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

Wednesday, September 16, 2015 1:00pm – 5pm

The State Library Building
109 E. Jones Street
Raleigh, NC 27601

I. WELCOME AND INTRODUCTIONS

John Stancil opened the meeting, welcoming every to the 2015-16 annual Preferred Drug List (PDL) Review Panel meeting. He informed the audience that the PDL was mandated by the legislature in 2010 and its goal is to provide access to cost efficient and medically appropriate drug therapies, maximizing patient health outcome for all North Carolina Medicaid beneficiaries.

John informed the public that Division of Medical Assistance (DMA) staff have reviewed the recommended changes to the PDL by our vendor and that these changes have been approved by both the pharmacy and therapeutics committee and the Physicians Advisory Group (PAG).

John informed the public that for Medicaid ending State Fiscal year 2015 enrollment had increased from 1.6 million to 1.8 million beneficiaries. Medicaid expenditures increase as a whole by less than 3 percent, but that pharmacy expenditures increased by 16 percent from 1.4 billion to 1.67 billion dollars. He wanted the public to keep in mind that pharmacy benefits are an optional benefit under Medicaid, although all 50 states have some type of benefit.

The PDL, besides providing clinically appropriate therapies also helps the state save money by increasing rebates to the State and Federal Government. Last year our rebates increased 125% to over $800 million dollars. We are making great progress with our net spend increasing only 8%, down from 16% the year before.

John then let the panel introduce themselves:

- Erin Dalton, Pharmacist in Charlotte area from Moose Pharmacy representing North Carolina Association of Pharmacist.
- Dr. Robert ‘Chuck’ Rich, Physician, representing North Carolina Academy of Family Physicians and is also a medical director for a CCNC network
- Dr. Lawrence ‘Larry’ Greenblatt, representing Community Care of North Carolina as a medical director for the organization and is also an internal medicine physician at Duke.
- Paul Bush, Chief Pharmacy Officer at Duke University Hospitals, representing hospital based pharmacy
- Dr. Steve Wegner, pediatrician, representing North Carolina Pediatric Society
- John Stancil, Pharmacy Director at DMA, representing the State of North Carolina
- Dr. Beit Steiner, Chair of the Pharmacy and Therapeutics Committee of PAG, representing PAG, and is also a faculty physician at UNC – Chapel Hill.
- Dr. Ted Zarzar, psychiatrist representing North Carolina Psychiatric Association
- Dr. Jonathan Weston, physician representing the Old North State Medical Society
- Dr. Byron Hoffman, physician representing the North Carolina Chapter of the American College of Physicians. (Arrived after introductions)

- Not Present: Andreas Maetzel, MD, PhD, representing Researched Based Pharmaceutical Companies

John then turned the meeting over to Jason Swartz, Pharmacy Program Manager for North Carolina Medicaid.

Jason welcomed everyone to the annual NC Medicaid and Health Choice Preferred Drug List Review Panel meeting and gave a special thanks to the panel members for volunteering their time to be here today.

Jason provided an overview of the procedures that would be followed during the meeting.

For each drug class review, registered speakers will speak on first on the drug class. Speakers were to provide their name, affiliation and disclose any financial benefit from the drug manufacturer. In addition, the speakers were to be mindful of the time limitations of this meeting and to limit their discussions to 3 minutes. Jason stated he would intervene to ensure the meeting continues to move forward in a timely manner. Jason stated the panel has put into procedures that public comments received from pharmaceutical representatives shall be limited to new (within the past six months) information and shall be limited to comments on the superiority of their product when compared to the recommended preferred products along with supporting evidence. After the speakers were done, Jason would provide a brief summary of the comments received through the DMA website during the 45-day public comment period for each class and that the panel members received a copy of the public comments prior to the meeting.

Jason then would provide a brief description of the proposed recommendations for each drug class. Panel members would then have an opportunity for discussion and to make changes. A vote of whether or not to approve the proposed decisions as presented or with changes would occur next. Jason informed the panel members to recuse themselves from voting on any drug class if they had any conflicts of interests.

