

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**PREFERRED DRUG LIST REVIEW PANEL MEETING**  
**TUESDAY JULY 22, 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 third 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. John Matta, PharmD, MBA, Interim Director of Pharmacy and Ancillary Services.
- Dr. Peter Koval, Representative for the North Carolina Association of Pharmacists
- 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 October 1, 2025.

The next PDL panel review meeting will be held on Thursday October 9, 2025. The PDL Panel meetings occur quarterly in January, April, July and October.

The Drug Utilization Review (DUR) Meeting will be held on Thursday, July 24, 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**

### **Alzheimer's Agents**

#### **ALZHEIMER'S AGENTS**

- Recommendation: Added Zunvey1<sup>®</sup> tablet to non-preferred and added memantine ER capsule / solution (generic for Namenda<sup>®</sup> XR / Solution)
- Public Comments: None
- Speakers: None
- Discussion: None

### **Analgesics**

#### **OPIOID ANALGESICS- LONG ACTING**

- Recommendation: Moved tramadol ER tablet (Ultram ER<sup>®</sup>, Ryzolt<sup>®</sup>) from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

#### **OPIOID ANALGESICS- Orally Disintegrating/ORAL SPRAY SCHEDULE II OPIOIDS**

- Recommendation: Removed Dsuvia<sup>™</sup> SL Tablet
- Public Comments: 2 public comments
- Speakers: None
- Discussion: None

#### **OPIOID ANALGESICS- SHORT ACTING SCHEDULE II OPIOIDS**

- Recommendation: Moved hydrocodone-ibuprofen tablet (generic for Ibudone<sup>®</sup>, Reprexain<sup>®</sup>, Vicoprofen<sup>®</sup>) from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

**APPROVE PROPOSED RECOMMENDATIONS FOR ALZHEIMERS AGENTS, ANALGESICS- OPIOID ANALGESICS (LONG ACTING), ORALLY DISINTEGRATING/ORAL SPRAY SCHEDULE II OPIOIDS, ANALGESICS- OPIOID ANALGESICS (SHORT ACTING SCHEDULE II OPIOIDS)**

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

**OPIOID ANALGESICS- SHORT ACTING SCHEDULE III – IV OPIOIDS/ANALGESIC COMBINATIONS**

- Recommendation: Move tramadol tablet 100mg from preferred to non-preferred
- Public Comments:
- Speakers: None
- Discussion: None

**NON-OPIOID ANALGESICS**

- Recommendation: Created New Category: Non-Opioid Analgesics and added Journavx™ Tablet as preferred
- Public Comments: 3 public comments
- Speakers:
  - Leonardo Kapural, MD- Carolina Pain Institute
  - Devin Pence- Vertex Pharmaceuticals
  - William Beckworth, MD- Advent Health Hendersonville
  - Amanda Zimmerman, PA- West Forsyth Pain Management
- Discussion:
  - James Coppala: What types of pain studied in trials?
  - Amanda Zimmerman: approved for acute pain.

**NSAIDS**

- Recommendation: Moved diclofenac sodium tablet (generic for Voltaren®) non-preferred to preferred and removed Duexis® Tablet - T/F of only celecoxib required
- Public Comments: None
- Speakers: None
- Discussion: None

**ANTICONSULSANTS**

**SECOND GENERATION**

- Recommendation: Added Levetiracetam tablet (generic for Spritam®) to non-preferred, moved lacosamide solution (generic for Vimpat®) and lamotrigine ODT dose pack/ tablet dose pack (generic for Lamictal®) from preferred to non-preferred, and moved Qudexy® XR Capsule from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

**APPROVE PROPOSED RECOMMENDATIONS FOR SHORT ACTING SCHEDULE III – IV OPIOIDS/ANALGESIC COMBINATIONS, ANALGESICS- NON-OPIOID ANALGESICS, ANALGESICS- NSAIDS, ANTICONSULSANTS- SECOND GENERATION**

