

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**PREFERRED DRUG LIST REVIEW PANEL MEETING**  
**TUESDAY JANUARY 13, 2026 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 2026. 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. John Matta, PharmD, MBA, Interim Director of Pharmacy and Ancillary Services.**
- **Dr. Michelle Boose Representative for the Physician Advisory Group, Pharmacy and Therapeutics Committee**
- **Dr. Gabrielle Herman Representative for Research-Based Pharmaceutical Companies**
- **Dr. Aaron Garst, Representative for Community Care of North Carolina**
- **Dr. Peter Koval, PharmD, BCPS, CPP Representative for NC Association of Pharmacists**
- **Dr. Katherine Jordan, MD Representative for NC Pediatric Society**
- **Dr. Kenya Windely, MD Representative for NC Psychiatric Association**
- **Dr. James J. Cappola, III, MD, FACP Representative for NC Chapter of the American College of Physicians**
- **Dr. Karen Breach-Washington, Representative for the Old North State Medical Society**

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, 2026.

The next PDL panel review meeting will be held on Tuesday April 14, 2026. The PDL Panel meetings occur quarterly in January, April, July and October.

The Drug Utilization Review (DUR) Meeting will be held on Thursday, January 22, 2026 from 1-3 pm.

In accordance with the Governor's directive, NC Medicaid coverage for GLP-1s for the treatment of obesity has been reinstated effective Dec. 12, 2025.

Coverage of GLP-1s for Weight Management will revert to the criteria in place as of Sept. 30, 2025, restoring access to medications previously available under the NC Medicaid Outpatient Pharmacy Prior Approval Criteria GLP-1s for Weight Management, effective Aug. 1, 2024.

Wegovy, Zepbound and Saxenda has been added back to the Preferred Drug List (PDL) as an off-cycle change. Wegovy is a Preferred Product. Zepbound and Saxenda are Non-Preferred Products.

These changes will be reviewed in the April PDL panel review meeting.

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

### Alzheimer's Agents

#### **Alzheimer's Agents**

- Recommendation: NTM: Added Leqembi® Autoinjector to non-preferred
- Public Comments: None
- Speakers: Craig Plauschinat -Eisai Inc.
- Discussion: None

### Analgesics

#### **NSAIDS**

- Recommendation: NTM: Added Lurbipro™ Tablet to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

#### **Neuropathic Pain**

- Recommendation: Reconciliation: Added Gabarone™ Tablet to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

### **APPROVE PROPOSED RECOMMENDATIONS FOR ALZHEIMER'S AGENTS. ANALGESICS-NSAIDS, NEUROPATHIC PAIN.**

**Motion from Breach-Washington. Second from Herman.**

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

### Anticonvulsants

#### **Second Generation**

- Recommendation: NTM: Added Topiramate Solution to non-preferred
- Public Comments: One comment
- Speakers: None
- Discussion: None

#### **Carbamazepine Derivatives**

- Recommendations:
  - Moved Aptom® Tablet from preferred to non-preferred
  - Moved eslicarbazepine acetate Tablet (generic for Aptom®) from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## Anti-Infectives

### **Nitroimidazoles (Gastrointestinal Antibiotics)**

- Recommendation: Reconciliation: Added Fidaxomicin Tablet (generic for Dificid®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

### **Antivirals (Hepatitis B Agents)**

- Recommendation: Reconciliation: Added Tenofovir disoproxil fumarate tablet (generic for Viread®) to non-preferred
- Public Comments: One comment
- Speakers: None
- Discussion: None

## **Antibiotics, Inhaled**

- Recommendation Open class - No recommendations
- Public Comments: One comment
- Speakers: None
- Discussion: None

## **APPROVE PROPOSED RECOMMENDATIONS FOR ANTICONVULSANTS-SECOND GENERATION, CARBAMAZEPINE DERIVATIVES, ANTI-INFECTIVES-ANTIBIOTICS: LINCOSAMIDES AND OXAZOLIDINONES, NITROIMIDAZOLES (GASTROINTESTINAL ANTIBIOTICS), ANTI-INFECTIVES- ANTVIRALS (HEPATITIS B AGENTS), ANTI-INFECTIVES ANTIBIOTICS, INHALED**

**Motion from Windley. Second from Breach-Washington.**

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

## Behavioral health

### **Antidepressants (other)**

- Recommendation: NTM: Added Exxua™ ER Tablet / ER Titration Pack to non-preferred
- Public Comments: One public comment
- Speakers:
  - Teena Abraham – Axsome - Auvelity
- Discussion: None

