

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
2020 PREFERRED DRUG LIST REVIEW PANEL MEETING  
WEDNESDAY JULY 15, 2020 1:00PM- 5:00PM  
VIRTUAL ONLINE MEETING PLATFORM**

**I. WELCOME AND INTRODUCTIONS**

Facilitator, Blake Cook, NC Medicaid Outpatient Pharmacy Interim Pharmacy Director began the meeting by welcoming attendees to the meeting and thanked the panel members for making themselves available to participate in the review process and for their service to the beneficiaries of North Carolina Medicaid. The PDL Review Panel Members in attendance introduced themselves.

- Mr. Blake Cook, Pharmacist, Interim Pharmacy Director, representing Division of Health Benefits
- Dr. Lawrence Greenblatt, Physician, representing N.C. Physician Advisory Group Pharmacy and Therapeutics Committee
- Dr. Seung Kim, Physician, representing Old North State Medical Society
- Dr. Ann McGee, Pharmacist, representing Hospital-Based Pharmacy
- Dr. Janice Huff, Physician, representing Community Care of North Carolina
- Dr. Casey Johnson, Pharmacist, representing N.C. Association of Pharmacists
- Dr. Anna Miller-Fitzwater, Physician, representing N.C. Pediatric Society
- Dr. Theodore Zarzar, Psychiatrist, representing N.C. Psychiatric Association
- Dr. Duncan Vincent, Physician, N.C. Chapter of the American College of Physicians
- Mr. Tracy Furgiuele, Pharmacist, Research-Based Pharmaceutical Company

Opening comments by Mr. Cook included the legislative history and mandates governing the NC Medicaid and NC Health Choice Preferred Drug List Review Panel. The recommendations approved during the meeting will be presented to the DHHS Secretary for final approval. Mr. Cook also went through a few slides going through recent NC Medicaid financial results and COVID-19 pharmacy flexibilities instituted.

Procedures and guidelines for the online meeting were given. The review will be done category by category in the order in the posted Meeting Agenda, which mirrors the order of the categories in the posted PDL.

For each drug category reviewed, the recommendations will be stated, and the public comments and registered speakers announced. Speakers should prioritize new information about the product during their three-minute time allotment. After the speaker presentation(s), if any, the Panel will make comments, ask questions, recommend changes, and conclude each category review with a motion and verbal vote of yea or nay.

**II. CATEGORY REVIEWS**

**ANALGESICS**

**OPIOID ANALGESICS LONG ACTING**

- Recommendations: Move Butrans® Patch from Non-Preferred to Preferred and buprenorphine patch (generic for Butrans® Patch) from Preferred to Non-Preferred which reverses the off cycle brand generic switch done during the year, move Oxycontin® Tablet from Preferred to Non-Preferred which was an off cycle change; move Xtampza® ER from Non-Preferred to Preferred which was an off cycle change ; add hydrocodone ER capsule (generic for Zohydro® ER) and tramadol ER capsule (generic for Conzip® Capsule) as Non-Preferred products.
- Public Comments: None

- Speakers: None
- Discussion Points:
  - Category is trial and failure of two preferred products or coverage for a Non-Preferred product may be approved through a prior authorization (PA) which considers patient specific factors.
  - Xtampza® ER is an abuse deterrent formulation.
  - Although Embeda® ER Capsule has been discontinued rebates are still being collected.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **ORALLY DISINTEGRATING / ORAL SPRAY SCHEDULE II OPIOIDS**

- Recommendation: Add Dsuvia™ SLTablet *Not Reviewed* as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **SHORT ACTING SCHEDULE II OPIOIDS**

- Recommendations: Add benzhydrocodone-acetaminophen tablet (generic for Apadaz™ Tablet) and morphine oral syringe as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **NSAIDS**

- Recommendations: Add ketorolac tromethamine nasal spray (generic for Sprix®), Qmiiz™ ODT Tablet, and Relafen™ DS Tablet as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **NEUROPATHIC PAIN**