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

## **ANTI-INFECTIVES –SYSTEMIC**

### **ANTIBIOTICS**

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

- Recommendation: Moved amoxicillin-clavulanate XR tablet (generic for Augmentin® / XR), cefixime suspension and cephalexin tablet (generic for Keflex®) (generic for Suprax®) from preferred to non-preferred, Added red writing T/F of preferred agents not required for children <12 years of age for cefiximes suspension
- Public Comments:
- Speakers: None
- Discussion: None

#### **NITROMINDAZOLE (GASTROINTESTINAL ANTIBIOTICS)**

- Recommendation: Added metronidazole 125 mg tablet (generic for Flagyl®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

#### **SYSTEMIC ANTIFUNGALS**

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

#### **ANTIVIRALS (GENERAL)**

- Recommendation: Added new category: Antiviral (General) and added Paxlovid™ Tablet dose Pack as preferred and Lagevrio
- Public Comments: None
- Speakers: None
- Discussion: None

### **APPROVE PROPOSED RECOMMENDATIONS FOR ANTI-INFECTIVES SYSTEMIC- PENICILINS, CEPHALOSPORINS AND RELATED, NITROIMIDAZOLES (GASTROINTESTINAL ANTIBIOTICS), SYSTEMIC ANTIFUNGALS, ANTIVIRALS (GENERAL)**

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

#### **ANTIVIRALS (HERPES TREATMENT)**

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

### **BEHAVIORAL HEALTH-**

#### **ANTIDEPRESSANTS: OTHER**

- Recommendation: Added Raldesy™ Solution to non-preferred, moved Nardil® Tablet, phenelzine tablet (generic for Nardil®), and tranylcypromine tablet (generic for Parnate®) from preferred to non-preferred and added red writing to Zurzuvae™ Capsule: T/F of preferred agents not required for diagnosis of post-partum depression
- Public Comments:
- Speakers: None

- Discussion Points: None

## **ANTIHYPERKINESIS/ADHD**

- Recommendation: Moved methylphenidate CD capsule (generic for Metadate® CD) from non-preferred to preferred, moved Adderall® XR Capsule, Aptensio® XR Capsule, Concerta® Tablet, Focalin® XR Capsule, methylphenidate ER capsule (generic for Aptensio® XR) and Vyvanse® Chewable Tablet from preferred to non-preferred
- Public Comments:
- Speakers: None
- Discussion Points:
  - Katherine Jordan: Recommend Vyvanse chewables to add in red writing that trial of preferred agents isn't required for children under 12 years old.
  - Pete Koval: Agreed with this
  - Since there is a chewable already preferred no need to add red writing.

## **CARDIOVASCULAR**

### **ACE INHBITORS/DIURETIC COMBINATIONS**

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: None
- Discussion: None
- **APPROVE PROPOSED RECOMMENDATIONS FOR ANTIDEPRESSANTS: OTHER, ANTIHYPERKINESIS/ADHD, CARDIOVASCULAR-ACE INHBITORS/DIURETIC COMBINATIONS**
- **VOTE: ALL IN FAVOR. NONE OPPOSED.**

### **ANGIOTENSIN II RECEPTOR BLOCKERS**

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

### **ANGIOTENSIN II RECEPTOR BLOCKERS COMBINATIONS**

- Recommendation: Moved amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT) from preferred to non-preferred
- Public Comments: None
- Speakers:
  - Pete Koval: would like to leave Exforge® HCT on the preferred list
  - Meena Wanas: will discuss internally
- Discussion: None

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

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

## **ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS**

- Recommendation: Removed sacubitril and valsartan tablet (generic for Entresto®)
- Public Comments: None
- Speakers: None
- Discussion: Will keep the generic entresto for right now.
- **APPROVE PROPOSED RECOMMENDATIONS FOR CARDIOVASCULAR- ANGIOTENSIN II RECEPTOR BLOCKERS, ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS, ANGIOTENSIN II RECEPTOR BLOCKER DIURECTIC COMBINATIONS**
- **VOTE: ALL IN FAVOR. NONE OPPOSED.**

## **BETA BLOCKERS**

- Recommendation: Moved bisoprolol tablet (generic for Zebeta®) and nadolol tablet (generic for Corgard®) from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## **BETA BLOCKERS DIURETIC COMBINATIONS**

- Recommendation: Open class- no recommendations
- Public Comments: None
- Speakers: None
- Discussion: None

## **BILE ACID SEQUESTRANTS**

- Recommendation: Obsolete: Removed cholestyramine light packet / light powder (generic for Questran® Light), Prevalite® Packet / Powder, and Questran® Light Powder
- Public Comments: None
- Speakers: None
- Discussion: Will not make these changes at this time.

