

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
2021 PREFERRED DRUG LIST REVIEW PANEL MEETING
THURSDAY MARCH 25, 2021 9:00AM - 2:00PM
VIRTUAL ONLINE MEETING PLATFORM**

I. WELCOME AND INTRODUCTIONS

Facilitator, Blake Cook, NC Medicaid Outpatient Pharmacy Manager began the meeting by welcoming all attendees to the meeting and thanked the panel members for their time investment to the Preferred Drug List (PDL) review process. Excluding the Medicaid Director of Pharmacy, the term of the current seated PDL Review Panel runs from August 1, 2020 to July 31, 2022. All PDL appointees were in attendance and introduced themselves.

- Dr. Angela Smith, Pharmacist, Pharmacy Director, representing NC Division of Health Benefits
- Dr. Fern Paul-Aviles, Pharmacist, representing Hospital-Based Pharmacy
- Dr. Casey Johnson, Pharmacist, representing NC Association of Pharmacists
- Dr. Anna Miller-Fitzwater, Physician, representing NC Pediatric Society
- Dr. Theodore Zarzar, Physician, representing NC Psychiatric Association
- Dr. Duncan Vincent, Physician, NC Chapter of the American College of Physicians
- Dr. Jessica Triche, Physician, representing NC Academy of Family Physicians
- Dr. Christopher Heery, Physician, representing Research-Based Pharmaceutical Company
- Dr. Lawrence Greenblatt, Physician, representing NC Physician Advisory Group; Pharmacy and Therapeutics Committee
- Dr. Karen Melendez, Physician, representing Community Care of North Carolina
- Dr. Stephen Houser, Physician, representing Old North State Medical Society

Mr. Cook talked about the procedures and guidelines for the virtual meeting and gave general information about the PDL and PDL processes.

The proposed changes to the PDL were posted for a 45-day public comment period from January 22 to March 8, 2021.

The PDL general guidance is trial and failure of two preferred products before coverage of a non-preferred option (unless otherwise noted). Category or drug specific exceptions in the PDL will be noted during the review. In addition, applicable clinical criteria, identified in red lettering, will be mentioned.

For each drug category reviewed, the recommendations will be stated, and the public comments and registered speakers announced. Speakers are limited to three minutes and should focus on recent changes or updates about the product. The Panel members may ask questions after each presentation. Panel members should make known any potential conflict of interest, financial or otherwise, prior to the start of the discussion of the drug or drug class.

Decisions on the category recommendation(s) is determined by majority verbal vote of aye (in favor) or nay (oppose). The recommendations approved during the meeting will be presented to the DHHS Secretary for final approval. The DHHS Secretary has the final approval regarding the PDL recommendations.

Dr. Angela Smith, the NC Medicaid Pharmacy Director, provided an update on the Pharmacy Program. Information was shared about the Managed Care Launch on July 1, 2021, the PDL and Supplemental Rebate Program, Annual Report findings, legislative history, and mandates governing the NC Medicaid and NC Health

Choice Preferred Drug List Review Panel. Some specifics about COVID 19 and pharmacy policy were highlighted along with pharmacy spend and claims information related to the PDL.

II. CATEGORY REVIEWS

ANALGESICS

NSAIDS

- Recommendations: Add naproxen–esomeprazole tablet (generic for Vimovo® Tablet) as a Non-Preferred product with criteria “Trial and failure of celecoxib required”.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation
- Vote: All in favor. None opposed

ANTICONVULSANTS

SECOND GENERATION

- Recommendations: Add Fintepla® Solution, Valtoco® Nasal Spray, Xocopri® Tablet/Titration Pak as Non-Preferred products.
- Public Comments: None
- Speakers: One
 - Miguel Lopez-Toledano, Neurelis - Valtoco® Nasal Spray
- Discussion Points:
 - This category has an exemption from trial and failure criteria to allow use of any second-generation product for patients with a diagnosis of a seizure disorder.
 - Clarification was sought to establish if the reduction in utilization of health care services was theoretical or proven for Valtoco®. Per speaker, because of the length of availability of the product, such data specific for Valtoco is not available currently.
- Motion with second: Approve proposed recommendations
- Vote: All in favor. None opposed