- Recommendations: Move pregabalin Capsule/Solution (generic for Lyrica® Capsule/Solution) from Non-Preferred to Preferred, add Drizalma™ Sprinkle and Gabacaine™ Kit as Non-Preferred products; add LidoPure™ Patch and Zilocaine™ Patch as Non-Preferred products with clinical criteria to match current lidocaine patch products.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Pregabalin is scheduled V controlled substance that should be monitored for abuse.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

## ANTICONVULSANTS

### **SECOND GENERATION**

- Recommendations: Add Diacomit® Capsule/Powder Pack, lamotrigine ODT (generic for Lamictal® ODT), Nayzilam® Nasal Spray, and Sympazan® Film as Non-Preferred products.
- Public Comments: One
- Speakers: Three
  - Kimberly Phelps-Weber, Biocodex (Diacomit®)
  - Alisha Valdez, UCB Pharma (Nayzilam®)
  - Candice Zizilas, Aquestive Therapeutics (Sympazan®)
- Discussion Points:
  - For any second generation anticonvulsants in the category, prior authorization (PA) requests automatically approve when there is a seizure diagnosis. A pharmacy point of sale claim will approve automatically when there is a historical seizure diagnosis in the NC Medicaid system.
  - Diacomit®, Nayzilam® and Sympazan® have seizures indications only.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

## ANTI-INFECTIVES – SYSTEMIC ANTIBIOTICS

### **PENICILLINS, CEPHALOSPORINS AND RELATED**

- Recommendations: Add cefixime capsule (generic for Suprax® Capsule) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **TETRACYCLINE DERIVATIVES**

- Recommendation: Add Minolira™ ER Tablet as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **ANTIFUNGALS**

- Recommendation: add Posaconazole suspension/tablet (generic for Noxafil®) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **ANTIVIRALS (INFLUENZA)**

- Recommendations: Move Tamiflu® Suspension to Non-Preferred and oseltamivir phosphate suspension (generic for Tamiflu®) to Preferred which was a September off cycle brand generic switch, move oseltamivir phosphate capsule (generic for Tamiflu®) from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Off cycle switch of Tamiflu® and oseltamivir was for cost savings.
  - Because timing is so important when treating outpatient viral infections, making the category trial and failure of one should be considered.
  - Xofluza™ as a Preferred product would have a significant negative financial impact.
  - If needed, in response to the flu season, an off-cycle change could be done. Off cycle changes are allowed for three reasons- financial impact, access and safety.
  - Xofluza™ approval after trial and fail of one preferred product can be done systematically and several Panel members preferred this approach.
- Motion with second: Approve proposed recommendations; make Xofluza™ approve systematically after trial and failure of only one preferred product, State will also implement a manual approval process.
- Vote: All in favor. None opposed.

## **BEHAVIORAL HEALTH**

### **ANTIHYPERKINESIS / ADHD**

- Recommendation: Add Adhansia™ XR Capsule, amphetamine ER suspension (generic for Adzenys®), Evekeo® ODT, Jornay PM™ Capsule, Metadate® ER Tablet, and Relexxii™ ER Tablet as Non-Preferred products.
- Public Comments: None
- Speakers: One
  - Ryan Gregg, Ironshore Pharmaceuticals (Jornay PM™)
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **ATYPICAL ANTIPSYCHOTICS ORAL**

- Recommendations: Add Secuado® Patch as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **CARDIOVASCULAR**

### **ANGIOTENSIN II RECEPTOR BLOCKERS**

- Recommendations: Move irbesartan tablet (generic for Avapro®) from Non-Preferred to Preferred, add olmesartan tablet (generic for Benicar® Tablet) as a Non-Preferred product.
- Public Comments: None
- Discussion Points:
  - Valsartan and losartan shortages exist in the marketplace related to recalls. Irbesartan as preferred should ease access issue.
  - Olmesartan cost is significant to place product as a preferred option.
- Motion with second: Approved proposed recommendations.
- Vote: All in favor. None opposed.