## **DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS**

- Recommendation: Moved Norliqva® Solution non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## **APPROVE PROPOSED RECOMMENDATIONS FOR CARDIOVASCULAR-BETA BLOCKERS, BETA BLOCKER DIURETIC COMBINATIONS, BILE ACID SEQUESTRANTS, DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS.**

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

## **ORAL PULMONARY HYPERTENSION**

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers:
  - Kimberly Simpson- United Therapeutics
- Discussion: None

## **ANTIANGINAL AND ANTI-ISCHEMIC**

- Recommendation: Removed Ranexa® Tablet
- Public Comments: None
- Speakers: None
- Discussion: None

## **TRIGLYCERIDE LOWERING AGENTS**

- Recommendation: Removed Lovaza® Capsule
- Public Comments: None
- Speakers: None
- Discussion: None

## **CENTRAL NERVOUS SYSTEM**

### **ANTIMIGRAINE AGENTS- CGRP BLOCKER/MODULATORS PREVENTATIVE**

- Recommendation: Moved Emgality® Syringe 100 MG from preferred to non-preferred
- Public Comments: None
- Speakers:
- Discussion: None

### **APPROVE PROPOSED RECOMMENDATIONS FOR CARDIOVASCULAR- ORAL PULMONARY HYPERTENSION, ANTIANGINAL & ANTI-ISCHEMIC, TRIGLYCERIDE LOWERING AGENTS, CENTRAL NERVOUS SYSTEM-ANTIMIGRAINE AGENTS CGRP BLOCKERS/MODULATORS PREVENTATIVE.**

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

### **ANTIMIGRAINE AGENTS- CGRP BLOCKER/MODULATORS TREATMENT**

- Recommendation: Added Symbravo® to non-preferred
- Public Comments: None
- Speakers:
  - Jay Mehta
- Discussion: None

### **ANTI-NARCOLEPSY**

- Recommendation: Moved Nuvigil® Tablet from preferred to non-preferred
- Public Comments: None
- Speakers:
- Discussion: None

### **ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS**

- Recommendation: Added Onapgo™ Cartridge to non-preferred and obsolete: removed Sinemet® Tablet
- Public Comments: None
- Speakers: None
- Discussion: Will keep Sinemet tablet

### **MULTIPLE SCLEROSIS-INJECTABLE**

- Recommendation: Added Brand Copaxone® 40 MG/ML Syringe to non-preferred and added generic glatiramer syringe 40 MG/ML (generic for Copaxone® Syringe) to preferred
- Public Comments: None
- Speakers: Rosalyn Frazier- Genentech Ocrevus vial/Ocrevus zonovo vial
- Discussion: None

### **APPROVE PROPOSED RECOMMENDATIONS FOR CENTRAL NERVOUS SYSTEM-ANTIMIGRAINE AGENTS, ANTINARCOLEPSY, ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS, MULTIPLE SCLEROSIS (INJECTABLE)**

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

## **SEDATIVE HYPNOTICS**

- Recommendation: Moved zolpidem ER tablet (generic for Ambien® CR) from non-preferred to preferred
- Public Comments: None
- Speakers: Noe
- Discussion: None

## **ENDOCRINOLOGY**

### **HYPOGLYCEMICS-INJECTABLE**

#### **RAPID ACTING INSULIN**

- Recommendation: Moved Brand Novolog® U-100 Penfill from preferred to non-preferred, moved Generic insulin aspart U-100 Penfill from non-preferred to preferred, and moved Humalog® U-100 Cartridge/ Junior KwikPen®/ KwikPen® / Vial from preferred to non-preferred
- Public Comments: None
- Speakers: None
  - Discussion:
  - Pete Koval: Are we forcing everyone to go through a PA for concentrated insulin? Should we put one of the U-200 insulins on the preferred side?
  - Kelly Switzer: Will be a significant financial impact to make this change.