ANTI-INFECTIVES – SYSTEMIC ANTIBIOTICS

PENICILLINS, CEPHALOSPORINS AND RELATED

- Recommendations: Brand/generic switch to make cefixime capsule/suspension (generic for Suprax® Capsule/Suspension) Preferred product and Suprax® Capsule/Chewable/ Suspension Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations
- Vote: All in favor. None opposed

NITROMIDAZOLES

- Recommendation: Add Difucid® Suspension as Non-Preferred product with criteria to state “Trial and failure of vancomycin only for treatment of clostridium difficile”.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - The wording for the criteria for Difucid® could be revised to improve clarity.

- The criteria intent is that only vancomycin has to be tried and failed before using Difucid® tablets or suspension.
- Important to keep clear in wording that metronidazole can be used as a first therapy.
- Motion with second: Approve proposed recommendation and revise wording for clinical criteria for Difucid® to “Trial and failure of vancomycin only is required when treating Clostridium Difficile.
- Vote: All in favor. None opposed

ANTIVIRALS (HEPATITIS C AGENTS)

- Recommendation: Add Harvoni® Pellet Pack and Sovaldi® Pellet Packet as Non-Preferred products. Notification (no vote required) to the Panel was given that sofosbuvir-velpatasvir (generic for Epclusa® Tablet) was made a Preferred option for all genotypes without cirrhosis via a criteria change that was approved by the NC Medicaid Physicians Advisory Group.
- Public Comments: One
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation
- Vote: All in favor. None opposed

ANTIVIRALS (INFLUENZA)

- Recommendations: Move Tamiflu® Capsule from Preferred to Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation
- Vote: All in favor. None opposed

BEHAVIORAL HEALTH

ANTIHYPERKINESIS / ADHD

- Recommendation: Add methylphenidate ER capsule (generic for Aptensio® XR) as Non-Preferred product.
- Public Comments: None
- Speakers: Two
 - Ryan Gregg, Ironshore Pharmaceuticals - Jornay PM™
 - Shelia Driver, Ash Pediatrics, PLLC – Jornay PM™
- Discussion Points:
 - Moving Jornay PM™ to Preferred would have significant financial impact.
 - Anecdotally, Jornay PM™ may benefit morning functioning for children with ADD/ADHD. Per speaker R. Gregg, currently, improved level of morning activity is not a studied primary endpoint measure.
 - Proven data from clinical studies should be considered when making decisions, particularly when cost is a significant factor.
 - There is no specific time limit in NC Medicaid criteria to determine “failure” of an ADHD product.
- Motion with second: Approve proposed recommendation
- Vote: All in favor. None opposed

ATYPICAL ANTIPSYCHOTICS ORAL

- Recommendations: Add Caplyta™ Capsule as Non-Preferred product.
- Public Comments: None
- Speakers: One

- Brad Loo, Intra-Cellular Therapeutics - Caplyta™ Capsule
- Discussion Point:
 - This category is trial and failure of only one preferred product.
 - Per speaker, currently, there are no comparative efficacy studies with Caplyta and other atypicals.
- Motion with second: Approve proposed recommendation
- Vote: All in favor. None opposed

CARDIOVASCULAR

ANGIOTENSIN II RECEPTOR BLOCKERS

- Recommendations: Move olmesartan tablet (generic for Benicar® Tablet) from Non-Preferred to Preferred status.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approved proposed recommendation
- Vote: All in favor. None opposed

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

- Recommendations: Move amlodipine-olmesartan tablet (generic for Azor®) and amlodipine-olmesartan-HCTZ (generic for Tribenzor® Tablet) from Non-Preferred to Preferred status.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations
- Vote: All in favor. None opposed.

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

- Recommendations: Move Olmesartan-HCTZ (generic for Benicar® HCT Tablet) from Non-Preferred to Preferred status.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation
- Vote: All in favor. None opposed.