### **ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS**

- Recommendations: Move irbesartan/HCTZ (generic for Avalide®) from Non-Preferred to Preferred, add Olmesartan-amlodipine-HCTZ tablet (generic for Tribenzor® Tablet and Olmesartan-HCTZ (generic for Benicar® HCT Tablet) as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **CHOLESTEROL LOWERING AGENTS**

- Recommendation: Add Ezallor™ Capsule as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS**

- Recommendation: Add Katerzia™ Suspension as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Katerzia™ is FDA approved for children and is the only amlodipine liquid product in the category.
- Motion with second: Approve proposed recommendation; add exemption for ages less than 12 to systematically approve for Katerzia™ Suspension. State will also implement a manual approval process.
- Vote: All in favor. None opposed.

### **DIRECT RENIN INHIBITOR**

- Recommendation: Add aliskiren tablet (generic for Tekturna® Tablet) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Because both preferred products are the same chemical agent only but one has a diuretic added, only one has to be tried before approval of the Non-Preferred product.

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

### **ENDOTHELIN RECEPTOR ANTAGONISTS**

- Recommendation: Add ambrisentan tablet (generic for Letairis® Tablet) and bosentan tablet (generic for Tracleer® Tablet) as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **ORAL PULMONARY HYPERTENSION**

- Recommendation: Add Alyq® Tablet, sildenafil suspension (generic for Revatio® Suspension), tadalafil tablet (generic for Adcirca® Tablet) as Non-Preferred products.
- Public Comments: None
- Speakers: One
  - Amy Heidenreich, United Therapeutics (Orenitram® ER)
- Discussion Points:
  - Sildenafil suspension is prescribed often in pediatrics. An age exemption would streamline access.
  - Cost of Revatio® suspension is significantly less than sildenafil suspension
  - If relative pricing between brand and generic products reverses, an off-cycle change can move exemption to the generic product.
- Motion with second: Approve proposed recommendations, add exemption for ages less than 12 to systematically approve for brand Revatio® Suspension. State will also implement a manual approval process.
- Vote: All in favor. None opposed.

### **ANTIANGINAL & ANTI-ISCHEMIC**

- Recommendation: Move Ranexa® Tablet from Preferred to Non-Preferred, move ranolazine ER tablet (generic for Ranexa® Tablet from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

## **CENTRAL NERVOUS SYSTEM**

### **ANTIMIGRAINE AGENTS**

- Recommendations: Add Reyvow™ Tablet and Tosymra™ Nasal Spray as Non-Preferred products.
- Public Comments: None
- Speakers: One
  - Michelle Zachman, Upsher-Smith (Tosymra™)
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **ANTI-NARCOLEPSY**

- Recommendation: Add Sunosi™ Tablet and Wakix® Tablet as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **ANTIPARKINSON & RESTLESS LEG SYNDROME AGENTS**

- Recommendation: Add Inbrija™ Inhalation and Nourianz™ Tablet as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **MULTIPLE SCLEROSIS**

- Recommendation: Add Mavenclad® Tablet, Mayzent® Starter Pack/Tablet, and Vumerity™ Capsule as Non-Preferred products.
- Public Comments: None
- Speakers: Two
  - Manny Nunez, Sanofi (Aubagio®)
  - Tanner Odom, Biogen (Vumerity™)
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.  
\*Panel member Tracy Furgiuele recused himself from comment/vote due to Biogen relationship.

### **SEDATIVE HYPNOTICS**

- Recommendation: Add doxepin tablet (generic for Silenor®) and ramelteon tablet (generic for Rozerem® Tablet) as Non-Preferred Not Reviewed products.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Traditional doxepin capsule as prescribed for depression is not in this PDL category. The doxepin tablet is a lower strength than the capsule.
  - Ramelteon is seeming to be a safer alternative and is not a controlled substance. The utilization is increasing.
  - Rozerem, the brand product, is less expensive relative to the generic for the State.
- Motion with second: Approve proposed recommendations, add Pharmacy and Therapeutics Committee (P&T) referral to review ramelteon for safety advantages and consider for preferred status in the future.
- Vote: All in favor. None opposed.

