

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**PREFERRED DRUG LIST REVIEW PANEL MEETING**  
**WEDNESDAY JANUARY 15, 2025 1:00PM – 5PM**  
**VIRTUAL ONLINE MEETING PLATFORM**

**I. WELCOME, INTRODUCTIONS, OVERVIEW**

Moderator, Dr. Meena Wanas, the NC Medicaid Outpatient Pharmacy lead pharmacist for the Preferred Drug List (PDL) began the virtual meeting by welcoming all attendees to the first quarterly PDL review meeting for 2025. Dr. Wanas thanked the PDL panel members for their important contribution to the PDL, to the NC Medicaid program and to beneficiary health. He acknowledged their dedication and graciously volunteered time to serve on the PDL Review Panel. A roll call of the PDL Panel members followed. The PDL panel members in attendance and organization represented are listed:

- Dr. Angela B. Smith, PharmD, DHA, FACHE, Pharmacy Director, NC Division of Health Benefits-Attended a portion of the meeting
  - Dr. John E. Matta, PharmD, MBA, Pharmacy Manager, served as a proxy for Dr. Angela B. Smith at the beginning of the meeting.
- Dr. Karen Breach-Washington, Representative for the Old North State Medical Society
- Dr. Peter Koval, Representative for the North Carolina Association of Pharmacists
- Dr. Louise David Harlow III, Representative for Hospital-Based Pharmacy
- Dr. Aaron Garst, Representative for Community Care of North Carolina
- Dr. Michelle Boose Representative for the Physician Advisory Group, Pharmacy and Therapeutics Committee
- Dr. Gabrielle Herman Representative for Research-Based Pharmaceutical Companies
- Dr. Katherine Jordan, M.D, Representative for the North Carolina Pediatric Society
- Dr. Ying Vang, Representative for the North Carolina Academy of Family Physicians
- Dr. James J. Cappola, III, Representative for the North Carolina Chapter of the American College of Physicians

Guidance for meeting attendees was reviewed.

Within 7 days after the meeting, participants with comments about the PDL or its content can send an email to [Medicaid.PDL@dhhs.nc.gov](mailto:Medicaid.PDL@dhhs.nc.gov).

The procedures for making a motion and voting were stated for the PDL panel review members. Voting is verbal by responding Aye or Nay to the motion. Speaker guidelines were explained. Speakers must state their name, affiliation, if being compensated for the product presentation, and any potential conflicts. Three minutes are allowed to present, and information should focus on recent changes or updates for the drug. Panel members can ask questions after the presentation.

A brief legislative history about the PDL and the PDL Panel Review Committee was shared.

- 2009: PDL was authorized by NC Legislation to ensure access to cost efficient and medically appropriate drug therapies that maximize health outcomes for all NC Medicaid beneficiaries.
- 2010: PDL Review Panel was established by legislation to review the PDL recommendations received from the Department of Health and Human Services, North Carolina Medicaid and the Physician Advisory Group Pharmacy and Therapeutics Committee to classify prescription medications as either Preferred or Non-Preferred on the PDL. An open meeting was mandated to review the PDL recommendations and written public comments received.
- 2023: General Assembly codified the PDL as G.S. 108A-68.1A [Session Law 2023-134, Sections 9E.17(a)-(d)]. The Legislation establishes the composition of the Review Panel, the cadence of PDL Review Panel meetings [once per quarter], a public comment period, and procedure for the Review Panel to make recommendations to the Secretary of DHHS. [The PDL public comment period is 30 days to accommodate the quarterly review cadence.

- Legislation mandates the PDL Review Panel consist of the Director of Pharmacy for North Carolina Medicaid and individuals appointed by the Secretary of the Department of Health and Human Services representing the organizations listed in legislation. Individuals appointed to the PDL Review Panel, except for the Director of Pharmacy for North Carolina Medicaid, shall serve a two-year term.
- Advocating to allow members to serve multiple terms. Currently panel members can only serve one term lasting 2 years.

The recommendations approved by the PDL Review Panel are submitted to the DHHS Secretary for final approval.

The PDL with recommendations from this meeting will become effective on April 1, 2025.

The next PDL panel review meeting will be held on Thursday April 10, 2025. The PDL Panel meetings occur quarterly in January, April, July and October.

The Drug Utilization Review (DUR) Meeting will be held on Thursday, January 23<sup>rd</sup>, 2025 from 1-3 pm.