#### **LONG ACTING INSULIN**

- Recommendation: Moved insulin glargine vial / SoloStar® (authorized biologic for Lantus) and Levemir® / FlexPen® / FlexTouch® / Vial from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion:
  - Meena Wanas: We will not move insulin glargine vial/ SoloStar at this time
  - Pete Koval: Levemir is off the market. Is this necessary?
  - Meena Wanas: Drugs are left temporarily due to supply still being used and potential to return back.

#### **PREMIXED RAPID COMBINATION INSULIN**

- Recommendation: Moved Humalog® 50/50 Mix KwikPen®, Humalog® 75/25 Vial, and Novolog® Mix 70/30 Vial / FlexPen® from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

#### **BIGUANIDES AND COMBINATIONS**

- Recommendation: Removed Riomet® ER Suspension
- Public Comments: None
- Speakers: None
- Discussion: None

### **APPROVE PROPOSED RECOMMENDATIONS FOR SEDATIVE HYPNOTICS, RAPID ACTING INSULIN, LONG ACTING INSULIN, PREMIXED RAPID COMBINATION INSULIN, BIGUANIDES AND COMBINATIONS**

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



## **GASTROINTESTINAL**

### **ANTIEMETIC-ANTIVERTIGO AGENTS**

- Recommendation: Moved aprepitant pack (generic for Emend®) and dimenhydrinate vial (generic for Dramamine®) from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

### **BILE ACID SALTS**

- Recommendation: Added Ctexli™ Tablet to non-preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

### **H. PYLORI COMBINATIONS**

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

### **PANCREATIC ENZYMES**

- Recommendation: Moved Viokase® Tablet from non-preferred to preferred
- Public Comments: None
- Speakers:
  - Shawn Michael- Digestive Care- Pertzze (Pacrelipase)
- Discussion Point: None

## **APPROVE PROPOSED RECOMMENDATIONS FOR ANTIEMETIC- ANTIVERTIGO AGENTS, BILE ACID SALTS, H. PYLORI COMBINATIONS, PANCREATIC ENZYMES.**

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

### **PROTON PUMP INHIBITORS**

- Recommendation: Moved Dexilant® Capsule Tablet from preferred to non-preferred and removed Aciphex® Tablet
- Public Comments: None
- Speakers: None
- Discussion Point: None

### **SELECTIVE CONSTIPATION AGENTS**

- Recommendation: Added prucalopride tablet (generic for Motegrity®) to non-preferred, and moved Amitiza® Capsule from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

### **ULCERATIVE COLITIS- ORAL**

- Recommendation: Moved mesalamine DR tablet (generic for Lialda®) From preferred to non-preferred and removed Asacol® HD Tablet
- Public Comments: None
- Speakers: None

- Discussion Point: None

#### **ULCERATIVE COLITIS- RECTAL**

- Recommendation: Moved mesalamine enema (generic for SF Rowasa®) From preferred to non-preferred and moved SF Rowasa® Enema from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

**APPROVE PROPOSED RECOMMENDATIONS FOR PROTON PUMP INHIBITORS, SELECTIVE CONSTIPATION AGENTS, ULCERATIVE COLITIS-ORAL, AND ULCERATIVE COLITIS RECTAL.**

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

### **GENITOURINARY/RENAL**

#### **ELECTROLYTE DEPLETERS (KIDNEY DISEASE)**

- Recommendation: Added ferric citrate Tablet (generic for Auryxia®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

#### **BENIGN PROSTATIC HYPERPLASIA TREATMENTS**

- Recommendation: Removed Avodart® Softgel and Entadfi™ Capsule
- Public Comments: None
- Speakers: None
- Discussion Point: None