## **ENDOCRINOLOGY**

### **HYPOGLYCEMICS – RAPID ACTING INSULIN**

- Recommendations: Add Fiasp® Penfill, insulin aspart U-100 cartridge/FlexPen®/vial (generic for Novolog®) and insulin lispro U-100 KwikPen®/vial (generic for Humalog®) as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **HYPOGLYCEMICS – SHORT ACTING INSULIN**

- Recommendations: Move Humulin R U500 KwikPen® from Non-Preferred to Preferred, add Myxredlin™ Injection as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **HYPOGLYCEMICS – PREMIXED RAPID COMBINATION INSULIN**

- Recommendation: Add insulin aspart protamine-aspart 70/30 U100 FlexPen®/vial (generic for Novolog® Mix 70/30) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **GLP-1 RECEPTOR AGONISTS AND COMBINATIONS**

- Recommendation: Add Rybelsus® Tablet as a Non-Preferred product.
- Public Comments: Two
- Speakers: Two
  - Tammy Kell, Novo Nordisk (Rybelsus®)
  - Mark Borns, Eli Lilly (Trulicity®)
- Discussion Points:
  - Trulicity® is a significantly more expensive product within the category.
  - The category does not have clinical criteria. When making the coverage determination for Non-Preferred products, the PA evaluation considers unique indications such as risk reduction of major adverse cardiovascular events (MACE).
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **BIGUANIDES AND COMBINATIONS**

- Recommendation: Add Riomet® ER Suspension as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.



## **GASTROINTESTINAL**

### **ANTIEMETIC-ANTIVERTIGO AGENTS**

- Recommendations: Add Akynzeo® Vial, doxylamine-pyridoxine tablet (generic for Diclegis® Tablet), and fosaprepitant vial (generic for Emend®) as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **BILE ACID SALTS**

- Recommendation: Move ursodiol capsule (generic for Actigall®) from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **ELECTROLYTE DEPLETERS**

- Recommendations: Move Renagel® Tablet and Renvela® Powder Pack from Preferred to Non-Preferred and move sevelamer tablet/powder pack (generic for Renvela® and Renagel®) from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - The header category these drugs fall under could be misleading. Typically, the drugs are prescribed by a nephrologist for chronic kidney disease; assume Gastrointestinal category placement is related to where the drugs act.
  - Drugs are placed in a PDL category according to classification by a drug database.
  - The state will consider moving this category in the future for clarification.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **PROTON PUMP INHIBITORS**

- Recommendations: Add lansoprazole ODT (generic for Prevacid® Solutab™) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

### **SELECTIVE CONSTIPATION AGENTS**

- Recommendation: Add Motegrity™ Tablet as a Non-Preferred product.
- Public Comments: None

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

### **ULCERATIVE COLITIS - ORAL**

- Recommendations: Add mesalamine DR capsule (generic for Delzicol® Capsule) and mesalamine ER capsule (generic for Apriso® Capsule) as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

## **GENITOURINARY / RENAL**

### **URINARY ANTISPASMODICS**

- Recommendations: Add solifenacin tablet (generic for Vesicare® Tablet) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **GOUT**

- Recommendations: Add febuxostat tablet (generic for Uloric® Tablet) and Gloperba® Solution as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion Point:
  - Noted that Febuxostat has a black box warning.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

## **HEMATOLOGIC**

### **ANTICOAGULANTS - INJECTABLE**

- Recommendations: Move enoxaparin vial (generic for Lovenox®) from Non-Preferred to Preferred, move Lovenox® Vial from Preferred to Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **ANTICOAGULANTS - ORAL**

- Recommendations: Add Bevyxxa® Capsule as a Non-Preferred product.
- Public Comments: None

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

### **COLONY STIMULATING FACTORS**

- Recommendations: Move Neulasta® Syringe/Kit from Preferred to Non-Preferred, move Fulphila™ Syringe/Vial from Non-Preferred to Preferred, move Udenyca™ Syringe from Non-Preferred to Preferred, add Nivestym™ Syringe/Vial and Ziextenzo® Syringe as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion Point:
  - The volume of Neulasta claims through pharmacy point of sale processing is low.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed

### **HEMATOPOIETIC AGENTS**

- Recommendations: Add Reblozyl® Vial as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **OPHTHALMIC**

### **ALLERGIC CONJUNCTIVITIS AGENTS**

- Recommendation: Move Pataday® Drops from Preferred to Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Pataday is now available as an over the counter product. Usually when that happens rebates end.
  - Pataday and Pazeo are different strengths and are not substitutable so patients cannot move to Pazeo without a new prescription.
- Motion with second: Approve proposed recommendation; along with moving olopatadine drops (generic for Pataday®) from Non-Preferred to Preferred.
- Vote: All in favor. None opposed

### **ANTIBIOTICS**

- Recommendations: Move Moxeza® Drops and Vigamox® Drops from Preferred to Non-Preferred, move moxifloxacin ophthalmic solution (generic for Vigamox® Drops and Moxeza®) from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed

### **ANTI-INFLAMMATORY**

- Recommendations: Add Dextenza® Insert and loteprednol drops (generic for Lotemax® Drops) as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **PROSTAGLANDIN AGONISTS**

- Recommendations: Add travoprost drops (generic for Travatan® Z) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **RHO KINASE MODIFIERS / COMBINATIONS**

- Recommendations: Add new PDL category - Rho Kinase Modifiers / Combinations, add Rhopressa® and Rocklatan® Drops as Preferred products in the category.
- Public Comments: None
- Speakers: None
- Discussion Point:
  - Adding category will allow utilization tracking.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

## **OSTEOPOROSIS**

### **BONE RESORPTION SUPPRESSION AND RELATED AGENTS**

- Recommendation: Add Evenity™ Syringe as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **OTIC**

### **ANTIBIOTICS**

- Recommendation: Add ciprofloxacin-fluocinolone drops (generic for Otovel®) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## RESPIRATORY

### **BETA ADRENERGIC HANDHELD, SHORT ACTING**

- Recommendations: Move Proventil® HFA Inhaler from Preferred to Non-Preferred, add albuterol HFA inhaler (generic for Proventil® HFA Inhaler) and Proair Digihaler™ as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - In March, the State made changes to this category in response to marketplace shortages.
  - After shortages subside, there could be a financial impact to the State if the March (i.e. current) PDL placements in this category remain in effect.
  - The recommendation from the state for a vote will implement the proposed recommendations when the marketplace shortages affecting the drugs in the category stabilize.
- Motion: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS**

- Recommendations: Add Duaklir® Pressair® as a Non-Preferred product.
- Public Comments: None
- Speakers: None.
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **INHALED CORTICOSTEROID COMBINATIONS**

- Recommendations: Add budesonide/formoterol inhalation (generic for Symbicort®) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **LOW SEDATING ANTIHISTAMINES**

- Recommendations: Add Quzyttir™ Vial as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## TOPICALS

### **ACNE AGENTS**

- Recommendations: Move clindamycin benzoyl peroxide gel (generic for Benzaclin®) and clindamycin benzoyl peroxide with pump (generic for Benzalclin®) from Preferred to Non-

Preferred, move erythromycin-benzoyl peroxide gel (generic for Benzamycin®) from Non-Preferred to Preferred, move Retin-A® / Micro Gel/ Micro Gel Pump from Non-Preferred to Preferred, add Akliel® Cream, Amzeeq™ Foam, Avar® Foam, Avar® LS Foam, Clindagel® Gel and Ovace® Foam as Non-Preferred products.

