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

Friday, September 16, 2011, 1:00 p.m. – 5:00 p.m.

Jane S. McKimmon Center
NC State University
1101 Gorman Street
Raleigh, NC 27606

I. WELCOME AND INTRODUCTIONS

Dr. Lisa Weeks welcomed panel members and meeting attendees to the N.C. Medicaid Preferred Drug List review panel meeting. Panel members and public were reminded that yesterday was the one-year anniversary of North Carolina having a Preferred Drug List. A lot of work has been completed over the last year and she thanked everyone for their interest in DMA's process.

II. OVERVIEW OF PANEL ACTIVITIES AND PROCEDURES

Dr. Weeks provided an overview of the processes and procedures for today's meeting. The panel will not review drug classes for which all drugs are considered preferred. The panel will only review those drug classes for which there are decisions to be made regarding preferred versus non-preferred status.

For each drug class review:

1. Registered speakers provided comments. Speakers provided their name, affiliation and disclosed any conflicts of interest. Speakers were to be mindful of the time limitations of this meeting. Dr. Weeks reserved the right to intervene in order to ensure the meeting continued to move forward in a timely manner.
2. Dr. Weeks provided a brief summary of the comments received through the DMA website during the public comment period. The panel members received a copy of the public comments prior to the meeting.
3. Dr. Weeks provided a brief description of the proposed decisions for each drug class. An opportunity for discussion by the panel members followed. Panel members made a first and second motion to approve the proposal as is or with stated changes. Panel members recused themselves if they had any conflicts of interests regarding the specific drugs or drug classes. Then panel members voted on the proposal with recommended changes, if any.

There are 65 topics to review.

Panel members introduced themselves.

1. Dr. Robert (Chuck) Rich, Representative from North Carolina Academy of Family Physicians
2. Dr. Theresa Flynn, Representative from North Carolina Pediatric Society
3. Dr. Lawrence Cutchin, Representative from Community Care of North Carolina
4. Dr. Beat Steiner, Representative from Physician Advisory Group Pharmacy and Therapeutics Committee
5. Dr. Lisa Weeks, Representative from N.C. Division of Medical Assistance
6. Dr. Stefanie Ferreri, Representative from North Carolina Association of Pharmacists
7. Dr. Paul Bush, Representative from Hospital-Based Pharmacy
8. Dr. Byron Hoffman, Representative from N.C. Chapter of the American College of Physicians

III. REVIEWS

1. ADDITION OF HEALTH CHOICE TO THE MEDICAID PDL
   - The addition of Health Choice to the Medicaid Preferred Drug List is currently posted on the DMA website for a 45-day comment period. Dr. Weeks wanted to take the opportunity to review the PDL in light of this addition. Health Choice is North Carolina's SCHIP program for children 6-18 years of age. DMA has been working with Magellan to negotiate separate contracts with drug manufacturers for rebates for this program. Health Choice is a Medicaid look alike and processes and policies will be the same as Medicaid on October 1, 2011. Changes to the preferred drug list are targeted to go into effect on November 1, 2011. Dr. Weeks will provide additional follow-up to the panel members following the end of the current comment period and address the comments before the change is implemented. Dr. Weeks asked for approval from the Panel pending follow-up with any comments that come in through the comment period.
   - There was no discussion by the panel.
   - First and second motions were made to approve as presented.
   - Vote: 7 in favor; 0 opposed (Dr. Hoffman absent from voting)

2. MEDICAID AND HEALTH CHOICE PDL GUIDELINES
   - With the addition of Health Choice to the PDL, DMA would also like to add Health Choice to the PDL Guidelines. The guidelines are currently posted for a second comment period to include the Health Choice population. It is also recommended changing the number of reviews each year from two reviews to one review for several reasons. First, the provider community has relayed that it is preferable not to have frequent changes to this list each year. Secondly, more frequent reviews could potentially impact the Magellan spring financial reviews that take place with the states in the NMPI pool. If there is a change that is significant DMA can make changes off cycle according to the PDL guidelines. Dr. Weeks asked for approval from the panel pending follow-up with any comments that come in during the comment period.
   - There was no discussion by the panel.
   - First and second motions were made to approve as presented with the recommendation to change the number of reviews to one per year.
   - Vote: 7 in favor; 0 opposed (Dr. Hoffman absent from voting)

3. ALZHEIMER'S AGENTS
   - No registered speakers for this class.
   - No comments were received during the 45-day public period.
   - The changes proposed include generic rivastigmine and donepezil as non-preferred and brand Aricept 23 as non-preferred. Market share of these medications is around 1% across all three medications. The generics have been non-preferred and have been messaged on at point-of-sale. They continue to be recommended as non-preferred.
   - Discussion:
     - This is an example that shows if a prescriber writes a prescription for the generic product, the pharmacist can substitute with the brand name.
   - First and second motions were made to approve the drug class as presented.
   - Vote: 7 in favor; 0 opposed (Dr. Hoffman absent from voting)

4. NSAIDs
   - One speaker is registered to speak for this class:
     1. Dr. Julie Huber, AstraZeneca
        (Requested to have Vimovo available as a preferred product)
   - One comment was received during the public comment period regarding removal of ketoprofen from the preferred side due to lack of availability. The commenter requested that meloxicam remain preferred because it is similar to a COX-2 inhibitor and has an indication for RA.