#### **URINARY ANTISPASMODICS**

- Recommendation: Moved Myrbetriq® ER Tablet from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

#### **UTERINE DISORDER TREATMENTS**

- Recommendation: Added new category: Uterine disorder treatments; Added Oriahnn® Capsule, Orilissa® Tablet, Myfembree® Tablet to preferred.
- Public Comments: 2 public comments
- Speakers: None
- Discussion Point: None

**APPROVE PROPOSED RECOMMENDATIONS FOR GENITOURINARY/RENAL-ELECTROLYTE DEPLETERS (KIDNEY DISEASE), BENIGN PROSTATIC HYPERPLASIA TREATMENTS, URINARY ANTISPASMODICS, UTERINE DISORDER TREATMENTS.**

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

### **HEMATOLOGIC**

#### **ANTICOAGULANTS INJECTABLE**

- Recommendation: Moved Fragmin® Syringe from preferred to non-preferred

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

#### **ANTICOAGULANTS ORAL**

- Recommendation: Added Rivaroxaban tablet (generic for Xarelto®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

#### **COLONY STIMULATING FACTORS**

- Recommendation: Moved Fynetra® Syringe from non-preferred to preferred and moved Udenyca® Autoinjector / Syringe from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

#### **HEMATOPOIETIC AGENTS**

- Recommendation: Removed Jesduvroq® Tablet
- Public Comments: None
- Speakers: None
- Discussion Point: None

### **APPROVE PROPOSED RECOMMENDATIONS FOR ANTICOAGULANTS INJECTABLE, ANTICOAGULANTS ORAL, COLONY STIMULATING FACTORS, HEMATOPOIETIC AGENTS.**

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

### **OPHTHALMIC**

#### **ALLERGIC CONJUNCTIVITIS**

- Recommendation: Moved azelastine drops (generic for Optivar®) non-preferred to preferred
- Public Comments:
- Speakers: None
- Discussion: None

#### **ANTIBIOTICS-STEROID COMBINATIONS**

- Recommendation: Removed Tobradex® Drops
- Public Comments: None
- Speakers: None
- Discussion: None

#### **ANTI-INFLAMMATORY**

- Recommendation: Moved ketorolac solution (generic for Acular® / LS) from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

#### **ANTI-INFLAMMATORY/ IMMUNOMODULATOR**

- Recommendation: Moved Restasis® Multidose™ Drops from preferred to non-preferred
- Public Comments:
- Speakers: None
- Discussion: None

## **OSTEOPOROSIS**

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

- Recommendation: Moved Forteo® Pen from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

### **APPROVE PROPOSED RECOMMENDATIONS FOR OPHTHALMIC- ALLERGIC CONJUNCTIVITIS AGENTS, OPHTHALMIC ANTIBIOTICS-STERIOD COMBINATIONS, ANTI-INFLAMTORY, ANTI-INFLAMMATORY/IMMUNOMODULATOR, BONE RESORPTION SUPPRESSION AND RELATED AGENTS**

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

## **OTIC**

### **ANTI-INFLAMMATORY**

- Recommendation: Moved brand Dermotic® Oil from preferred to non-preferred; Move generic fluocinolone 0.01% oil (generic for Demotic®) from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## **RESPIRATORY**

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

- Recommendation: Moved albuterol HFA inhaler (generic for Proair® HFA Inhaler / Proventil® HFA Inhaler / Ventolin® HFA Inhaler) From non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

### **INHALED CORTICOSTEROIDS**

- Recommendation: Moved Pulmicort® Flexhaler non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

### **INHALED CORTICOSTEROIDS COMBINATIONS**

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers:
  - Sara Hinton- AztraZeneca- AirSupra
- Discussion:
  - Pete Koval: Suggestion to change AirDuo to obsolete in future meeting.
  - Meena Wanas: Normally change after 2 years for pharmacy to use current supply.
  - Pete Koval: Consider adding one triple therapy inhaler in the preferred category
  - Kelly Switzer: Will take to the analytics team