- Public Comments: None
- Speakers: None
- Discussion Point:
  - A single ingredient benzoyl peroxide product would enhance preferred side.
  - Many benzoyl peroxide solo products have moved to the OTC market.
  - One known solo benzoyl peroxide product has been looked at in the past and would be extremely expensive for the State.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **ANDROGENIC AGENTS**

- Recommendations: Move Androgel® Pump from Preferred to Non-Preferred, move testosterone pump (generic for Androgel®) from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **ANTIPARASITICS**

- Recommendations: Move Sklice® Lotion from Preferred to Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion:
  - Sklice® manufacturer has given State notice of intent to end rebate agreement. Cost will increase significantly without rebate agreement.
  - Sklice® is not available increasingly in the marketplace.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **ANTIVIRAL**

- Recommendations: Add acyclovir cream (generic for Zovirax® Cream) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **IMMUNOMODULATORS – ATOPIC DERMATITIS**

- Recommendations: Off cycle changes in September moved Eucrisa® 2% Ointment from Preferred to Non-Preferred and Protopic® Ointment from Non-Preferred to Preferred, updated recommendation move Eucrisa® 2% Ointment back to Preferred and leave Protopic® Ointment as Preferred product.

- Public Comments: One
- Speakers: None
- Discussion Points:
  - Off cycle change was based on financials.
  - Clinical Criteria apply to all drugs in the category.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **IMMUNOMODULATORS – IMIDAZOQUINOLINAMINES**

- Recommendations: Add Condylox® Gel as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **NSAIDS**

- Recommendations: Move Voltaren® Gel from Preferred to Non-Preferred, move diclofenac topical gel (generic for Voltaren® Gel) from Non-Preferred to Preferred, add diclofenac epolamine patch (generic for Flector® Patch and Diclofex™ DC Pack as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion Point:
  - Voltaren Gel has moved to OTC market.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **PSORIASIS**

- Recommendations: Add calcipotriene-betamethasone suspension (generic for Taclonex®) and Duobrii® Lotion as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **ROSACEA AGENTS**

- Recommendations: Add Finacea® Foam and ivermectin cream (generic for Soolantra®) as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Three different dosage forms of metronidazole as the only Preferred products in the category is somewhat concerning.
  - A recommendation to make the category trial and failure of one preferred product requires more in-depth knowledge about the drugs in the category.

- Motion with second: Approve proposed recommendations, with a referral to the internal P& T and the Physician Advisory Group for expert opinion about category and the placement of Preferred and Non-Preferred products.
- Vote: All in favor. None opposed

### **MEDIUM POTENCY STEROIDS**

- Recommendations: Add Beser™ Lotion/Kit as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **HIGH POTENCY STEROIDS**

- Recommendations: Add halcinonide cream (generic for Halog®) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **VERY HIGH POTENCY STEROIDS**

- Recommendations: Add Tovet™ Foam/Foam Kit as a Non-Preferred Product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **MISCELLANEOUS**

### **ESTROGEN AGENTS COMBINATIONS**

- Recommendation: Add Bijuva® Capsule as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **ESTROGEN AGENTS, ORAL / TRANSDERMAL**

- Recommendation: Add Dotti™ Patch as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **ESTROGEN AGENTS, VAGINAL PREPARATIONS**

- Recommendation: Add Imvexxy® Vaginal Inserts as a Non-Preferred product.



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

### **GLUCOCORTICOID STEROIDS, ORAL**

- Recommendation: Add Dxevo™ Tablet Pack and Emflaza® Suspension as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion Point:
  - Prednisolone ODT is extremely expensive for the State verses the liquids.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **IMMUNOMODULATORS, SYSTEMIC**

- Recommendation: Add Rinvoq™ ER Tablet and Skyrizi™ syringe as Non-Preferred products.
- Public Comments: None
- Speakers: One (two different drugs)
  - Andrea Hume, Abbvie (Rinvoq)
  - Andrea Hume, Abbvie (Skyrizi)
- Discussion: None.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **IMMUNOSUPPRESSANTS**

- Recommendation: Add Prograf® Granule Packet as a Preferred product.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Because difficult category to have Non-Preferred agents, all products in the category default to preferred, even new to market products
  - Rebates can be achieved through preferring agents.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **MOVEMENT DISORDERS**