An overview of the PDL was provided prior to starting the category reviews:

- Trial and failure of two Preferred drugs is required unless only one Preferred option is listed, or a trial and failure exemption is otherwise indicated on the document.
- Clinical criteria requirements are indicated in red writing.
- Color coding on the PDL posted for public comment is informational and serves to identify the type of change.
- On-file additions are recommendations when the NDC for the drug was already on the PDL file with the status indicated in the recommendation, but the drug name did not appear on the external PDL document.
- Brand-Generic Switch: the brand product and equivalent generic product switch PDL status.
- Off-Cycle Update: Product status change made outside of the scheduled PDL review cycle. Off-cycle changes are allowed when there is 1) a significant financial impact for the State, 2) a product shortage or other access issue, 3) patient safety is at risk.
- Every PDL category is reviewed at least once annually, even if there are no recommended changes from the State. The categories are open for discussion and a PDL panel member can introduce a motion for change.

## **II. CATEGORY REVIEWS**

### **ANALGESICS**

#### **NSAIDS**

- Recommendation: Add Dolobid tablet as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

### **ANTICONVULSANTS**

#### **CARBAMAZEPINE DERIVATIVES**

- Recommendation: Add Oxcarbazepine ER (generic for Oxteller® XR) as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

#### **SECOND GENERATION**

- Recommendation: Add Vigafyde solution as non-preferred as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

**MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR NSAIDS, CARBAMAZEPINE DERIVATIVES, AND SECOND-GENERATION ANTICONVULSANTS.**

**VOTE: ALL IN FAVOR. NONE OPPOSED.**

**ANTI-INFECTIVES – SYSTEMIC ANTIBIOTICS**

**LINCOSAMIDES AND OXAZOLIDINONES**

- Recommendation: Synercid Vial discontinued
- Public Comments: None
- Speakers: None
- Discussion: None

**ANTI-INFECTIVES – ANTIVIRALS**

**HEPATITIS B AGENTS**

- Recommendation: Epivir HBV Tablet/Solution discontinued
- Public Comments: None
- Speakers: None
- Discussion: None

**ANTI-INFECTIVES – INHALED ANTIBIOTICS**

**INHALED**

- Recommendation: Add tobramycin ampule (generic for Bethkis) as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

**BEHAVIORAL HEALTH**

**ANTIHYPERKINESIS/ADHD**

- Recommendation: Add Onyda XR suspension as non-preferred
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Dr. Katherine Jordan proposed to add “T/F of preferred agents are not required for children <12 years of age” to Onyda XR suspension on non-preferred list.

**MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR LINCOSAMIDES AND OXAZOLIDINONES, ANTIVIRALS, INHALED ANTIBIOTICS, AND ANTIHYPERKINESIS/ADHD AND ADDING T/F OF PREFERRED AGENTS ARE NOT REQUIRED FOR CHILDREN <12 YEARS OF AGE TO ONDYA XR SUSPENSION ON NON-PREFERRED LIST.**

**VOTE: ALL IN FAVOR. NONE OPPOSED.**

**ATYPICAL ANTIPSYCHOTICS, ORAL / TRANSDERMAL**

- Add Cobenfy and Cobenfy Starter Pack as non-preferred
- Public Comments: None
- Speakers: One
  - Dr. Johnathan Jones, Bristol Myers Squibb - Cobenfy
- Discussion:

- Dr. James J. Cappola, III, Representative for the North Carolina Chapter of the American College of Physicians asks about head-to-head studies with Cobenfy and other antipsychotics
- Dr. Jonathan Jones states there are no head-to-head studies with Cobenfy and other antipsychotics

## **GASTROINTESTINAL**

### **BILE ACIDS SALTS**

- Recommendation: Add Livdelzi Capsule as non-preferred
- Public Comments: None
- Speakers: One
  - Dr. Katherine Klem, Gilead Sciences - Livdelzi
- Discussion Point: None

## **CARDIOVASCULAR**

### ***CORONARY VASODILATORS***

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: None
- Discussion: None

**MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR ATYPICAL ANTIPSYCHOTICS, ORAL / TRANSDERMAL, CORONARY VASODILATORS, AND BILE ACIDS SALTS**

**VOTE: ALL IN FAVOR. NONE OPPOSED**

### **DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS**

- Recommendation: Add nimodipine solution as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

### ***DIRECT RENIN INHIBITOR***

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: None
- Discussion: None

### **PLATELET INHIBITOR**

- Recommendation: Aspirin-Omeprazole DR tablet discontinued
- Public Comments: None
- Speakers: None
- Discussion: None

**MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS, DIRECT RENIN INHIBITOR, AND PLATLET INHIBITOR.**

**VOTE: ALL IN FAVOR. NONE OPPOSED.**

### **TRIGLYCERIDE LOWERING AGENT**

- Recommendation: Vascepa no longer rebate eligible. Icosapent ethyl capsule moved to preferred off cycle for patient access
- Public Comments: None
- Speakers: None
- Discussion: None

## **CENTRAL NERVOUS SYSTEM**

### ***ANTI-NARCOLEPSY***

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: One
  - Dr. Jay Mehta, Axsome Therapeutics - Sunosi
- Discussion:
  - Sunosi requested to be added to the PDL

### **ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENT**

- Recommendation: Add Crexont Capsule ER and Vyalev Vial to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## **MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR TRIGLYCERIDE LOWERING AGENTS, ANTI-NARCOLEPSY AND ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS**

**VOTE: ALL IN FAVOR. NONE OPPOSED.**

### **MULTIPLE SCLEROSIS**

- Recommendation: Add Ocrevus Zonovo Vial as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## **ENDOCRINOLOGY**

### ***PREMIXED 70/30 COMBINATION INSULIN***

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: None
- Discussion: None

## **MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR MULTIPLE SCLEROSIS AND PREMIXED 70/30 COMBINATION INSULIN**

**VOTE: ALL IN FAVOR. NONE OPPOSED.**

### ***AMYLIN ANALOGS***

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: None
- Discussion: None

### ***ALPHA-GLYCOSIDASE INHIBITORS***

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: None
- Discussion: None

### **DPP-IV INHIBITORS AND COMBINATIONS**

- Recommendation: Add Zituvimet and Zituvimet XR as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

### **MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR AMYLIN ANALOGS, ALPHA-GLYCOSIDASE INHIBITORS, DPP-IV INHIBITORS AND COMBINATIONS**

**VOTE: ALL IN FAVOR. NONE OPPOSED.**

### ***THIAZOLIDNEDIONES AND COMBINATIONS***

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: None
- Discussion: None

## **GASTROINTESTINAL**

### ***HISTAMINE-2 RECEPTOR ANTAGONISTS***

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: None
- Discussion Point: None

### ***PANCREATIC ENZYMES***

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: None
- Discussion Point: None

### **MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR THIAZOLIDNEDIONES AND COMBINATIONS, HISTAMINE-2 RECEPTOR ANTAGONISTS, PANCREATIC ENZYMES**

**VOTE: ALL IN FAVOR. NONE OPPOSED.**

### ***PROGESTINS USED FOR CACHEXIA***

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: None
- Discussion Point: None

## **HEMATOLOGIC**

### ***ANTICOAGULANTS INJECTABLES***

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS

- Public Comments: None
- Speakers: None
- Discussion Point: None

#### **THROMBOPOIESIS STIMULATING AGENTS**

- Recommendation: Doptlet and Mulpleta added to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

#### **MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR PROGESTINS USED FOR CACHEXIA, ANTICOAGULANTS INJECTABLES, THROMBOPOIESIS STIMULATING AGENTS**

**VOTE: ALL IN FAVOR. NONE OPPOSED.**

#### **OPHTHALMIC**

##### **ANTI-INFLAMMATORY**

- Recommendation: Dexycu vial discontinued
- Public Comments: None
- Speakers: None
- Discussion: None

#### **RESPIRATORY**

##### **BETA-ADRENERGIC HANDHELD (SHORT ACTING)**

- Recommendation: Proventil HFA Inhaler discontinued
- Public Comments: None
- Speakers: None
- Discussion: None

#### **TOPICALS**

##### **ANDROGENIC AGENTS**

- Recommendation: Androderm Patch and Fortesta Gel Pump discontinued
- Public Comments: None
- Speakers: None
- Discussion: None

#### **MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR ANTI-INFLAMMATORY, ADRENERGIC HANDHELD (SHORT ACTING), ANDROGENIC AGENTS**

**VOTE: ALL IN FAVOR. NONE OPPOSED**

##### **NSAIDS**

- Recommendation: Flector Patch discontinued; Licart Patch no longer rebate eligible discontinued
- Public Comments: None
- Speakers: None
- Discussion: None

##### **IMMUNOMODULATORS (ATOPIC DERMITIS)**

- Recommendation: Add Ebglyss Pen as non-preferred; Protopic Ointment discontinued
- Public Comments: None