**APPROVE PROPOSED RECOMMENDATIONS FOR OTIC- ANTI INFLAMMATORY, RESPIRATORY- BETA ADRENERGIC HANDHELD, SHORT ACTING, INHALED CORTICOSTEROIDS, INHALED CORTICOSTEROIDS COMBINATIONS**

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

**INTRANSAL RHINITIS AGENTS**

- Recommendation: Removed Beconase® AQ Nasal Spray
- Public Comments: None
- Speakers: None
- Discussion:

**TOPICALS**

**ACNE AGENTS**

- Recommendation: Moved adapalene cream (generic for Differin®) and clindamycin phosphate gel (Clindagel®) from preferred to non-preferred and moved clindamycin-benzoyl peroxide gel (generic for Benzaclin®, Neuac®) from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

**ANTIBIOTICS- VAGINAL**

- Recommendation: Moved clindamycin vaginal cream (generic for Cleocin® Vaginal Cream) from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

**ANTIFUNGALS**

- Recommendation: Moved nystatin-triamcinolone cream / ointment (generic for Mycolog II®) from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

**APPROVE PROPOSED RECOMMENDATIONS FOR INTRANASAL RHINITIS AGENTS, ACNE AGENTS, ANTIBIOTICS (VAGINAL), ANTIFUNGALS**

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

**ANTIVIRAL**

- Recommendation: Moved brand Zovirax® Cream from preferred to non-preferred and moved Generic acyclovir Cream and Denavir® Cream from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## **PSORIASIS**

- Recommendation: Moved calcipotriene-betamethasone suspension / ointment (generic for Talconex®) from non-preferred to preferred
- Public Comments: None
- Speakers:
  - Tyler Lincoln, Arcutis Biotherapeutics, Inc Zoryve 0.3% Foam
- Discussion: None

## **ROSACEA AGENTS**

- Recommendation: Moved MetroCream® and MetroGel® from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## **STERIODS- HIGH POTENCY**

- Recommendation: Removed Halog® Solution
- Public Comments: None
- Speakers: None
- Discussion: None

## **APPROVE PROPOSED RECOMMENDATIONS FOR TOPICALS ANTIVIRAL, PSORIASIS, ROSACEA AGENTS, STERIODS- HIGH POTENCY**

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

## **STERIODS- VERY HIGH POTENCY**

- Recommendation: Moved Clobex® Shampoo from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## **MISCELLANEOUS**

### **IMMUNOMODULATORS ATOPIC DERMATITIS**

- Recommendation: Moved Adbry® Autoinjector and pimecrolimus cream (generic for Elidel®) non-preferred to preferred and added Zoryve® (roflumilast) 0.3% Foam to non-preferred
- Public Comments: None
- Speakers:
  - Carla Mcspadden- Galderma (Nemluvio)
- Discussion: None

### **EPINEPHRINE, SELF-ADMINISTERED**

- Recommendation: Moved epinephrine auto injector (generic for Adrenacllick®) and neffy® nasal spray from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

## **ESTROGEN AGENTS, VAGINAL PREPERATIONS**

- Recommendation: Moved estradiol vaginal cream (generic for Estrace®) from non-preferred to preferred.
- Public Comments: None
- Speakers: None
- Discussion: None

## **APPROVE PROPOSED RECOMMENDATIONS FOR TOPICA-STERIODS (VERY HIGH POTENCY), MISCELLANEOUS- IMMUNOMODULATORS (ATOPIC DERMATITIS), EPINEPHRINE, SELF-ADMINISTERED, ESTROGEN AGENTS, VAGINAL PREPERATIONS**

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

## **GLUCOCORTICOSTEROIDS, ORAL**

- Recommendations: Moved Emflaza® Suspension from non-preferred to preferred and removed red writing T/F of preferred agents not required for children < 12 years of age, and added Agamree® Suspension to non-preferred
- Public Comments: None
- Speakers:
- Discussion: None