- The market basket for this drug class has been expanded to include more medications. Several generic medications have been added to the preferred side. On the non-preferred side, generic Mobic is proposed now as a non-preferred and several expensive generics with low market share. Generic Mobic has about 13% of the market share and the remaining medications have less than 5%.
- Discussion:
  - Vimovo would be available as a second-line product after trying Celebrex.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed (Dr. Hoffman absent from voting)

5. LONG ACTING NARCOTIC ANALGESICS
   - One speaker registered to speak for this class:
     1. Dr. Maribeth Kowalski, Purdue Pharma
        (Requested to have Butrans available as a preferred product)
   - Nine comments were received during the public comment period. Two comments were related to Butrans and seven comments were related to Exalgo. Comments about Butrans were due to the concern about having to try a higher scheduled opioid prior to the use of Butrans. Comments about Exalgo were related to having preferred status as another alternative long acting pain medication. The name of the drug class was changed to Long Acting Narcotics with the additional of Butrans to the class. Butrans is a new transdermal long acting analgesics. 40% of the market share is with the preferred products. Duragesic has a little over 10% but that continues to drop with the movement of generic fentanyl patches to preferred side due to the market shortage of the brand Duragesic.
   - There was no discussion by the panel.
   - First and second motions were made to approve the drug class as presented.
   - Vote: 7 in favor; 0 opposed (Dr. Hoffman absent from voting)

6. ORALLY DISINTEGRATING SCHEDULE II ANALGESICS
   - No registered speakers for this class.
   - No comments were received during the public comment period.
   - Abstral was added to the non-preferred side. There is limited use in this class of short-acting narcotics. Generic fentanyl is a preferred product.
   - There was no discussion by the panel.
   - First and second motions were made to approve the drug class as presented.
   - Vote: 7 in favor; 0 opposed (Dr. Hoffman absent from voting)

7. SHORT ACTING SCHEDULE II ANALGESICS
   - No registered speakers for this class.
   - No comments were received during the public comment period.
   - The drug class was expanded to include certain generics as non-preferred with less than 1% market share. Magellan recommended that oxycodone be designated as non-preferred; DMA and the P&T committee decided not to accept this recommendation. Two drugs that need to be addressed were not updated on the posted recommendations. Lynox should be removed from the list because all NDCs are obsolete or non-rebatable so there are no NDCs that are covered. We also recommend removing Levo-Dromoran because there are no covered NDCs for this drug.
   - There was no discussion by the panel.
   - First and second motions were made to approve the drug class as is with the recommended deletions of Lynox and Levo-Dromoran.
   - Vote: 7 in favor; 0 opposed (Dr. Hoffman absent from voting)

Dr. Hoffman joined the meeting.

8. SCHEDULE III-IV ANALGESIC COMBINATIONS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The drug class was expanded to include generics as non-preferred with less than 1% market share. Three brands were added as non-preferred with relatively no market share. An additional generic was added as preferred, generic Talacen.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

The Panel asked about additional drugs that were added to the market basket. Many drug classes were expanded by Magellan to include additional drugs to both preferred and non-preferred sides.

9. TRAMADOL

- No registered speakers for this class.
- No comments were received during the public comment period.
- The only change made to this drug class is the addition of Rybix ODT to non-preferred status. Market share of this drug is around 0.01%.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

10. CEPHALOSPORIN ANTIBIOTICS

- No registered speakers for this class.
- No comments were received during the public comment period.
- This drug class was expanded to add additional generics to the preferred side and brand Ceftin suspension and Spectracef to the non-preferred side. Augmentin has a generic equivalent as preferred. Ceftin tablet is preferred, but Ceftin suspension is non-preferred. Market share for the non-preferred drugs is about 1%.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

11. LINCOSAMIDES-OXAZOLIDINONES ANTIBIOTICS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The addition of the Synercid and Zyvox injections to the non-preferred side represent less than 1% of the market share for this drug class. Brand Cleocin capsules are listed as non-preferred because it is a brand and its generic equivalent is on the preferred side. Injections are primarily used in the hospital setting. Synercid is used for the treatment of serious and life-threatening infections associated with vancomycin-resistant enterococcus faecium. Zyvox is used to treat infections such as pneumonia, urinary tract infections and skin/blood infections. The oral version of Zyvox is indicated as preferred.
- Discussion:
    - Clarification was provided that clindamycin liquid is a preferred product.
- First and second motions were made to approve the drug class clarifying that clindamycin liquid is a preferred product.
- Vote: 8 in favor; 0 opposed

12. MACROLIDES AND KETOLIDES ANTIBIOTICS

- No registered speakers for this class.
- No comments were received during the public comment period.