- Speakers: Two
  - Dr. Tyler Lincoln, Arcutis Biotherapeutics - Zoryve® 0.15%, 0.3% Cream and 0.3% Foam
  - Dr. Joe Cirrincione, Incyte - Opzelura™ Cream
- Discussion: None

### **STERIODS (LOW POTENCY)**

- Recommendation: Aqua Glycolic HC Kit discontinued
- Public Comments: None
- Speakers: None
- Discussion: None

### **MOTION WITH SECOND: APPROVE-PROPOSED RECOMMENDATIONS FOR NSAIDS, IMMUNOMODULATORS (ATOPIC DERMATITIS), STERIODS (LOW POTENCY)**

**VOTE: ALL IN FAVOR. NONE OPPOSED**

### **STERIODS (MEDIUM POTENCY)**

- Recommendation: Flurandrenolide cream discontinued (cream only)
- Public Comments: None
- Speakers: None
- Discussion: None

## **MISCELLANEOUS**

### **IMMUNOMODULATORS (ASTHMA)**

- Recommendation: Move Xolair Autoinjector from non-preferred to preferred
- Public Comments: None
- Speakers: One
  - Dr. Sunny Hirpara, AstraZeneca - Fasentra®
- Discussion Points:
  - New indications for Fasentra were mentioned that need to be updated on the PA criteria
    - Pediatric indication is now for 6 years of age and older, was previously for 12 years of age and older
      - 6–11-year-olds weighing >35kg will get 30mg dose
      - 6-11 year olds <35kg get 10mg dose
    - Fasentra now used in Eosinophilic granulomatosis with polyangiitis (EGPA)

### **ANTIPSORIATICS (ORAL)**

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: None
- Discussion Points: None

### **EPINEPHRINE (SELF-INJECTED)**

- Recommendation: Symjepi Syringe discontinued
- Public Comments: None
- Speakers: One
  - Dr. Pamela Steele, NP; Pediatric Allergy UNC Healthcare - Auvi-Q®
- Discussion:
  - Currently PA requirement for Auvi-Q® is time consuming for providers
  - Financial impact within the state needs to be vetted to determine if the State is able to make Auvi-Q® a preferred drug



**MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR STERIODS (MEDIUM POTENCY), IMMUNOMODULATORS (ASTHMA), EPINEPHRINE (SELF-INJECTED), ANTIPSORIATICS (ORAL)**

**VOTE: ALL IN FAVOR. NONE OPPOSED**

**ESTROGEN AGENTS (COMBINATIONS)**

- Recommendations: Prefest tablet discontinued
- Public Comments: None
- Speakers: None
- Discussion: None

**CYTOKINE AND CAM ANTAGONISTS**

- Recommendations: Add Tremfya Vial to the existing syringe and injector as non-preferred
- Public Comments: None
- Speakers:
  - Dr. Olaide Akingbade, AbbVie - Rinvoq® and Skyrizi®
  - Dr. Uche Ndefo, UCB - Bimzelx®
- Discussion: None

**OPIOID DEPENDENCE**

- Recommendations: Add Lofexidine Tablet as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

**MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR ESTROGEN AGENTS (COMBINATIONS), CYTOKINE AND CAM ANTAGONISTS, OPIOID DEPENDENCE**

**VOTE: ALL IN FAVOR. NONE OPPOSED**

**SKELETAL MUSCLE RELAXANTS**

- Recommendations: Add Tanlor tablet as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

**DISPOSABLE INSULIN DELIVERY DEVICES**

**DISPOSABLE INSULIN DELIVERY DEVICES**

- Recommendation: Add CeQur Simplicity™ and CeQur Simplicity™ Inserter as preferred
- Public Comments: None
- Speakers: One
  - Janelle Duffee, CeQur Corporation - CeQur Simplicity™
- Discussion Point: None

**DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES - SENSORS**

- Recommendation: Freestyle Libre™ 3 Plus Sensor added off cycle to preferred for patient access. The 3 is being phased out
- Public Comments: None
- Speakers: None
- Discussion Point:

- The Freestyle Libre™ 2 Sensor is being phased out
- The State will discuss internally about Freestyle Libre™ 2 Plus being added to PDL off cycle.

**MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATION FOR SKELETAL MUSCLE RELAXANTS, DISPOSABLE INSULIN DELIVERY DEVICES, DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES-SENSORS**

**VOTE: ALL IN FAVOR. NONE OPPOSED**

**ADJOURNMENT**

- Recommendation: PDL Review is completed. Adjourn meeting 2:44 PM.