### **Selective Serotonin Reuptake Inhibitor (SSRI)**

- Recommendation: NTM: Added escitalopram Capsule (generic for Lexapro®) to non-preferred
- Public Comments: One public comment
- Speakers: None
- Discussion: None

### **Antihyperkinesis/ADHD**

- Recommendation: NTM: Added Amphetamine ER ODT (generic for Adzenys® XR ODT) to non-preferred
- Public Comments: None
- Speakers:
  - Richard Brugman – Brugman Attention Associates – Journey PM
- Discussion:
  - Windley: Can an exception be made for T/F not required for children less than 12 years old for the Adezenys XR ODT?
  - Jordan: Second; can work for children with autism.
  - Breach Washington: Agrees with the previous two members.

### **APPROVE PROPOSED RECOMMENDATIONS FOR BEHAVIORAL HEALTH-ANTIDEPRESSANTS (OTHER), SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI), ANTIHYPERKINESIS/ADHD.**

**Motion from Breach-Washington. Second from Herman.**

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

### **Cardiovascular**

#### **Angiotensin II Receptor Blockers**

- Recommendation: NTM: Added Arbli™ Suspension to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

#### **Beta Blockers**

- Recommendation: NTM: Added Lopressor® Tablet / Solution to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

#### **Direct Renin Inhibitor**

- Recommendation: Open Class - No Recommendations
- Public Comments: None
- Speakers: None
- Discussion: None

#### **Inhaled Prostacyclin Analogs**

- Recommendation: NTM: Added Yutrepia™ DPI to non-preferred
- Public Comments: None
- Speakers:
  - Brock Bizzell – United Therapeutics Corporation- Tyvaso DPI
  - Richard Oliver – Liquidia - Yutrepia

- Discussion: None

### **PCSK9**

- Recommendations:
  - Added New managed Category PCSK9
  - Added Repatha® Syringe / Pushtonix / Sureclick and Praluent® Pen as preferred
  - Added Leqvio® Injection as non-preferred
- Public Comments: None
- Speakers:
  - Deanna Phillips – Amgen – Repatha
  - Kristin Duffey – Novartis Pharmaceuticals - Leqvio
- Discussion: None

### **Platelet Inhibitors**

- Recommendation: Open Class - No Recommendations
- Public Comments: None
- Speakers: None
- Discussion: None

### **APPROVE PROPOSED RECOMMENDATIONS FOR CARDIOVASCULAR-ANGIOTENSIN II RECEPTOR BLOCKERS, BETA BLOCKERS, DIRECT RENIN INHIBITOR, INHALED PROSTACYCLIN ANALOGS, PCSK9, PLATELET INHIBITORS.**

**Motion from Koval. Second from Boose.**

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

### **Endocrinology**

#### **Hypoglycemics-Injectable**

##### **Rapid Acting Insulin**

- Recommendation:
  - NTM: Added Kirsty Vial / Pen (biosimilar to Novolog®)
  - Reconciliation: Added Humalog® U-100 Tempo Pen™ to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

##### **Short Acting Insulin**

- Recommendation: Reconciliation: Added ReliOn® R FlexPen to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

##### **Long-Acting Insulin**

- Recommendation: Reconciliation: Added Basaglar® U-100 Tempo Pen™ to non-preferred

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

#### **Premixed 70/30 Combination Insulin**

- Recommendation: Reconciliation: Added Relion® Novolog® 70/30 Vial / FlexPen® to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

#### **Amylin Analogs**

- Recommendation: Open Class - No recommendations
- Public Comments: None
- Speakers: None
- Discussion Point: None

#### **Alpha-Glucosidase Inhibitors**

- Recommendation: Open Class - No recommendations
- Public Comments: None
- Speakers: None
- Discussion Point: None

#### **Thiazolidinediones And Combinations**

- Recommendation: Open Class - No recommendations
- Public Comments: None
- Speakers: None
- Discussion Point: None

### **APPROVE PROPOSED RECOMMENDATIONS FOR HYPOGLYCEMICS- INJECTABLE RAPID ACTING INSULIN, SHORT ACTING INSULIN, LONG-ACTING INSULIN, PREMIXED 70/30 COMBINATION INSULIN, AMYLIN ANALOGS, ALPHA- GLUCOSIDASE INHIBITORS, THIAZOLIDINEDIONES AND COMBINATIONS.**

**Motion from Koval. Second from Herman.**

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

#### **Gastrointestinal**

##### **Histamine-2 Receptor Antagonists**

- Recommendation: Open Class - No recommendations
- Public Comments: None
- Speakers: None
- Discussion Point: None