III. <u>DRUG CLASS REVIEWS</u>

<u>Antivirals, Hepatitis C Agents</u>

- Two speakers on this class.
  - Mr. Gregory Conner, a physician assistant spoke on the class and indicated that his clinic has participatied in Hepatitis C clinical trials and that he has sit on an advisory board for Gilead Pharmaceuticals. He has 15 years' experience treating Hepatitis C in all types of patients. He described the process of making treatment decisions, advocating for an open formulary for Hepatitis C agents as one size treatment does not fit all patients.
    - Dr. Steiner stated all exceptions are within criteria and that the exceptions are possible through prior authorization and Jason confirmed this.
    - Mr. Conner indicated that Hep-C is getting more complex with resistance and that should be taken into account to opening up the class and that Hep-C is treated like HIV class.
    - John Stancil stated HIV is a legislatively protected drug class which is why the class is open and not on the PDL and that it would be a financial disadvantage to the state to change the PDL and that we expect our current spend of $60million will double next year.

  - Next was Ms. Stacey Lee representing Gilead and spoke on Harvoni – Most insurance have Harvoni as preferred or in parity on their preferred drug list. She stated that Harvoni uses less

tablets making it superior to other regiments, has an 8 week therapy option, and has less drug interactions. Gilead has produced data showing Harvoni can work in genotypes 4, 5, and 6. She respectfully asked for Harvoni to be preferred.

- There were 3 comments received for this drug class 2 of which stated the need for Harvoni to be preferred and one in disagreement of our fibrosis staging for prior authorizations.
- The recommendations are moving Moderiba Dose-Pak, Moderiba Tablet, and Ribasphere to preferred and remove Ribapak as it is no longer made. For the Antivirals, Daklinza will be preferred with Sovaldi for Genotype 3, Technivie will be preferred for Genotype 4, and Viekira is preferred for Genotype 1. Harvoni is non-preferred
- Discussion: Are there any Clinical guidelines making Harvoni the first line treatment? Mr. Conner stated that based on patient category, Harvoni is sometimes the first drug of choice. Panel discussed the savings advantage of Viekira over other products and that this is substantial and that the PA process is in place to allow exceptions.
- A motion to approve the drug class with changes and a second were noted.
- Vote: All in Favor – None opposed.

Anticonvulsants – 2nd Generation

- One speaker for this class but was unable to attend
- There were no comments received for this drug class.
- The recommendations are moving brand Aptiom to the carbamazepine class where it always should have been and making new expensive generics Qudexy and Lamictal ODT non-preferred. All non-preferred products are essentially preferred for any patient who has a seizure disorder.
- Discussion: Dr. Steiner highlighted the fact that patients with seizures could get any product and motioned to approve the class.
- A motion to approve the drug class with changes and a second were noted.
- Vote: All in Favor – None opposed.

Opioid Dependence

- Four speakers for this class.
    - Dr. Maximus Fredrick a provider speaking on behalf of Orexo Pharmaceuticals, but has not received any compensation. He spoke on Zubsolv stating he needed alternate to Suboxone Film because it is comparable to Suboxone and is less expensive and would give patients choice. He stated Zubsolv has 30% less active ingredient and may translate to less abuse or deterrent activity. He stated he patients preferred Zubsolv mouth texture and that it has protective packaging to prevent unintended pediatric. The panel did not feel that there was enough evidence to allow Zubsolv to be preferred.

    - Dr. James Finch, provider speaking without compensation, but has been compensated in the past. Stated all are equally effective and all have abuse potential, but wants all products available, but will accept easy clinical choice for providers. He stated you sometimes want products with lower dosing for patients who may divert or with kids in the home. He stated that as a provider community that we need to get a handle on overprescribing of opioids and get those who need treatment to treatment.

    - Mr. Steve Currie, national account representative of Orexo spoke on Zubsolv. Diversion and misuse are costing Medicaid. Zubsolv can help with this because it is less desirable for

diversion due to it having less active ingredient but is as effective as other products. This will save money because people seeking diversion will not obtain the drug.