CHOLESTEROL LOWERING AGENTS

- Recommendation: Add Nexletol® and Nexlizet® as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - Both drugs are add-on therapy to statins and there is no clinical outcomes data yet for the products.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ORAL PULMONARY HYPERTENSION

- Recommendation: Move tadalafil tablet (generic for Adcirca® Tablet) from Non-Preferred to Preferred product.
- Public Comments: None
- Speakers: None

- Discussion Points:
 - Generic sildenafil suspension is less costly than brand Revatio® Suspension.
 - Generic sildenafil suspension is significantly more costly than generic tablets.
 - The age exemption for children should include generic sildenafil suspension also.
- Motion with second: Approve proposed recommendation, add exemption for children under 12 years of age to Non-Preferred product sildenafil suspension (generic for Revatio® Suspension).
- Vote: All in favor. None opposed.

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS (CGRP BLOCKERS / MODULATORS)

- Recommendations: Add Nurtec™ ODT Tablet, Ubrelvy™ Tablet and Vyepti™ Vial as Non-Preferred products; clinical criteria “Trial and failure of Preferred agents in this category not required for treatment of acute migraine” applies for Nurtec™ ODT and Ubrelvy™ Tablet.
- Public Comments: Thirteen
- Speakers: Three
 - Chelsea Leroue, Biohaven Pharmaceuticals – (Nurtec™ ODT)
 - Fawad Malik, Teva Pharmaceuticals (Ajovy™)
 - Zack Spurlin, Abbvie - Ubrelvy™
- Discussion Points:
 - The Pharmacy & Therapeutics Committee has reviewed clinical criteria for Nurtec™ and Ubrelvy™. Not able to take two preferred triptans is included in the recommended criteria.
 - The safety profile of Nurtec™ ODT makes it an option for patients with cardiac disease as well as patients for whom triptans are not safe or tolerated.
 - Nurtec™ ODT has higher cost and lower efficacy than triptans.
 - It is notable that these products are for acute management of migraines and not prevention making the category fit not exact for the products.
 - Because the recommendation for the products is non-preferred status, it was decided since they have CGRP action to put them with the other CGRP products already on the PDL, which is the “market basket” placement of the State PDL vendor. The clinical criteria language is intended to address the placement of the products.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTIPARKINSON & RESTLESS LEG SYNDROME AGENTS

- Recommendation: Add Kynmobi™ SL Film and Ongentys® Capsule 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: (category) – Split category into injectable and oral.
- Public Comments: (category) Three
- Discussion: None
- Motion with second: Approved proposed recommendation

INJECTABLE

- Recommendation: Add Kesimpta® Injection as Non-Preferred injectable product.

- Speakers: One
 - Sharon Reizner, Novartis – Kesimpta® Injection

ORAL

- Recommendation: Add Bafiertam™ Capsule, dimethyl fumerate DR capsule (generic for Tecfidera® capsule) and Zeposia® Starter Pack/Capsule as Non-Preferred products.
- Speaker: One
 - Manny Nunez, Sanofi - Aubagio® Tablet
- Discussion (Injectable and Oral proposed changes): None
- Motion with second: Approve proposed recommendations for Injectable and Oral subcategories
- Vote: All in favor. None opposed.

SEDATIVE HYPNOTICS

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

ENDOCRINOLOGY

HYPOGLYCEMICS INJECTABLE – RAPID ACTING INSULIN

- Recommendations: Add insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior), Lyumjev™ U-100 KwikPen®/Vial and Lyumjev™ U-200 KwikPen® as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - Trial and failure of only one preferred product applies for the category.
 - The Junior KwikPen can dose in one half unit which is important for children.
 - Brand Humalog Junior U-100 KwikPen is less costly to State than generic product.
 - The brand Junior KwikPen and the regular U-100 Kwikpen cost is similar.
- Motion with second: Approve proposed recommendations and move Humalog U-100 Junior KwikPen® to Preferred status.
- Vote: All in favor. None opposed.