#### **Progesterins Used for Cachexia**

- Recommendation: Open Class - No recommendations
- Public Comments: None
- Speakers: None
- Discussion Point: None

## **Hematologic**

### **Anticoagulants (Oral)**

- Recommendation:
  - Moved Pradaxa® Capsule from preferred to non-preferred
  - Moved dabigatran capsule (generic for Pradaxa® Capsule) from non-preferred to preferred
  - NTM: Added Rivaroxaban Suspension and Eliquis® Sprinkle / Suspension to non-preferred
- Public Comments: None
- Speakers:
  - Andrew Delgado – Bristol Myers Squibb - Eliquis
- Discussion Point:
  - Jordan: Move Eliquis sprinkle from NP to Preferred. Add red writing to remove T/F for children.
  - Windley: Agrees with adding the red writing.
  - Koval: Agreed
  - Wanas: Adding in the vote Move Eliquis sprinkle from NP to Preferred

### **Thrombopoiesis Stimulating Agents**

- Recommendation: NTM: Added Wayrilz™ Tablet and Doptelet Tablet / Sprinkle non-preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

## **APPROVE PROPOSED RECOMMENDATIONS FOR GASTROINTESTINAL-HISTAMINE-2 RECEPTOR ANTAGONISTS, PROGESTINS USED FOR CACHEXIA, HEMATOLOGIC-ANTICOAGULANTS (ORAL), THROMBOPOIESIS STIMULATING AGENTS. CHANGE ELIQUIS SPRINKLE FROM NON-PREFERRED TO PREFERRED.**

**Motion from Breach Washington. Second from Windley.**

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

## **Osteoporosis**

### **Bone Resorption Suppression and Related Agents**

- Recommendation:
  - NTM: Added Conexxence® to non-preferred
  - Reconciliation: Added Bilydos® Syringe to Preferred
  - Reconciliation: Added Jubboni® Syringe, Stoboclo® Syringe and Ospomyv™ Syringe to non-preferred
- Public Comments: None

- Speakers: None
- Discussion: None

## **Respiratory**

### **Orally Inhaled Anticholinergics/COPD Agents**

- Recommendation: NTM: Added Umeclidinium-Vilanterol (generic for Anoro<sup>®</sup>) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

### **Inhaled Corticosteroids**

- Recommendation: NTM: Added fluticasone furoate Inh (generic for Arnuity Ellipta<sup>™</sup>) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

### **First Generation Antihistamines**

- Recommendation:
  - Reconciliation: Added Carbzah Solution to preferred.
  - NTM: Added Clemsza<sup>™</sup> Tablet to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## **APPROVE PROPOSED RECOMMENDATIONS FOR OSTEOPOROSIS- BONE RESORPTION SUPPRESSION AND RELATED AGENTS, RESPIRATORY- ORALLY INHALED ANTICHOLINERGICS/COPD AGENTS, INHALED CORTICOSTERIODS, FIRST GENERATION ANTIHISTAMINES.**

**Motion Breach-Washington. Second from Herman.**

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

## **Topicals**

### **Acne Agents**

- Recommendation: Reconciliation: Added Epiduo<sup>®</sup> Forte gel pump to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

### **Antifungals**

- Recommendation:
  - NTM: Added econazole foam (generic for Ecoza<sup>®</sup>) to non-preferred
  - Reconciliation: Added Ertaczo<sup>®</sup> Cream to non-preferred

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

## **Miscellaneous**

### **Urea Cycle Disorder Treatments, Oral**

- Recommendation:
  - Moved Buphenyl® Tablet/Powder from non-preferred to preferred
  - Added glycerol phenylbutyrate oral liquid (generic for Ravicti®) to non-preferred
- Public Comments: None
- Speakers: Jalal Nait Hammoud – Medunik USA - Pheburane
- Discussion: None

### **Immunomodulators, Atopic Dermatitis**

- Recommendation: NTM: Added Anzupgo® Cream and Zoryve® (roflumilast) 0.05% Cream to non-preferred
- Public Comments: One
- Speakers:
  - Krystal Ngo – Arcutis Biotherapeutics, Inc. – Zoryve
  - Joe Cirrincione – Incyte- Opzelura
  - Chantelle Gastinger – Organon – VTAMA (tapinorof)
- Discussion: None

### **Epinephrine, Self-Administered**

- Recommendation: Open Class - No recommendations
- Public Comments: None
- Speakers: None
- Discussion: None