- Ms. Charlotte Cavoores, medical science liaison for BDSI spoke on Bunavail – spoke on product and how its proprietary technology showed how less buprenorphine dose produces same clinical effect, reducing substantial side effects. She also indicated that Bunavail is moving toward abuse deterrent indication from the FDA.

- There were 5 comments received for this drug class, 3 wanting the product Zubsolv preferred, one in agreement of Suboxone Film being preferred, and 1 wanting non-film and tablets preferred along with generic Subutex.
- The recommendations are moving the generic for Suboxone tablets to non-preferred leaving only Suboxone Film as preferred. In addition, a new product, Bunavail will be non-preferred. Brand Suboxone tablets are being removed from the list as they are no longer made.
- Discussion: Question about availability for Subutex for pregnant women was clarified by Jason as a PA would be required, but that it would be approved.
- A motion to approve the drug class with changes and a second were noted.
- Vote: All in Favor – None opposed.

<u>Multiple Sclerosis</u>

- Three speakers for this class.
  - Dr. Leigh Holcomb, medical science liaison for Genzyme spoke on Aubagio and Lemtrada providing clinical evidence of approved uses. She was question on superiority and second line treatment.

  - Dr. Tanner Odom, medical science liaison for Biogen spoke on Tecfidera. Talked about continuation study on Tecfidera. Study showed sustained efficacy with a relapse every 7.2 to 10 years depending on treatment arm vs. an untreated patient having 1 to 2 years. He was question on dosing and stated could only say it was better than placebo.

  - Abby Carter Emanuelson representing National Multiple Sclerosis Society advocated for open formulary for these medications

- There were 3 comments received for this drug class, one requesting all oral medications to be preferred, one asking for Aubagio to be preferred and one asking for both Gilenya and Tecfidera to be preferred.
- The recommendations are moving brands Betaseron and Gilenya to preferred and moving brand Extavia to non-preferred. New products Lemtrada and Plegridy are being added to non-preferred
- There was no discussion
- A motion to approve the drug class with changes and a second were noted.
- Vote: All in Favor – None opposed.

Hypoglycemics, Oral, Sodium Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combinations

- One speaker for this drug class.
    - Ms. Erica Jessie representing Boehringer Ingelheim spoke on Jardiance. She gave a clinical review of the product.
- No comments were received during the public comment period.
- The recommendations are adding new brand products, Invokamet, Jardiance and Xigduo to non-preferred
- There was no discussion
- A motion to approve the drug class with changes and a second were noted.
- Vote: All in Favor – None opposed

Hypoglycemics, Oral, DPP-IV Inhibitors and Combinations

- One registered speaker for this drug class.
    - Ms. Erica Jessie representing Boehringer Ingelheim spoke on Glyxambi. She gave a clinical review of the product.
- No comments were received during the public comment period.
- The recommendations are adding a new brand product, Glyxambi to non-preferred
- Discussion of comparative studies and there were none.
- A motion to approve the drug class with changes and a second were noted.
- Vote: All in Favor – None opposed

Hypoglycemics, Injectable, Rapid Acting Insulin

- One registered speaker for this drug class.
    - Ms. Kathrin Kucharski regional outcomes liaison for Sanofi spoke on Afrezza. Gave a clinical overview of Afrezza.
- No comments were received during the public comment period.
- The recommendations are adding a new brand product, Afrezza to non-preferred
- Discussion on use of second line and Ms. Kucharski agreed.
- A motion to approve the drug class with changes and a second were noted.
- Vote: All in Favor – None opposed

Hypoglycemics, Injectable, Long Acting Insulin

- One registered speaker for this drug class.
    - Ms. Kathrin Kucharski regional outcomes liaison for Sanofi spoke on Toujeo. Gave a clinical review of the product stating a smaller volume is needed for same amount of units.
- No comments were received during the public comment period.
- The recommendations are adding a new brand product, Toujeo to non-preferred
- There was a discussion on providing studies before the PDL panel meeting.
- A motion to approve the drug class with changes and a second were noted.
- Vote: All in Favor – None opposed

Hypoglycemics, GLP-1 Receptor Agonist

- Two registered speakers for this drug class.
    - Dr. Rattan Juneja will be speaking on Trulicity as a representative of Eli Lilly. Dr. Juneja spoke on the clinical efficacy of Trulicity.