HYPOGLYCEMICS INJECTABLE – LONG ACTING INSULIN

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

HYPOGLYCEMICS INJECTABLE – PREMIXED RAPID COMBINATION INSULIN

- Recommendation: Add insulin lispro protamine 75/25 KwikPen® (generic for Humalog® 75/25 mix) 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: Move Trulicity® Pen from Non-Preferred to Preferred. In addition the category criteria changed to “Requires trial and failure or insufficient response to metformin containing products (*except for diabetic beneficiaries with ASCVD, heart failure, or CKD*) unless contraindicated or documented adverse event when using either a preferred or a non-preferred GLP-1 Receptor Agonist and Combination.” The wording in parentheses is added.
- Public Comments: Four
- Speakers: One
 - Kelsey Combs, Medication Management, LLC - Ozempic® Injection
- Discussion Points:
 - This category has advanced and Trulicity® as preferred option can replace Bydureon which the manufacturer is discontinuing soon.
 - Ozempic has evidenced-based cardiac and weight loss benefits.
 - The State receives an increased rebate for higher doses of Ozempic. Recent data indicated approximately sixty percent of NC Medicaid utilization is in the lower dose. This makes product less favorable financially to the State resulting in increased cost.
 - With higher dose of Ozempic may be able to remove other agents from treatment regimen. Panel member Dr. Greenblatt commented that there may be need for State to prompt prescribers to think about the benefits of the higher versus lower dose of Ozempic.
 - If current level of lower dose prescribing remains Ozempic will be more costly for the State if Ozempic were Preferred instead of Trulicity.
 - Ozempic on the Preferred side of the PDL may have a significant cost impact. More understanding about the impact is needed before changing the status.
 - Although budgets require cost management, Ozempic offers evidence-based value for patients.
- Motion with second: Approve proposed recommendation. Also move Ozempic to Preferred products.
- Vote: Motion failed by Nay vote.
- Revised Motion with second: Approve proposed recommendation. NC Medicaid shall look at Trulicity dosing. In six months or so, informed by Trulicity dosing, revisit Ozempic to consider feasibility of making preferred.
- Vote: All in favor. None opposed.

BIGUANIDES AND COMBINATIONS

- Recommendation: Add metformin solution (generic for Riomet® Solution) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - An exemption for metformin solution for children less than 12 years of age should be considered.
 - Riomet® Solution is less costly to the State than the generic product.
 - Riomet® ER Suspension is significantly more expensive to State than Riomet® Solution.
- Motion with second: Approve proposed recommendation and add an age exemption for children less than 12 years of age for metformin solution (generic of Riomet® Solution).
- Vote: All in favor. None opposed.

DPP-IV INHIBITORS AND COMBINATIONS

- Recommendations: Move Onglyza® tablet from Non-Preferred to Preferred, add Trijardy® XR Tablet as a Non-Preferred product.
- Public Comments: None

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

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR AND COMBINATION

Informational Alert No vote required: Physician Advisory Group (PAG) approved change to clinical criteria for category to “For use in Type 2 Diabetes Mellitus, requires trial and failure or insufficient response to metformin containing products (*except for diabetic beneficiaries with ASCVD, heart failure, or CKD*) unless contraindicated or documented adverse event when using either a preferred or a non-preferred SGLT2 Inhibitor or Combination.

When the primary indication is heart failure, no trial and failure of metformin containing products is required.

GASTROINTESTINAL

H. PYLORI COMBINATIONS

- Recommendation: Add Helidac® Therapy Pack and Talicia® Capsule as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

PROTON PUMP INHIBITORS

- Recommendations: Add esomeprazole magnesium packet (generic for Nexium® Rx Packet) and pantoprazole suspension (generic for Protonix®) 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: Brand/generic switch moving Vesicare® Tablet from Preferred to Non-Preferred and moving solifenacin tablet (generic for Vesicare® 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.

OPHTHALMIC

ALLERGIC CONJUNCTIVITIS AGENTS

- Recommendation: Add Zerviate™ Drops as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.