- The only change to this drug class is addition of brand Ketek as non-preferred. This drug has less than 1% market share.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

13. TETRACYCLINE ANTIBIOTICS
- No registered speakers for this class.
- No comments have yet been received during the public comment period.
- This new class of antibiotics has been added to the preferred drug list. The addition of this drug class is part of this year's prior authorization budget initiatives and currently is posted for the 45-day comment period. DMA is bringing this forward now with the reposting due to the Health Choice addition and it was a good opportunity to have this completed with the PDL panel meeting. All of the manufacturers of the brand drugs recommended as non-preferred have been contacted so that they were made aware of these recommendations since this has not been through the entire 45-day comment period. The intent of this recommendation is to prefer less expensive generics and non-prefer brands and more expensive generics. The recommendation is to require generic doxycycline, minocycline, and tetracycline prior to using one of the non-preferred products and limiting the use of Solodyn ER to 12 weeks according to FDA guidelines. Dr. Weeks asked for approval from the panel pending follow-up with any comments that come in during the comment period, which ends on October 22, 2011. DMA will not implement any of the tetracycline derivative changes without following up with the panel.
- Discussion:
    - The P&T Committee spent a great amount of time reviewing this class. These products are mainly used for the treatment of acne. P&T agreed that the recommendations of the preferred products were clinically appropriate for the initiation of acne treatment and no clinically superior products were on the non-preferred side.
- First and second motions were made to approve the drug class pending comments and follow-up with the panel after the 45-day comment period.
- Vote: 8 in favor; 0 opposed

14. ORAL ANTIFUNGALS
- No registered speakers for this class.
- No comments were received during the public comment period.
- This drug class has been expanded to add four brands and two generics as non-preferred. All of these drugs have very low utilization (about 1%).
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

15. HEPATITIS C ANTIVIRALS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommended change to this drug class is the addition of brand Infergen as non-preferred. Infergen is a medication given subcutaneously and can be obtained when submitting a prior authorization form. It is not a first-line therapy and represents about 1% market share.
- Discussion:
    - Infergen was confirmed by a hepatologist as a second-line product.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

16. HERPES ANTIVIRALS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The changes recommended include moving brand Famvir and Zovirax as non-preferred. Both of these brands have generic equivalents as preferred. These brands have low utilization.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

17. INFLUENZA ANTIVIRALS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation is to move brand Relenza to the non-preferred side. There are alternatives to Relenza on the preferred side, which are Tamiflu and amantadine. Relenza also has very low utilization (0.1%). Flumadine is not a covered drug; all versions are either non-rebatable or have termination dates.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

18. ACE INHIBITOR CALCIUM CHANNEL BLOCKER COMBINATIONS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation is to move brand Tarka to the non-preferred side. This was a preferred brand which would be switching to non-preferred with its generic version. Utilization is low for both of these drugs. We will remove the preferred messaging at point-of-sale for this brand.
- Discussion:
    - Currently Tarka is messaged at point-of-sale as a preferred brand. Since Tarka is moving to the non-preferred side, the message will be removed.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

19. ANGIOTENSIN II RECEPTOR BLOCKERS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation is to move brand Cozaar to the non-preferred side and its generic to the preferred side. The preferred brand message will also be removed at point-of-sale. Edarbi is a brand name drug that has been added to the non-preferred side with low utilization. We continue to require a trial and failure of an ACE inhibitor unless there is a contraindication or adverse event related to the use of an ACE inhibitor.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

20. ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation is to move brand Hyzaar to the non-preferred side and it's generic to the preferred side. We will also remove the preferred brand message at point-of-sale. As with the previous drug class, we continue to require a trial and failure of an ACE inhibitor unless there is a contraindication or adverse event related to the use of an ACE inhibitor.
- There was no discussion by the panel.

- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

21. CHOLESTEROL LOWERING AGENTS

- Two speakers registered to speak for this class:
  1. Dr. Jonathan Jaffe, Merck & Co.
     (Requested to have Zetia available as a preferred product)
  2. Dr. Phil Mendys, Pfizer
     (Requested to have Lipitor available as a preferred product)
- Two comments were received for this drug class. Both comments supported the movement of Zetia to preferred status. DMA's recommendation is to make Crestor preferred but continue to require a trial and failure of generic simvastatin. Prior authorization criteria currently exist for this drug class. The only change is to reflect the movement of Crestor to preferred status. Brand Livalo is a new medication with current low utilization and is recommended as non-preferred.
- Discussion by the panel:
  - Clarification that simvastatin maximum doses are not set by DMA. The maximum dose is the maximum dose tolerated by the patient. The panel recommended clarifying the comment 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." This comment refers to simvastatin, not the other generics on the preferred side. This comment initially came about because the evidence is less likely that goal will be reached with the other generics if it is not reached with simvastatin.
  - The utilization of atorvastatin was 20.8% when the market shift analysis was reported. This was when the 6-month transition period was still in effect. When reviewed by the P&T Committee, there was a shift towards simvastatin. DMA will report the market shift back to the panel. DMA considered the change on the 80 mg dose of simvastatin when reviewing the clinical criteria with the P&T Committee. Education shall be clear that DMA does not require a maximum dose of simvastatin 80 mg.
- First and second motions were made to approve the drug class as proposed with the additional panel recommendation of changing 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." DMA will report the current utilization percentage shift to the panel.DMA will also review new data on Zetia with the P&T committee.
- Vote: 8 in favor; 0 opposed

22. CORONARY VASODILATORS

- No registered speakers for this class.
- No comments were received during the public comment period.
- This drug class has been expanded to add three generics to the preferred side and three brands to the non-preferred side. Brand Nitrolingual spray is recommended as non-preferred since there are several generics available and the spray has low utilization around 2%.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

23. DIRECT RENIN INHIBITORS

- No registered speakers for this class.
- No comments were received during the public comment period.
- This drug class has updated recommendations from what was posted during the comment period. Recent updated rebate information allows DMA to recommend making Amturnide and Tekamlo preferred. The recommendation is to move these two products to the preferred side. These medications still require a

trial and failure of an ACE inhibitor unless there is a contraindication or adverse event related to the use of an ACE inhibitor. All drugs in this class will be preferred.

- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented in addition to moving Amturnide and Tekamlo to the preferred side.
- Vote: 8 in favor; 0 opposed

24. ANTIMIGRAINE AGENTS

- No registered speakers for this class.
- No comments were received during the public comment period.
- There are two changes recommended to the migraine medications that include adding generic Amerge and brand Cambia to the non-preferred side. Naratriptan, which is generic Amerge, is an expensive generic and Cambia is a new branded diclofenac. At the time of our analysis, naratriptan had 0.4% market share and Cambia had a 0.4 % market share.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

25. ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

- No registered speakers for this class.
- No comments were received during the public comment period.
- This drug class has been expanded and primarily represents generics as preferred and brands as non-preferred. Five of the medications do not have a preferred generic equivalent. They are Azilect, Comtan, Stalevo, Tasmar and Zelapar. These medications have unique mechanisms of action but appear to be second line products with low utilization.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

26. SEDATIVE HYPNOTICS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The changes recommended to this class include adding brand Silenor, brand Zolpimist and generic extended release Ambien CR to the non-preferred side. Generic Ambien CR is an expensive generic. Silenor is a brand version of doxepin. Zolpimist is Ambien in a spray formulation. Market share for these additions is under 1%. DMA is taking Zolpimist to the P&T committee this month to address an appropriate quantity limit.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

27. GLP-1 RECEPTOR AGONISTS

- Three speakers are registered to speak for this drug class:
  1. Dr. Mary Katherine Lawrence, Down East Medical Associates
     (Requested to have Victoza available as a preferred product)
  2. Dr. Carey A. Robar, Novo Nordisk
     (Requested to have Victoza available as a preferred product)
  3. Dr. Henry Traylor, Internal Medicine, Whiteville, NC
     (Requested to have Victoza available as a preferred product)
- 28 comments were received during the public comment period. All were in support of keeping Victoza as a preferred medication. At the time of our analysis, there were 769 prescriptions filled for Byetta (42%)

and 1048 (58%) prescriptions filled for Victoza which are the only two medications listed in this particular class. A trial and failure of metformin is required prior to use of these products.