    - Dr. Joe Sheehan will be speaking for Norvo-Nordisk on Victoza. Dr. Sheehan spoke about Victoza being the only daily GLP-1 treatment and share 96% equivalency of human made GLP-1. Consider to give providers choice of product especially since Victoza already has a high utilization.

- There was 1 comment on this class from the manufacturer of Trulicity
- The recommendations are adding brand Bydureon and a new brand, Tanzeum to the preferred side while adding the new brand product, Trulicity to non-preferred
- There was no discussion
- A motion to approve the drug class with changes and a second were noted.
- Vote: All in Favor – None opposed

Intranasal Rhinitis Agents

- One registered speaker:
    - Dr. Contessa Fincher representing Teva pharmaceutical spoke on QNasal. Discussed use in children, which the panel responded about EPSDT and children being allowed the product once a PA is provided.

- There were no comments received during the public comment period
- The recommendations include moving generic for Astelin and Astepro to the preferred side, while adding new to market generics for Rhinocort Aqua and Patanase to the non-preferred side with their respective brands.
- Discussion around EPSDT and the process of EPSDT for children.
- A motion to approve the drug class with changes and a second were noted.
- Vote: All in Favor – None opposed

Immunomodulators, Systemic

- There are 3 registered speakers for this class

    - Dr. Carolina M. Lowe representing Celgene spoke on Otezla. She gave a clinical review of the product. Discussion stated it would seem reasonable to use Enbrel or Humira first.

    - Dr. Sharon Hernandez representing Novo-Nordisk spoke on Cosentyx. She gave a clinical review of the product but felt that trial and failure of two anti-TNFs (Enbrel and Humira) was not reasonable and that trial and failure of 1 product should be allowed before Cosentyx is allowed as Cosentyx has a different mechanism of action.

    - Dr. Vanessa Castellano representing Pfizer and spoke on Xeljanz. She gave a clinical review of the product. She also felt that trial and failure of two anti-TNFs (Enbrel and Humira) was not reasonable and that trial and failure of 1 product should be allowed before Xeljanz is allowed as Xeljanz has a different mechanism of action.

- There was no comment received for this drug class.
- The recommendation is to add the new to market brand Cosentyx to the non-preferred side.
- Discussion on studies not seen by the panel. The panel decided to let P&T decide on changing criteria for other conditions.
- Motion to approve as is with P&T to look plaque psoriasis as a criteria to allow after trial and failure of one.
- Vote: All in Favor – None opposed

Long Acting Narcotic Analgesics

- Two registered speaker for this class
    - Dr. Bill Smith, physical medicine and rehab physician specializing in pain management. Dr. Smith spoke to the need for other choices other than morphine as a preferred product. He recommend to have OxyContin on the preferred list.

    - Dr. Andrea Johnson representing Purdue spoke on OxyContin and move Embeda to Schedule 3 products versus Schedule 2.

- There was 8 comments received for this drug class. 3 comments were on preferring Butrans patch and moving it to a more appropriate class. 1 comment was on preferring only abuse deterrent products, and 4 comments were on preferring Oxycontin.
- The recommendation is to add the new to market brand Embeda ER to the preferred side to accommodate a previous panel recommendation to have an abuse deterrent product as preferred. In addition, the moving of Opana ER to non-preferred as the FDA has not approved it as an abuse deterrent opioid which was the only reason it was preferred. New products being added to the non-preferred side include generic fentanyl patch with dosing NOT equivalent to the brand Duragesic, generics for Exalgo, Oxycontin, and the new brand Hysingla ER.
- Discussion on OxyContin moving to preferred and the known "bad press" OxyContin has had in the pass as being a number one drug of abuse. In addition John Stancil would like to see an initiative to move high does short acting oxycodone moved to the long acting. Butrans discussion around buprenorphine alone being used for pain, but this cannot be done due to FDA approval for the product. A discussion about a PA for Butrans should be approved for patient at high risk for opioid abuse. This was moved to a P&T discussion.
- Motion to approve as is with OxyContin moving to the preferred side also with monitoring of OxyContin usage.
- Vote: All in Favor – None opposed

COPD Agents

- There is 1 registered speakers for this class
    - Ms. Cindi Garris representing GlaxoSmithKline spoke on Anoro Elipta and Incruse Elipta. She gave a clinical review of both products.