- Recommendations: Move Austedo™ Tablet from Non-Preferred to Preferred, move Ingrezza® Capsule from Non-Preferred to Preferred thus removing the restriction “Trial and failure of Preferred” because it is no longer required. Only clinical criteria apply. Move Xenazine® Tablet from Preferred to Non-Preferred, move tetrabenazine tablet from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **SKELETAL MUSCLE RELAXANTS**

- Recommendations: Add cyclobenzaprine ER capsule (generic for Amrix® ER Capsule) and Norgesic™ Forte Tablet as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **DISPOSABLE INSULIN DELIVERY DEVICES**

- Recommendations: Add new PDL category – Disposable Insulin Delivery Devices, add Omnipod DASH as a Preferred product in the category.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - This is a new PDL category added off cycle in December due to significant financial implications to the state.
  - Providers and Beneficiaries have responded positively about the new category.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES**

- Recommendations: Add a new PDL category - Diabetic Continuous Glucose Monitor Supplies; add Dexcom G5® and G6® Transmitter/Receivers as Preferred and Freestyle Libre™ 14 day Reader as Non-Preferred; add Dexcom G4®, G5® Platinum Sensor 4 Pack, and G6® Sensor 3 Pack as Preferred and Freestyle Libre™ 14 day Sensor as Non-Preferred.
- Public Comments: One
- Speakers: Three
  - Nauni Viridi, Abbott Diabetes Care (Freestyle Libre™)
  - Dr. Eugene Wright, NC Practicing Physician (Freestyle Libre™)
  - Ken Fuhrer, NC CGM patient (Freestyle Libre™)
- Discussion Points:
  - This category was voted on at 2019 Panel. Revisiting it because implementation of CGMs into the Medicaid Pharmacy benefit didn't go into effect until July 1, 2020.
  - Freestyle Libre 2, mentioned by the speakers, was not released in time to be listed on the PDL posted for public comment. For that reason, Panel rules do not allow vote on the product. The Freestyle Libre 2 will be added, per state policy, as a new to market Non-Preferred product.
  - The State will evaluate Libre 2 and present to the P&T, potentially off-cycle. The PDL Panel will have the opportunity for input regarding the Libre 2 placement on the PDL.
  - State cost for CGM products usually do not resemble the retail cost primarily due to rebates.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

The following section is for Informational Purposes Only.

The following products have been removed from the posted PDL since the last Panel meeting due to manufacturer discontinuation or removal from CMS' list of rebateable products.

Aricept<sup>®</sup> ODT / Tablet  
Avinza<sup>®</sup> Capsule  
Reprexain<sup>®</sup> Tablet  
Vicoprofen<sup>®</sup> Tablet  
Zamicet<sup>®</sup> Solution  
Fioricet<sup>®</sup> with Codeine Capsule  
Synalgos DC<sup>®</sup> Capsule  
Augmentin<sup>®</sup> Tablet  
ceftibuten capsule / suspension  
Biaxin<sup>®</sup> Suspension / Tablet  
PCE<sup>®</sup> Tablet  
Flagyl<sup>®</sup> ER Tablet  
Levaquin<sup>®</sup> Solution  
Gris-Peg<sup>®</sup> Tablet  
Tyzeka<sup>®</sup> Tablet  
Technivie<sup>®</sup> Dose Pack  
Lexapro<sup>®</sup> Solution  
Abilify<sup>®</sup> Discmelt  
Aceon<sup>®</sup> Tablet  
Univasc<sup>®</sup> Tablet  
Cordarone<sup>®</sup> Tablet  
quinidine sulfate ER tablet  
Kynamro<sup>®</sup> Syringe  
Durlaza<sup>®</sup> Capsule  
ticlopidine tablet  
reserpine tablet  
Alsuma<sup>®</sup> Auto Injection  
Sonata<sup>®</sup> Capsule  
Nutropin<sup>®</sup> AQ Pen  
Glucovance<sup>®</sup> Tablet  
Avandaryl<sup>®</sup> Tablet  
Metozolv<sup>®</sup> ODT  
Pepcid<sup>®</sup> Suspension  
pancrelipase capsule  
Megace<sup>®</sup> Suspension  
Prilosec<sup>®</sup> Rx Capsule  
PhosLo<sup>®</sup> Gelcap / Solution  
Emedine<sup>®</sup> Drops  
Garamycin<sup>®</sup> Drops  
Neosporin<sup>®</sup> Ophthalmic Drops  
metipranolol drops  
travoprost drops  
Miacalcin<sup>®</sup> Nasal Spray