- Discussion:
  - Weight loss between the two products may not be significant.
  - Once additional data is received regarding Victoza, since it is a new product, the panel can revisit.
  - This class should be monitored closely and allow the panel to look at the data again in the next six months to one year, to see if there is clearly more significant differences between the two products.
  - If the proposed recommendations were approved by the panel, the patient would have to fail metformin and Byetta before getting Victoza.
  - There is a lack of clear data that states one product is clinically superior to the other.
  - If patients have dramatically improved on Victoza, can they be grandfathered? If a patient has finally found something that works for them, it would be unfortunate to have to switch drugs and watch them fail.
  - It appeared that some of the comments were the same as others, which raises some doubt. It would be nice if the comments were a little more spontaneous.
- First and second motions were made to approve the drug class as presented with the following recommendations:
  - Grandfather individuals currently on Victoza to continue to receive Victoza by the prescriber indicating that they are meeting clinical goals. Provider shall document that the goals are met on the prior authorization form.
  - Provide follow-up data in six months to the P&T Committee and share the information with the Panel
- Vote: 8 in favor; 0 opposed

28. TZD-METFORMIN COMBINATIONS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The only proposed change to this class is to add extended release Acto Plus Met XR to non-preferred status. It is an expensive extended release drug. It has about 0.2% of the market share.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed (Dr. Flynn absent for voting)

29. BILE ACID SALTS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation for this class is to add Chenodal as a non-preferred drug. It is a brand that has good alternatives and it has significant side effects. It has a potential for liver toxicity and is not an appropriate treatment for patients with gallstones. It should be reserved for select patients only. We only had one prescription filled for this medication at the time of our analysis.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed (Dr. Flynn absent for voting)

30. ANTIEMETICS

- No registered speakers for this class.
- No comments were received during the public comment period.
- This drug class has been expanded with the addition of many generics to the preferred side. On the non-preferred side, Cesamet, Dronabinol and Marinol were added, all which are cannabinoids and are typically not first line products for nausea. Metozolv was added to the non-preferred side and is a brand

version of metoclopramide. Zuplenz was added to the non-preferred side and is a brand version of ondansetron. Market share of all of these drugs combined is less than 1%.

- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed (Dr. Flynn absent for voting)

31. PANCREATIC ENZYMES

- No registered speakers for this class.
- Three comments were received for this drug class. Two comments from providers were in support of keeping all brands as preferred. One comment was in support of keeping Zenpep preferred.
- This drug class is new to the N.C. Medicaid PDL. The recommendations include one brand (Creon) and one generic, pancrelipase, as preferred. Pancreaze and Zenpep are two brands that were added as non-preferred. All drugs are versions of pancrelipase, but they are not interchangable. Creon has about 63% of market share, pancrelipase has about 4.1%, Pancreaze has about 13% and Zenpep has about 20%. They all have pediatric indications in infants through 12 months of age and up. The differences are primarily in their strengths.
- Discussion:
    - The public comments were very compelling. An endocrinologist who provided a public comment was contacted by a panel member. The endocrinologist said different kids respond differently and that the pancreatic enzymes are all equal. He added that he would be fine with the proposed list for the new patient, but for kids who are maintained, to allow them to receive the product they are currently receiving.
    - Allow a grandfather clause for those children who are well maintained.
    - It was recommended that DMA be proactive and educate the prescribers that a person doing well on pancreatic enzymes does not need to change therapy. The academic centers treating cystic fibrosis patients should also be notified.
- First and second motions were made to approve the drug class as presented with the following recommendations:
    - Allow all individuals who are well maintained on any of the non-preferred products to continue to receive the therapy.
    - Publicize the grandfathering of individuals who are well maintained to the academic centers.
- Vote: 8 in favor; 0 opposed

32. PROTON PUMP INHIBITORS

- No registered speakers for this class.
- One comment was received during the public comment period. The comment was from a patient who requested assistance with her prescription for lansoprazole. Our pharmacy staff contacted her and assisted her with her request.
- The recommendation includes the movement of generic pantoprazole to the preferred side and the additional of omeprazole-sodium bicarbonate, the generic version of Zegerid, to the non-preferred side.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

33. BENIGN PROSTATIC HYPERPLASIA DRUGS

- One speaker registered to speak on this drug class:
    1. Dr. Michael West, GlaxoSmithKline
       (Requested to have Jalyn available as a preferred product)
- No comments were received during the public comment period.
- The recommendations add two generics to the preferred side and their corresponding brands to the non-preferred side. Extended release Cardura and Jalyn are added to the non-preferred side. Jalyn is a 5-alpha reductase inhibitor/alpha blocker combination product. There are good alternatives on the preferred side.

Jalyn has about 0.1% market share; Cardura XL has about the same. The primary utilized drug in this class is generic Flomax with about 56% of the market share.

- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

34. URINARY ANTISPASMODICS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendations include changing Toviaz to preferred status and changing Enablex to non-preferred. They also include adding generic trospium to the non-preferred side. The change is related to a change in rebate status. Toviaz has about 2% of the market share. Enablex has about 12%. There were only two prescriptions for trospium at the time of the analysis. Approximately 57% of the recipients are on generic oxybutynin and Vesicare and about 15% are on Detrol LA.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

The next two classes are currently posted for another 45-day public comment period. DMA took the opportunity to update these recommendations with the addition of the Health Choice population.
The following changes have been made:

- The injectable anticoagulants were separated from the oral products to clarify which drugs need to be tried prior to the use of the non-preferred.
- The requirement to initiate Pradaxa therapy in the hospital was removed.
- Brand Coumadin was moved to the preferred side since it is a narrow therapeutic index drug.
- DMA will inform the panel members at the end of the current public comment period of any additional comments. The comment period ends October 22, 2011.
- DMA accepted P&T's recommended to allow a one-time override at point-of-sale following implementation. This will allow additional time to transition the patient from Pradaxa to warfarin

35. INJECTABLE ANTICOAGULANTS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation includes adding generic Lovenox to the non-preferred side. DMA has been messaging at point-of-sale for brand Lovenox being preferred since the generic came to the market after our last meeting. The brand has about 12% market share and the generic has about 3% market share. DMA is also recommending brand Innohep as non-preferred. This is another low molecular weight heparin.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

35. ORAL ANTICOAGULANTS

- One speaker registered to speak on this drug class:
  1. Joe West, Boehringer Ingelheim
     (Requested to have Pradaxa available as a preferred product)
- One comment was received during the public comment period supporting Pradaxa as a preferred product.
- Pradaxa is recommended as non-preferred and is currently non-preferred pending completion of this review process. This drug should be used if a patient is unable to tolerate Coumadin or cannot achieve stable INRs. 105 recipients are using this medication and there have been 313 prescriptions filled for this

medication since October 2010. It is significantly more costly than Coumadin even considering the additional costs of monitoring INRs.

- Discussion:
  - If a patient has a contraindication to warfarin the patient then can get Pradaxa upon completion of the standard drug request form.
  - From the hospital perspective, it is on the hospital formulary because the patient comes in on Pradaxa, not because the patient is sent home on it. Many academic centers have very strong warfarin management programs.
- The two new products projected to come on the market will be non-preferred until reviewed. If there are significant reasons to visit the drugs outside this forum, it will be brought to the Panel's attention.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed
- Panel members recommended a one-time override at point-of-sale for the two new products when they come to the market.

36. OPHTHALMIC ALLERGIC CONJUNCTIVITIS DRUGS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The brand version of cromolyn is moved to the non-preferred side. The new brand Lastacraft is added to the non-preferred side and has low utilization.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

37. OPHTHALMIC ANTIBIOTICS

- No registered speakers for this class.
- No comments were received during the public comment period.
- This drug class has been expanded to include many generics and their brand equivalents. Several generics were added to the preferred side. Two expensive generics were added to the non-preferred side along with the brand equivalents of generics listed on the preferred side. The two generics on the non-preferred side represent about 1% of the market share for the class.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

38. OPHTHALMIC ANTI-INFLAMMATORIES

- No registered speakers for this class.
- No comments were received during the public comment period.
- This drug class has been expanded to include many more products on the preferred side. Decadron and PredForte are indicated as non-preferred because they are brands of generics on the preferred side. Bromday is the brand version of bromfenac and is an NSAID with low utilization. Vexol is an ophthalmic steroid with low utilization. There are other steroids available as preferred.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

The Panel reviewed all glaucoma products before voting.

39. OPHTHALMIC ALPHA 2 ADRENERGIC GLAUCOMA AGENTS

- No registered speakers for this class.
- No comments were received during the public comment period.

- The recommendation includes moving brand Iopidine to the non-preferred side and generic brimonidine P to the non-preferred side. This would be the scenario where the brand Alphagan P would be preferred and the generic would be non-preferred. We would set up messaging on the brand at point-of-sale. Utilization is very low on these medications.

40. OPHTHALMIC BETA BLOCKER AGENTS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation includes moving brand Betagan, Optipranolol and Timoptic to the non-preferred side. Utilization is low for the brand products.

41. OPHTHALMIC PROSTAGLANDIN AGONISTS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendations include moving brand Xalatan to the non-preferred side and make its generic equivalent, latanoprost, preferred. Point-of-sale messaging will be removed on the brand. Travatan is being removed because there are no covered NDCs for this product.
- There was no discussion by the panel.
- First and second motions were made to approve the drug classes as presented.
- Vote: 8 in favor; 0 opposed

The Panel reviewed all osteoporosis products before voting.