- There was no comment received for this drug class.
- The recommendation is to add the new to market brands Anoro Elipta, Incruse Elipta and Sprivia Respimant to the non-preferred side. Breo Elipta was moving to COPD as it only had this indication at the time of posting. It is moving back to Corticoid Steroid Combinations class where it was originally listed.
- There was not discussion

- A motion to approve the drug class with changes and a second were noted.
- Vote: All in Favor – None opposed

For the remainder of all drug classes there are no registered speakers.

The panel, having reviewed these classes before the meeting approved all as is except for Ulcerative Colitis, Rectal. This class was approved with a trial and failure of 1 preferred before a non-preferred agent can be used.

ALZHEIMER'S AGENTS

- There were no comments received for this drug class.
- The recommendation is adding new generic for Namenda and the generic for Exelon to the preferred side, while moving the brands Aricept ODT, and Exelon to the non-preferred side. Brand Exelon Solution is being removed from the list as it is no longer made.

SHORT ACTING SCHEDULE II NARCOTIC ANALGESICS

- There was 1 comment on adding oral buprenorphine for use in pain, but this is not an approved indication.
- The recommendation is the following: Ibudone and Reprexain were reclassified to Schedule II last year but were missed in the previous PDL. Both were non-preferred in the schedule III_IV class and are staying non-preferred. High dose generic morphine oral syringe and a new brand product Lazanda Nasal Spray are being added to the non-preferred side. Zolvit and Zydone are being removed as they are no longer made.

SCHEDULE III-IV NARCOTIC ANALGESIC COMBINATIONS

- Technical change moving Ibudone and Reprexain to the Schedule II class

NSAIDs

- There were 2 comments on this class. One wanting generic nabumetone to stay preferred and one wanting both generic diclofenac and generic naproxen sodium to be preferred.
- The recommendation is to move generics for Cataflam, Voltaren, Voltaren XR, Lodine, Ansaid, Orudis, Relafen, and generic for Feldene to non-preferred. In addition, adding new generic for Naprelan, generic for Naprosyn Suspension, and new generic for Celebrex to the non-preferred side. Brand Celebrex will stay preferred. Brand Cataflam is being removed from the list as it is no longer made.

CARBAMAZEPINE DERIVATIVES

- Technical Change – moved Aptiom Tablet from 2nd generation anticonvulsants to its proper class of carbamazepine derivatives and made it a preferred product.

ANTICONVULSANTS 1st GENERATION

- Technical change – Removed Stavzor as the product is no longer made.

LINCOSAMIDES AND OXAZOLIDINONE ANTIBIOTICS

- No comments were received during the public comment period.
- The recommendation is for the new generic for Zyvox IV, linezolid iv solution, and the new brand Sivextro to be added to the non-preferred side

NITROMIDAZOLE ANTIBIOTICS

- No comments were received during the public comment period.
- The recommendation is for a generic not previously reviewed, paromomycin, generic for Humatin, is being added to the non-preferred side

QUINOLONES

- 1 comments were received during the public comment period asking for both ciprofloxacin and moxifloxacin to be preferred.
- The recommendation is for brand Avelox to be moved to the preferred side while new generic for Cipro Suspension is being added to the non-preferred side. Brands Factive and Noroxin are being removed for no longer made.