## **APPROVE PROPOSED RECOMMENDATIONS FOR TOPICAL- ACNE AGENTS, ANTIFUNGALS, MISCELLANEOUS- UREA CYCLE DISORDER TREATMENTS ORAL, IMMUNOMODULATORS ATOPIC DERMATITIS, EPINEPHRINE, SELF ADMINISTERED**

**Motion from Herman. Second from Capolla**

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

### **Glucocorticoid Steroids, Oral**

- Recommendations: NTM: Added Jaythari Tablet (generic for Emflaza®) and Pyquvi™ Suspension to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## **Cytokine And Cam Antagonists**

- Recommendations:
  - NTM: Added Avtozma® Vial to non-preferred
  - Moved Pyzchiva® Syringe/Vial and Steqeyma® Vial /Syringe from non-preferred to preferred
  - Reconciliation: Added adalimumab-aacf Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe to non-preferred
  - NTM: Added Otezla® XR Initiation Pack / Tablet to non-preferred
  - Added red writing to Stelara® Syringe / Vial T/F of preferred usteknumab is required
- Public Comments: None
- Speakers:
  - Olaide Akingbade – Abbvie – Rinvog
  - Uche Ndefo – UCB Inc. – Bimzelx
  - Beth Lubelczyk – Eli Lilly and Company – Omvoh (mirikizumab)
- Discussion: None

## **Hereditary Angioedema (HAE) Prophylaxis Agents**

- Recommendations: NTM: Added Dawnzera™ Auto syringe non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## **APPROVE PROPOSED RECOMMENDATIONS FOR MISCELLANEOUS-GLUCOCORTICOID STERIODS, ORAL, CYTOKINE AND CAM ANTAGONISTS, HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS.**

**Motion from Herman. Second from Windley.**

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

## **Hereditary Angioedema (HAE) Treatment Agents**

- Recommendation: NTM: Added Ekterly® Tablet and Andembry® Auto Injector to non-preferred
- Public Comments: None
- Speakers:
  - Daniel Kueh - KalVista Pharmaceuticals
- Discussion Point: None

## **Opioid Antagonists**

- Recommendation: NTM: Added Zurnai™ Injection to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

**Opioid Dependence**

- Recommendation: Open Class - No recommendations
- Public Comments: One public comment
- Speakers:
  - Geri-Lynn Utter – Dexcel Pharmaceuticals – Zebsolv
- Discussion: None

**Skeletal Muscle Relaxants**

- Recommendation: Reconciliation: Added Ozobax DS® Solution and Ozobax® Solution to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

**APPROVE PROPOSED RECOMMENDATIONS FOR MISCELLANEOUS-,  
HEREDITARY ANGIOEDEMA (HAE) TREATMENT AGENTS, OPIOD  
ANTAGONISTS, OPIOID DEPENDENCE, SKELETAL MUSCLE RELAXANTS.**

**Motion from Breach-Washington. Second from Koval.**

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

## Obsolete Drugs removed from the PDL

Drug	Drug Category
Diastat Rectal Gel	Anticonvulsant-Second Generation
Paromomycin Capsule	Nitroimidazoles (Gastrointestinal Antibiotics)
Minolira ER Tablet	Tetracycline Derivatives
Sitavig Buccal Tablet	Antivirals (Herpes Treatments)
Sorine Tablet	Beta Blockers
Ziac Tablet	Beta Blocker Diuretic Combinations
Liqrev Suspension	Oral Pulmonary Hypertension
Kynamobi Titration Kit	Anti-parkinson And Restless Leg Syndrome Agents
Glynase Tablet	2nd Generation Sulfonylureas
Delzicol Capsule	Ulcerative Colitis- Oral
Timoptic Drops	Beta Blocker Agents / Combinations
Timoptic XE Solution	Beta Blocker Agents / Combinations
Flovent Diskus	Inhaled Corticosteroids

Flovent HFA	Inhaled Corticosteroids
Androgel Packet	Androgenic Agents
Bensal HP Ointment	Antifungals
Lindane shampoo	Antiparasitic
Cloderm Cream/Pump	Steroids-Medium Potency
Locoid Lipocream/Lotion	Steroids-Medium Potency
Halog Ointment	Steroids-High Potency
Impeklo Lotion	Steroids-Very High Potency
Temovate Ointment	Steroids-Very High Potency
Isordil <sup>®</sup> Titradose <sup>®</sup> Tablet	Coronary Vasodilators

### **ADJOURNMENT**

- Motion to adjourn: Koval
- Second for adjourn: Breach-Washington
- Vote: All in favor. None opposed.

Recommendation: PDL Review is completed. Adjourn meeting at 3:00.