42. BONE RESORPTION SUPPRESSION AGENTS
- No registered speakers for this class.
- No comments were received during the public comment period.
- Recommendation is to add brand Atelvia to the non-preferred side. Prolia is also recommended to be added to the non-preferred side. There is very low utilization of these drugs; each had one prescription filled at the time of our analysis. Boniva IV and Reclast are IV drugs and will be discussed under the next class.

43. IV BONE RESORPTION INHIBITORS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation includes removing coverage of the IV products under the outpatient pharmacy program since they are injectable drugs. These are all available under the physician drug program. We would like to remove this class from the preferred drug list. There is very low utilization under the outpatient pharmacy program. Seven prescriptions across all of the drugs were filled at the time of our analysis.
- There was no discussion by the panel.
- First and second motions were made to approve the drug classes as presented.
- Vote: 7 in favor; 0 opposed (Dr. Rich absent for voting)

44. OTIC ANTIBIOTICS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The preferred side was expanded with the addition of one generic product. The non-preferred side was expanded with the addition of two branded products. The two brands have less than 1% of the market share.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.

- Vote: 7 in favor; 0 opposed (Dr. Rich absent for voting)

45. BETA ADRENERGIC NEBULIZERS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation includes moving brand Brovana and Perforomist to the non-preferred side. Market share is about 0.3% for these drugs. Could not find any advantage for these over albuterol.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed (Dr. Rich absent for voting)

46. COPD AGENTS
- One speaker registered to speak on this drug class:
  1. Dr. Phillip Jennings, Forest Research Institute,
     (Requested to have Daliresp available as a preferred product)
- No comments were received during the public comment period.
- The recommendation includes adding the new brand drug Daliresp to the non-preferred side. This drug was added to coverage in May 2011. It is a tablet formulation and is not used to treat bronchospasm. It is supposed to decrease the number COPD flare-ups and worsening of symptoms.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

47. CORTICOSTEROID COMBINATION AGENTS
- One speaker registered to speak on this drug class:
  1. Dr. Vicki Star, Merck & Co., Dulera
     (Requested to have Dulera available as a preferred product)
- No comments were received during the public comment period.
- The recommendation includes addition of the brand Dulera to the non-preferred side.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

48. INTRANASAL RHINITIS AGENTS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendations include the movement of generic Nasalide to the preferred side. It also includes the addition of generic Astelin and generic ipratropium to the non-preferred side. Brand Atrovent is added to clarify that the brand is also non-preferred. There is a message at point-of-sale letting pharmacists know that brand Astelin is preferred. Market share of these two generics added to the non-preferred side is around 1.3%. Fluticasone is the most utilized in this class at 83% market share. Nasarel is being removed from the list because there are no covered NDCs available.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

49. LEUKOTRIENE MODIFIERS
- No registered speakers for this class.
- No comments were received during the public comment period.

- The recommendation includes addition of generic Accolate to the non-preferred side. This generic has low utilization and there is messaging occurring at point-of-sale indicating that brand Accolate is preferred.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

The Panel reviewed low sedating antihistamines and combination products before voting.

50. LOW SEDATING ANTIHISTAMINES
- No registered speakers for this class.
- One comment was received for this drug class requesting addition of one of the drugs that are FDA approved for children less than two years of age for the treatment of atopic dermatitis, urticaria and seasonal & perennial allergic rhinitis. The provider recommends either Clarinex or Xyzal. The recommendations include addition of Claritin OTC chewables to the preferred side. Higher cost generics and Claritin Liqui-gel are added to the non-preferred side. The non-preferred drugs added have around 4% of the market share for this class. DMA checked on the net cost of Allegra suspension, Clarinex syrup and Xyzal syrup and determined that Clarinex is the most cost-effective of these three products. DMA recommends including an exemption for Clarinex syrup for children less than two years of age.

51. LOW SEDATING ANTIHISTAMINE COMBINATIONS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation includes the addition of Zyrtec-D to the non-preferred side.
- There was no discussion by the panel.
- First and second motions were made to approve the drug classes as presented with the addition of an exemption for Clarinex syrup in children less than two years of age.
- Vote: 8 in favor; 0 opposed

52. TOPICAL ACNE AGENTS
- No registered speakers for this class.
- No comments were received during the public comment period.
- This drug class has been expanded to include additional drugs under both the preferred and non-preferred side. The recommendations include the basic drugs typically used for acne such as benzoyl peroxide, clindamycin, erythromycin and retinoids. Generic adapalene and clindamycin/benzoyl peroxide are non-preferred generics with preferred brands. The preferred brands Benzaclin and Differin continue to be messaged at point-of-sale as preferred brands. The preferreds make up most of the market share at around 82%.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

53. ADROGENIC AGENTS
- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation includes adding Axiron and Fortesta to the non-preferred side. These drugs have low utilization and are brands.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