ORAL ANTIFUNGALS

- Technical Change: moved generic for Gris-Peg, griseofulvin ultra tablets to the preferred side

HEPATITIS B AGENTS

- No comments were received during the public comment period.
- The recommendation is for the new generic for Baraclude to be added to the non-preferred side while the brand will stay preferred

HERPES TREATMENTS

- No comments were received during the public comment period.
- The recommendation is for new brand Sitavig Buccal Tablet is being added to the non-preferred side

BEHAVIORAL HEALTH, ANTIDEPRESSANTS, OTHER

- 3 comments were received during the public comment period. 1 comment wanted more SNRIs preferred in particular Pristiq and Effexor XL, 2 reaming comments wanted Pristiq, Effexor XL, and Wellbutrin XL
- The recommendation is for generic Cymbalta to be moved to the preferred side, while new generic for Khedezla, desvenlafaxine ER, is being added to non-preferred side along with the brand version.

BEHAVIORAL HEALTH, ANTIDEPRESSANTS, SSRI

- Technical Change: Luvox CR is no longer made and is being removed

BEHAVIORAL HEALTH, ANTIHYPERKINESIS

- 1 comment was received during the public comment period in approval of guanficine ER and Strattera being preferred
- The recommendation is for the new generic for Intuniv to be added to the preferred side while new brand Evekeo and generic for Methylin chewable tablets and solution are being added to the non-preferred side. Brand Ritalin SR is being removed as it is no longer made.

BEHAVIORAL HEALTH, ATYPICAL ANTIPSYCHOTICS, LONG ACTING INJECTABLES

- 1 comment was received during the public comment period about preferred Abilify Maintena.
- Technical Change: New Brand Invega Trinza is being added to the preferred side

ACE INHIBITOR CALCIUM CHANNEL BLOCKER COMBINATIONS

- No comments were received during the public comment period.
- The recommendation is moving new generic for Tarka to the non-preferred side. Its brand Tarka is already non-preferred

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

- No comments were received during the public comment period.
- The recommendation is to add new generic Exforge and Exforge HCT to the non-preferred side, leaving both branded products as preferred as they are less costly to the state.

ANTI-ARRHTHMICS

- 1 comment was received during the public comment period about preferring brand Rythmol SR over its generic and for the state to be aware for the potential for the product being unavailable.
- The recommendation is to move brand Rythmol SR to the preferred side and it's generic to the non-preferred side and moving generic Quinaglute to the non-preferred side.

BETA BLOCKERS

- There was no comment received during the public comment period.
- The recommendation is to move generics acebutolol, nadolol and brand Toprol XL to the non-preferred side while moving generic Toprol XL to the preferred side. Also, adding new branded products Hemangeol Solution, Inderal XL Capsule, and Sotylize Solution to the non-preferred side with older brand Lopressor Tablet to the non-preferred side.

BETA BLOCKERS DIURETIC COMBINATIONS

- There was no comment received during the public comment period.
- The recommendation is to move brand Lopressor HCT from the preferred to the non-preferred side.

CHOLESTEROL LOWERING AGENTS

- Technical Change: Removing Brand Mevacor as it is no longer made.

CORNOARY VASODIALTORS

- Technical change: Removing Brand Imdur as it is no longer made.

NIACIN DEIVATIVES

- Technical change: moving generic Niaspan to preferred

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- Technical change: moving generic Cardizem LA to preferred

PLATELET INHIBITORS

- No comments were received during the public comment period.
- The recommendation is to move new brand Brilinta to preferred and add new brand Zontivity to the non-preferred side.

TRIGLYCERIDE LOWERING AGENTS

- No comments were received during the public comment period.
- The recommendation is move brand Tricor and Trilipix to the preferred while adding new brand Fenoglide and new generic Lovaza to the non-preferred side.

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

- 1 comments were received during the public comment period asking to prefer generics over brands, to move bromocriptine to non-preferred, make a long acting dopamine agonist preferred, make amantadine a preferred antiparkinson agent, and move Azilect to preferred when a generic is available, and make rasagiline a preferred antiparkinson agent.
- The recommendations are adding new generic Lodosyn and Mirapex ER to the non-preferred side, and adding new brand Duopa and Rytary to the non-preferred side.

SEDATIVE HYPNOTICS

- There was 1 comment on this class requesting products brand Silenor, and Rozerem, and generics Sonata and Lunesta to be preferred for specific conditions.
- The recommendation is adding new brands Belsomra and Hetlioz and new generic Lunesta to the non-preferred side. Also the removal of brands Doral and Zolpimist as they are no longer made.