## **CYTOKINE AND CAM ANTAGONISTS**

- Recommendations: Moved adalimumab-fkjp Pen / Syringe from preferred to non-preferred, moved adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe and Xeljanz® Tablet from non-preferred to preferred and added Otulfi® Syringe/Vial, Pyzchiva® Syringe/Vial, Selarsdi™ Syringe/Vial, Steqeyma® Syringe/Vial, and Yesintek™
- Public Comments: None
- Speakers:
  - Uche Ndefo; UCB, Bimzelx
- Discussion: None

## **IMMUNOSUPPRESSANTS**

- Recommendations: Obsolete Removed Rapamune® Solution
- Public Comments: None
- Speakers: None
- Discussion: None

## **MOVEMENT DISORDERS**

- Recommendations: Moved Ingrezza® (valbenazine) Sprinkle Capsules from non-preferred to preferred
- Public Comments: None
- Speakers:
  - Leah Roges; Neurocrine Biosciences; Ingrezza Sprinkle Capsule
- Discussion: None

## **APPROVE PROPOSED RECOMMENDATIONS FOR MISCELLANEOUS-GLUCOCORTICOID STERIODS (ORAL), CYTOKINE AND CAM ANTAGONISTS, IMMUNOSUPPRESSANTS, MOVEMENT DISORDERS**

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

## **HERIDITARY ANGIOEDEMA-TREATMENT AGENTS**

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

- Speakers: None
- Discussion: None

## **DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES**

### **DISPOSABLE INSULIN DELIVERY DEVICES**

- Recommendation: Added Omnipod 5® FSL2 G6 Intro Kit/Pods
- Public Comments: None
- Speakers: None
- Discussion Point: None

### **TRANSMITTERS/RECEIVERS/READERS**

- Recommendation: Removed red writing: Clinical criteria apply to all items in this class
- Public Comments: None
- Speakers: None
- Discussion Point:
  - Meena Wanas: No vote will be taken at this time, and this change will be on hold for further evaluation.
  - Pete Koval: Add Libre 2 Plus and Libre 3 Plus
    - On the sensor category: No change is needed currently.

## **APPROVE PROPOSED RECOMMENDATION FOR HEREDITARY ANGIOEDEMA-TREATMENT AGENTS, DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES – SENSORS, DIABETIC SUPPLIES, TRANSMITTERS/RECEIVERS/READERS**

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

### **ANGIOTENSIN II RECEPTOR BLOCKERS COMBINATIONS**

- Recommendation: Keep amlodipine-valsartan-HCTZ tablet (generic for Exforge® HCT) on the preferred list
- Public Comments: None
- Speakers: None
- Discussion: None

## **APPROVE PROPOSED RECOMMENDATION FOR ANGIOTENSIN II RECEPTOR BLOCKERS COMBINATIONS**

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

### **RAPID ACTING INSULIN**

- Recommendation: Moved concentrated insulin to preferred side.
- Public Comments: None
- Speakers: None
- Discussion:
  - Kelly Switzer: Will be a significant financial impact to make this change.

### **LONG ACTING INSULIN**

- Recommendation: Moved insulin glargine vial / SoloStar® (authorized biologic for Lantus) and Levemir® / FlexPen® / FlexTouch® / Vial from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion:



- Kelly Switzer: Toujeo SoloStar would be more cost effective to move to preferred. Will discuss in October.
- Peter Koval: Toujeo SoloStar is 1.5 ML vs the Max SoloStar is 3 ML
- Kelly Switzer: We will take that back to the analytics team.

#### **INHALED CORTICOSTEROIDS COMBINATIONS**

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: Nicole Abolins
- Discussion:
  - Pete Koval: Consider adding one triple therapy inhaler in the preferred category
  - Kelly Switzer: Would have a significant financial impact. Do not recommend change.
  - Meena Wanas: Will look over and consider for next PDL in October.

#### **ADJOURNMENT**

- Motion to adjourn meeting from Pete Koval second from James Coppola.
- Vote: All in favor. None opposed.
- Recommendation: PDL Review is completed. Adjourn meeting 3:39 PM.