54. TOPICAL ANTIBIOTICS

- No registered speakers for this class.
- No comments were received during the public comment period.
- Two brands added to the non-preferred side. Bactroban has a generic on the preferred side. Generic gentamicin added to the preferred side. Over 70% of market share is with generic mupirocin ointment.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

55. TOPICAL ANTIFUNGALS

- No registered speakers for this class.
- No comments were received during the public comment period.
- This drug class has been expanded this year to include several preferred generics and moving two brands to the non-preferred side. Two expensive generics have been added to the non-preferred side. Vusion also has prior authorization criteria. The non-preferreds make up less than 20% of the market share for this drug class.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

56. TOPICAL ANTIPARASITICS

- No registered speakers for this class.
- Four comments were received during the public comment period supporting Ovide as a preferred product.
- The recommendations include moving lindane and generic Ovide to the non-preferred side as well as a new brand called Natroba. Malathion makes up about 18% and Natroba is new and at the time of the review had no claims data available. There will be a point-of-sale messaging on brand Ovide indicating it as a preferred brand.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

57. TOPICAL ANTIVIRALS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation adds brand Xerese to the non-preferred side. It is a combination of acyclovir and hydrocortisone. It holds about 0.1% of the market place.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

58. TOPICAL PSORIASIS AGENTS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendation adds Clobeta Plus, which is clobetasol and tar, and Calcitrene (brand calcipotriene) to the non-preferred side. Market share of these medications is less than 1%.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

The Panel reviewed all topical steroid classes before voting. These classes are new to N.C. Preferred Drug List.

59. TOPICAL LOW POTENCY STEROIDS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendations include six low potency brands to the non-preferred side with low utilization. These brands have about 6% of the market share.

60. TOPICAL MEDIUM POTENCY STEROIDS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendations include adding eight medium potency brands to the non-preferred side with low utilization. These brands have around 13% of the market share.

61. TOPICAL HIGH POTENCY STEROIDS

- One speaker is registered to speak on this drug class:
  1. Steve Whitten, Taro

  (Requested to have Topicort/desoximetasone available as a preferred product)
- No comments were received during the public comment period.
- The recommendations include eight high potency generics and two high potency brands with low utilization on the non-preferred side. Primarily generics as preferred. The non-preferred products have about 11% of the market share. DMA noticed that the brand version of desoximetasone, Topicort, was omitted from the market basket. The brand is recommended to be included as another non-preferred product. If non-preferred status is approved today, this class will be reposted for another public comment period. Additional comments will be reported back to the panel members for a final decision.
- Discussion:
  - Brand Topicort is proposed non-preferred. If there is compelling clinical justification for the non-preferred product, the standard drug request form can be completed.
  - Brand Topicort will be posted for an additional public comment period.

62. TOPICAL VERY HIGH POTENCY STEROIDS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendations include five brand very high potency steroids with relatively low utilization on the non-preferred side. The exception is Clobex and it has 11% of the market share. The preferred products are generics.
- There was no additional discussion by the panel.
- First and second motions were made to approve the drug classes as presented with the understanding that brand Topicort will be posted for an additional comment period. DMA will follow-up with the Panel after the comment period.
- Vote: 8 in favor; 0 opposed

63. PRENATAL VITAMINS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendations include removing two prenatals that no longer have active NDCs. After receiving additional information on pricing, there are no rebates available for this class. All of the prenatal vitamins are available; therefore DMA would like to remove this drug class from the PDL.
- Discussion:
  - Since all prescription and rebatable prenatal vitamins are covered, Medicaid patients will have open access to all rebatable prescription prenatal vitamins.
- First and second motions were made to approve removing this class from the preferred drug list.
- Vote: 8 in favor; 0 opposed

64. INJECTABLE IMMUNOMODULATORS

- No registered speakers for this class.
- One comment was received during the public comment period supported adding Cimzia to the preferred side.
- The recommendations include keeping Enbrel and Humira as preferred. It also includes keeping Cimzia, Kineret and Simponi on the non-preferred side and adding Amevive and Stelara to the non-preferred side. Market share for the non-preferred products is about 15%. Additional recommendations include removing Actemra, Orencia and Remicade from the preferred drug list and making them available only under the Physicians Drug Program since they are injectable drugs.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

65. SKELETAL MUSCLE RELAXANTS

- No registered speakers for this class.
- No comments were received during the public comment period.
- The recommendations include moving brand Dantrium to the non-preferred side and adding generic metaxalone to the non-preferred side. DMA also recommended removing Dantrium vial from the list since it is an injectable drug.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 8 in favor; 0 opposed

The meeting was adjourned at 4:17 p.m.