THIAZOLIDINEDIONES AND COMBINATIONS

- There were no comments received for this drug class.
- The recommendation is moving brand Duetact and generic ActosPlus Met to non-preferred.

H. PYLORI COMBINATIONS

- Technical Change: moving generic Prevpac to preferred

PROTON PUMP INHIBITORS

- No comments were received during the public comment period.
- The recommendation includes moving brand Nexium to the preferred side and removing generic Prilosec Suspension as the product is no longer rebate-able.

SELECTIVE CONSTIPATION AGENTS

- There were no comments received during the public comment period
- The recommendation is to move new brands Movantix and Relistor to the non-preferred

ULCERATIVE COLITIS AGENTS (rectal)

- No comments were received during the public comment period.
- The recommendation is to move the new brand Uceris Rectal Foam to the non-preferred side.
- This class was voted to approve trial and failure of one preferred by the PDL Panel

ELECTROLYTE DEPELTERS

- There were no comments received during the public comment period.
- The recommendation is to move new brand Auryxia and new generic for Renvela to non-preferred.

GOUT - ANTIHYPERURICEMICS

- The class is being renamed to better clarify all products in the class
- There were no comments received during the public comment period.
- The recommendation is to add colchicine and probenecid products to the class. Generic Colcrys Tablets, Benemid, and Col-Benemid will beaded to preferred, while generic colchicine capsules and Brand Colcrys Tablets will be non-preferred

ORAL ANTICOAGULANTS

- There were 27 comments received during the public comment period all wanting Savaysa to be preferred
- This is class has become a technical change as the new products Savaysa and Xareleto Starter Pack are proposed to be preferred

HEMATOPOIETIC AGETNS

- There were no comments received during the public comment period.
- The recommendation is to add new brand Mircera to the non-preferred side

OPHTHALMIC ALLERGIC CONJUNCTIVITIS AGENTS

- There were 5 comments on this class 4 of which asking for Pazeo to be preferred and one asking for generic Elestat to be preferred.
- This is a technical change with the adding of new brand Pazeo to the preferred side.

OPHTHALMIC, ANTI-INFLAMMATORY

- No comments were received during the public comment period.
- The recommendations are adding new brand Durezol to the preferred side and the new brand Iluvien Implant to the non-preferred side. Brand Bromday is being removed from the list as it is no longer made.

OPHTHALMIC –GLAUCOMA – PROSTAGLANDING AGONISTS

- There was 1 comment on this class asking for Zioptan to be preferred.
- This is a technical change to remove brands Travatan and Rescula from the list as they are no longer made.

BONE RESORPTION SUPPRESSION AGENTS

- No comments were received during the public comment period.
- The recommendation is to reverse our initial proposal and leave generic for Evista as preferred and add new generic for Actonel to non-preferred along with its brand.

OTIC ANTI-INFECTIVES AND ANESTHETICS

- This is a technical change to remove brands Myoxin, Treagan, and Vosol HC from the list as they are no longer made.

BETA ADRENERGIC HANDHELD, LONG ACTING

- No comments were received during the public comment period.
- The recommendation is to add new brand Striverdi Respimat to non-preferred.

CORTICOSTEROIDS, INHALED

- There was 1 comments received during the public comment period. The provider stated Qvar was subpar to budesonide and requested that budesonide be preferred. It was also requested that Spiriva be allowed for Asthma and that we allow spacers to be paid for at POS.
- The recommendations is adding new brand products Arnuity Elipta and Asmanex HFA Inhaler to the non-preferred side

CORTICOSTEROID COMBINATIONS

- Technical Change back to as previously listed with Breo Elipta as non-preferred

LEUKOTRIENE MODIFIERS

- Technical Change moving generic Accolate to preferred

LOW SEDATING ANTIHISTAMINES

- No comments were received during the public comment period.
- The recommendation add brand Zyrtec OTC products to the non-preferred side.

