

NC MEDICAID and NC HEALTH CHOICE DIVISION OF HEALTH BENEFITS PREFERRED DRUG LIST REVIEW PANEL MEETING

AGENDA

Thursday, July 14, 2022 1:00 p.m. – 5:00 p.m. Virtual Online Meeting

- I. Welcome
- II. Introductions / Medicaid Updates
- III. Overview of Panel Activities and Procedures
- IV. Drug Class Reviews, Review of Public Comments and Public Testimony

NC Medicaid began a new PDL Panel meeting policy in 2022. We moved to meeting two times per year (January and July), in addition to reviewing every PDL category at least once per calendar year. Public comments during the 45-day public comment period will still only be allowed for categories the State designates on the publicly posted document. Speakers at the PDL Panel meeting are only allowed for categories listed in the agenda for that meeting. The categories that are highlighted below are categories that have no State recommendations but are open for discussion. The following are considered the open categories for the 7/14/2022 meeting:

ANALGESICS

- 1. Short-Acting Schedule III-IV Opioids and Opioid/Analgesic Combinations
- 2. NSAIDS
- 3. Neuropathic Pain

ANTICONVULSANTS

- 1. First Generation
- 2. Second Generation

ANTI-INFECTIVES, SYSTEMIC

- 1. Macrolides and Ketolides
- 2. Tetracycline Derivatives
- 3. Antivirals, Hepatitis C

BEHAVIORAL HEALTH

- 1. Antidepressants, Other
- 2. Selective Serotonin Reuptake Inhibitors (SSRI)

- 3. Antihyperkinesis/ADHD
- 4. Atypical Antipsychotics; Oral / Topical

CARDIOVASCULAR

- 1. Dihydropyridine Calcium Channel Blockers
- 2. Direct Renin Inhibitors
- 3. Endothelin Receptor Antagonists
- 4. Inhaled Prostacyclin Analogs
- 5. Niacin Derivatives
- 6. Nitrate Combinations
- 7. Non-Dihydropyridine Calcium Channel Blockers
- 8. Oral Pulmonary Hypertension
- 9. Antianginal and Anti-Ischemic
- 10. Sympatholytics and Combinations

CENTRAL NERVOUS SYSTEM

- 1. Anti-Narcolepsy
- 2. Anti-Parkinson and Restless Leg Syndrome Agents
- 3. Multiple Sclerosis, Injectable
- 4. Multiple Sclerosis, Oral

ENDOCRINOLOGY

- 1. Growth Hormone
- 2. Hypoglycemics; Injectable, Rapid-Acting Insulin
- 3. Hypoglycemics; Injectable, Intermediate-Acting Insulin
- 4. Hypoglycemics; Injectable, Premixed Rapid Combination Insulin
- 5. Hypoglycemics; Injectable, Premixed 70/30 Combination Insulin
- 6. Hypoglycemics; Injectable, Amylin Analogs
- 7. Hypoglycemics; Injectable, GLP-1 Receptor Agonists and Combination
- 8. Hypoglycemics; Oral, Second Generation Sulfonylureas
- 9. Hypoglycemics; Oral, Alpha-Glucosidase Inhibitors
- 10. Hypoglycemics; Oral, Biguanides and Combinations
- 11. Hypoglycemics; Oral, DPP-IV Inhibitors and Combinations
- 12. Hypoglycemics; Oral, Meglitinides
- 13. Hypoglycemics; Oral, Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combinations
- 14. Hypoglycemics; Oral, Thiazolidinediones and Combinations

GASTROINTESTINAL

- 1. Antiemetic and Antivertigo Agents
- 2. H. Pylori Combinations
- 3. Histamine-2 Receptor Antagonists
- 4. Pancreatic Enzymes
- 5. Progestins used for Cachexia
- 6. Proton Pump Inhibitors

- 7. Selective Constipation Agents
- 8. Ulcerative Colitis; oral
- 9. Ulcerative Colitis; rectal
- 10. Electrolyte Depleters (Kidney Disease)

GENITOURINARY/RENAL

1. Benign Prostatic Hyperplasia Treatments

GOUT

HEMATOLOGIC

- 1. Anticoagulants; Injectable
- 2. Anticoagulants; Oral
- 3. Colony Stimulating Factors
- 4. Hematopoietic Agents
- 5. Thrombopoiesis Stimulating Agents

OPHTHALMIC

- 1. Antibiotics
- 2. Anti-Inflammatory
- 3. Anti-Inflammatory / Immunomodulator
- 4. Beta Blocker Agents / Combinations

RESPIRATORY

1. Inhaled Corticosteroids

TOPICALS

- 1. Acne Agents
- 2. Antibiotics- Vaginal
- 3. Antifungals
- 4. Antivirals
- 5. Immunomodulators, Atopic Dermatitis
- 6. Imidazoquinolinamines

MISCELLANEOUS

- 1. Epinephrine, Self-Injected
- 2. Glucocorticoid Steroids, Oral
- 3. Immunomodulators, Systemic
- 4. Immunosuppressants
- 5. Opioid Antagonists
- 6. Opioid Dependence
- 7. Skeletal Muscle Relaxants

	DISPOSABLE INSULIN DELIVERY DEVICES
X 7	
V.	Closing comments and adjournment