ml solution (generic for Accuneb®) and albuterol 1.25mg/3ml solution (generic for Accuneb®) from non-preferred to preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

COPD AGENTS

- Recommendations: Add Seebri® Neohaler, Stiolto® Respimat Inhalation Spray and Utibron® Neohaler as new non-preferred products
- Public Comment: None
- Speakers: One
 - Erica Jessie for– Boehringer Ingelheim- Spiriva® and Stiolto®- Only Spiriva® Respimat was spoken on. Overview of clinical trial of Spiriva® Respimat
- Discussion: Clarification regarding the level of evidence at the end of the Spiriva® Respimat trial - no demonstrated superiority to preferred.
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

CORTICOSTEROIDS

- Recommendations: Move Pulmicort® Respules 1mg from non-preferred to preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

INTRANASAL RHINITIS AGENTS

- Recommendations: Move Astelin® Nasal Spray and azelastine spray (generic for Astepro®) from preferred to non-preferred, add ticanase nasal spray as a new non-preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

LOW SEDATING ANTIHISTAMINES

- Recommendations: Add Allegra® Allergy OTC Tablet, Allegra® Allergy Suspension OTC, Claritin® Tablet OTC, fexofenadine 60mg and 180 mg tablet and Zyrtec® as new non-preferred products

- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

LOW SEDATING ANTIHISTAMINE COMBINATION

- Recommendations: Add Allegra-D® 12 Hour OTC Tablet, Allegra-D® 24 Hour OTC Tablet, Claritin-D® 12 Hour OTC Tablet, Claritin-D® 24 Hour OTC Tablet, fexofenadine-D 12 Hour OTC Tablet (generic for Allegra-D® 12 Hour OTC) and Zyrtec-D OTC Tablet as new non-preferred products
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

TOPICALS

ACNE AGENTS

- Recommendations: Move Retin-A® Cream / Gel from non-preferred to preferred status; move tretinoin cream / gel from non-preferred to preferred status; add Acne Clearing System, Benzefoam Ultra, Inova® (4/1, 8/2), and Promiseb® Complete as new non-preferred products
- Public Comment: None
- Speakers: None
- Discussion: Comment was made that physicians write a lot of prescriptions for non-preferred acne products.
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANESTHETICS

- Recommendations: Add Dermacinrx Lexitral (Topical) as a new non-preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANTIBIOTIC - VAGINAL

- Recommendations: Move Metrogel® Vaginal Gel from preferred to non-preferred; move Vandazole® Vaginal Gel from non-preferred to preferred
- Public Comment: None
- Speakers: None

- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANTIFUNGAL

- Recommendations: Add Bensal HP®, naftifine cream and naftifine gel as new non-preferred products
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANTIPARASITICS

- Recommendations: Move Eurax® Lotion from preferred to non-preferred.
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ANTIVIRAL

- Recommendations: Move Zovirax® Ointment and acyclovir ointment (generic for Zovirax® Ointment) from preferred to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

PSORIASIS

- Recommendation: Add Enstilar® Foam as a new non-preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

STEROIDS, Medium Potency

- Recommendations: Move hydrocortisone valerate cream and ointment (generic for Westcort®) from preferred to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: None

- Motion with second: Approve the drug class with recommended change.
- Vote: All in Favor - None opposed

MISCELLANEOUS

ANTIPSORIATICS, ORAL

- Recommendations: Add ANTIPSORIATICS, ORAL as a new therapeutic class on the PDL with the following drugs - Methoxsalen Rapid (generic for Oxsoralen-Ultra®) and Soriatane® to preferred; add Acitretin (generic for Soriatane®), 8-MOP® and Oxsoralen-Ultra® to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended change.
- Vote: All in Favor - None opposed

EPINEPHRINE, SELF INJECTED

- Recommendations: Move Adrenaclick® Auto Injector and epinephrine auto injector (generic for Adrenaclick®) from non-preferred to preferred
- Public Comment: None
- Speakers: None
- Discussion: Due to recent significant increase in cost of EpiPen and terminated manufacturer rebates, it is necessary to prefer other products
- Motion with second: Approve the drug class with recommended changes.
- Vote: All in Favor - None opposed

ESTROGEN AGENTS, ORAL/TRANSDERMAL

- Recommendation: Add CombiPatch® as a new preferred product
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended change.
- Vote: All in Favor - None opposed

GLUCOCORTICOID STEROIDS, ORAL

- Recommendations: Move Entocort® EC Capsule from preferred to non-preferred
- Public Comment: None
- Speakers: None
- Discussion: None
- Motion with second: Approve the drug class with recommended change.
- Vote: All in Favor - None opposed

IMMUNOSUPPRESSANTS

- Recommendation: Add Evarsus® XR Tablet to preferred

- Public Comment: None
- Speakers: None
- Discussion: Clarification was made that all products under this class are preferred as this is a protected class
- Motion with second: Approve the drug class with recommended change.
- Vote: All in Favor - None opposed

OPIOID ANTAGONIST

- Recommendations: Add naltrexone (oral) to preferred; add Vivitrol® as a new non-preferred product; Confirming April 1, 2016 decision of adding Narcan® Nasal Spray as preferred to the PDL
- Public Comment: Two
- Speakers: One
 - Dr. Timothy Birner, Alkermes- Vivitrol® - Clinical Overview of Vivitrol®; patient considerations in decision to treat with Vivitrol® and place in treatment for opioid dependence.
- Discussion: Consideration was given to drug's placement on PDL. Outcome of discussion was to move Vivitrol® to preferred
- Motion with second: Approve the drug class with recommended changed including moving Vivitrol® to the preferred side
- Vote: All in Favor - None opposed

The meeting was adjourned at 4:15 pm.