LOW SEDATING ANTIHISTAMINE COMBINATIONS

- No comments were received during the public comment period.
- The recommendation is add brand Zyrtec D OTC to the non-preferred side and remove Claritin D OTC as it is no longer rebate-able

TOPICAL ACNE AGENTS

- No comments were received during the public comment period.
- The recommendation is removing brand products Benzefoam, Benzefoam Ultra, Clarifoam EF, Inova, Pacnex, SSS, and generics for Plexion, and NeoBenz from the list as they are no longer made. Also adding new products Benzepro, Neuac, Onexton, Rosula and generic benzoyl peroxide to the non-preferred side.

TOPICAL ANDROGENIC AGENTS

- No comments were received for during the public comment period.
- The recommendation is moving Testim to the non-preferred side and adding new brands Natesto and Vogelxo and new generics for Testim, Androgel, and Fortesta to the non-preferred side. This will leave only Androgel at the preferred product.

TOPICAL ANESTHETICS

- No comments were received during the public comment period.
- The recommendation is to add the new generic Pennsaid Solution to the non-preferred side where the brand is currently placed.

TOPICAL ANTIBIOTICS

- Technical Change – removing generic combo product neomycin/polymyxin/pramoxine as it is no longer made

VAGINAL ANTIBIOTICS

- No comments were received during the public comment period.
- The recommendation is to move generic Metrogel and generic Cleocin Vaginal Cream to preferred while adding new brand Nuvessa Vaginal Gel to non-preferred.

TOPICAL ANTIFUNGALS

- No comments were received during the public comment period.
- The recommendation is to remove brand Pedipirox and Xolegel as they are no longer made and add new products Jublia and Kerydin to the non-preferred side.

TOPICAL ANTIVIRALS

- Technical Change – moving generic Zovirax Ointment to preferred

TOPICAL IMMUNOMODULATORS – ATOPIC DERMATITIS

- No comments were received during the public comment period.
- The recommendations adds new generic Protopic to the non-preferred side

TOPICAL PSORIASIS AGENTS

- No comments were received during the public comment period.
- The recommendations is to move new generic for Talconex to non-preferred

TOPICAL ROSACEA AGENTS

- This is a new class to the PDL
- There was 1 comment on this class in favor of generic for MetroCream being preferred.
- The recommendations is to add brands MetroGel, MetroLotion and generics for MetroCream and MetroLotion to the preferred side, and adding brands Finacea, MetroCream, Mirvaso, Noritate, Rosadan, Soolantra and generic MetroGel to the non-preferred side.

TOPICAL STEROIDS

- No comments were received during the public comment period and we will combine all potency classes.
- LOW POTENCY is a technical change removing products Ala Cort Cream, Ala Scalp Lotion, and generic combo product hydrocortisone/urea as they are no longer made.
- MEDIIUM POTENCY recommendation is moving generic for Locoid to non-preferred and adding new generics for Cloderm and Cutivate Lotion to non-preferred.
- VERY HIGH POTENCY recommendation is to add new generic Clobex Spray to non-preferred.

ESTROGEN COMBINATION AGENTS

- No comments were received during the public comment period.
- The recommendation is to add new brand Lopreeza to the non-preferred side.

ESTROGEN ORAL/TRANSDERMAL AGENTS

- No comments were received during the public comment period.
- The recommendation is new generic for Vivelle-Dot to be non-preferred. Brand Ogen and Estrasorb are being removed as they are no longer made.

GLUCOCORTICOIDS, ORAL

- No comments were received during the public comment period.
- The recommendation for this class is to move generic EntoCort EC and brand Orapred ODT to preferred status while adding new generic for Orapred ODT to non-preferred. We have also added an exemption for Millipred and Veripred Solutions to be allowed for children 12 years and younger.

IMMUNOSUPPRESSANTS

- Technical Change – Adding generic Myfortic and generic Rapamune to preferred

OPIOID ANTAGONIST

- This is a new class for the PDL and there were no comments
- The recommendation for this class is to add naloxone to the preferred side and new brand Evzio to the non-preferred side.

SKELETAL MUSCLE RELAXANTS

- Technical Change removing generic Amirix as it is no longer made

The meeting is adjourned at 3:50 PM