Exelon<sup>®</sup> Capsule  
Xartemis<sup>®</sup> Tablet  
Roxicet<sup>®</sup> Solution  
Xodol<sup>®</sup> Tablet  
dihydrocodeine-aspirin-caffeine capsule  
Panlor<sup>®</sup> Tablet  
Fycompa<sup>®</sup> Kit  
Cedax<sup>®</sup> Capsule / Suspension  
Suprax<sup>®</sup> Tablet  
Ketek<sup>®</sup> Tablet  
Zmax<sup>®</sup> Suspension  
Avelox<sup>®</sup> ABC Pack  
Xerava<sup>®</sup> Vial  
Lamisil<sup>®</sup> Granules / Tablet  
Pegasys<sup>®</sup> Kit  
Viekira<sup>®</sup> XR Tablet  
Methylin<sup>®</sup> Chewable Tablet  
Risperdal<sup>®</sup> M-Tab ODT  
Mavik<sup>®</sup> Tablet  
Teveten<sup>®</sup> HCT Tablet  
Rythmol<sup>®</sup> Tablet  
Levatol<sup>®</sup> Tablet  
isosorbide dinitrate ER tablet  
Persantine<sup>®</sup> Tablet  
Clorpres<sup>®</sup> Tablet  
Tenex<sup>®</sup> Tablet  
Axert<sup>®</sup> Tablet  
Norditropin<sup>®</sup> Nordiflex  
Diabeta<sup>®</sup> Tablet  
Avandamet<sup>®</sup> Tablet  
Anzemet<sup>®</sup> Vial  
Prevpac<sup>®</sup> Patient Pack  
Pepcid<sup>®</sup> Suspension  
Ultresa<sup>®</sup> Capsule  
Nexium<sup>®</sup> OTC Capsule  
Eliphos<sup>®</sup> Tablet  
Elestat<sup>®</sup> Drops  
Optivar<sup>®</sup> Drops  
gentamicin ophthalmic ointment  
Betagan<sup>®</sup> Drops  
Betimol<sup>®</sup> Drops  
Fortical<sup>®</sup> Nasal Spray  
VoSpire<sup>®</sup> ER Tablet

Aerospan<sup>®</sup> Inhaler  
triamcinolone nasal spray  
fexofenadine tablet  
Differin<sup>®</sup> Gel  
Benzefoam<sup>®</sup> Ultra  
Cleocin T<sup>®</sup> Solution  
hydrocortisone topical gel  
Pediaderm<sup>®</sup> HC Kit / TA Kit  
amcinonide ointment  
8-MOP<sup>®</sup> Capsules  
Enjuvia<sup>®</sup> Tablet  
Veripred<sup>®</sup> Solution  
cyclosporine solution

budesonide nasal spray  
Claritin<sup>®</sup> Tablet  
Xyzal<sup>®</sup> Solution / Tablet  
Benzamycin<sup>®</sup> Pack Gel  
Benzepro<sup>®</sup> Wash/Emollient Foam/Foam/Foaming Cloths  
benzoyl peroxide cleanser/wash/gel/kit/towelette  
DesOwen<sup>®</sup> Lotion  
Dermatop<sup>®</sup> Cream / Emollient Cream  
Diprolene<sup>®</sup> Lotion / AF Cream  
Cenestin<sup>®</sup> Tablet  
PediaPred<sup>®</sup> Solution  
Zodex<sup>®</sup> Tablet  
Clarinex<sup>®</sup> Syrup

PDL Review is completed. Mr. Cook asked if there was a motion to adjourn the meeting.  
Motion was made with a Second  
All in Favor. None Opposed

PDL Panel Review Meeting Adjourned at 4:46 PM