- Vote: All in favor. None opposed

OSTEOPOROSIS

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

- Recommendation: Add teriparatide injection (generic for Forteo® Injection) 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: Move ofloxacin drops (generic for Floxin®) from Non-Preferred to Preferred; add ciprofloxacin-dexamethasone suspension (generic for Ciprodex®) as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

RESPIRATORY

BETA ADRENERGIC HANDHELD, SHORT ACTING

- Recommendations: Move albuterol inhaler (generic for Proair® HFA Inhaler/Proventil® HFA Inhaler/Ventolin® HFA Inhaler) Proair® Respiclick®, Provenil® HFA Inhaler, Ventolin® HFA Inhaler, and Xopenex® HFA Inhaler from Preferred to Non-Preferred status.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS

- Recommendations: Move Anoro® Ellipta® Inhaler from Non-Preferred to Preferred; move Spiriva® Respimat® Inhalation Spray 1.25mcg and 2.5mcg from Non-Preferred to Preferred; remove exemption from 1.25mcg product of "Exemption from trial and failure of preferred drugs for Spiriva® Respimat® 1.25mcg when used for Asthma but must be used concurrently with an inhaled corticosteroid or inhaled corticosteroid/beta agonist combination and remove class criteria of "Trial and failure of either Spiriva® Handihaler® or Stiolto® Respimat® only required to obtain a non-preferred drug in this class."
- Public Comments: None
- Speakers: None.
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

INHALED CORTICOSTEROIDS

- Recommendations: Move Flovent® Diskus from Non-Preferred to Preferred, Add ArmonAir™ Digihaler™ as a Non-Preferred product.
- Public Comments: One
- Speakers: One
 - Fawad Malik, Teva Pharmaceuticals – ArmonAir™ Digihaler™
- Discussion Points:
 - A question was asked about the Digihaler™ integration. Per speaker, the Digihaler™ technology allows connection to an app to provide data on the inhaler use. The fully integrated device connectivity is through the app and dashboard perspective. The app is not needed to use the device.
 - A question was asked about asthma outcomes. Per speaker, data is currently not available showing the Digihaler™ technology improves asthma outcome. Two feasibility studies are currently ongoing.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

INHALED CORTICOSTEROID COMBINATIONS

- Recommendations: Move Advair® HFA Inhaler from Non-Preferred to Preferred, Add AirDuo® Digihaler™ and Breztri™ Aerosphere™ as Non-Preferred products.
- Public Comments: One
- Speakers: One
 - Fawad Malik, Teva Pharmaceuticals – AirDuo® Digihaler™
- Discussion Points:
 - A question was asked about the Digihaler™ integration. Per speaker, the Digihaler™ technology allows connection to an app to provide data on the inhaler use. The fully integrated device connectivity is through the app and dashboard perspective. The app is not needed to use the device.
 - A question was asked about asthma outcomes. Per speaker, data is currently not available showing the Digihaler™ technology improves asthma outcome. Two feasibility studies are currently ongoing.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

INTRANASAL RHINITIS AGENTS

- Recommendations: Add azelastine fluticasone nasal spray (generic for Dymista®) 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 Epiduo® Forte from Non-Preferred to Preferred status, add Aktipak™ Pouch and Arazlo™ Lotion as Non-Preferred products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.

- Vote: All in favor. None opposed.

ANDROGENIC AGENTS

- Recommendations: Brand/generic switch moving Androgel® Pump to Preferred and testosterone pump (generic for Androgel®) to Non-Preferred; add Natesto® Nasal Gel as a Non-Preferred product.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

NSAIDS

- Recommendations: Add Licart™ 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.

ANTIBIOTICS

- Recommendation: Add Xepi™ 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.

ANTIBIOTICS - VAGINAL

- Recommendation: Move Nuversa® Vaginal gel from Non-Preferred product to Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ROSACEA AGENTS

- Recommendations: Add Zilxi™ Foam 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 Halog® Solution 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

GLUCOCORTICOID STEROIDS, ORAL

- Recommendations: Add Hemady™ Tablet and Ortikos™ Capsule as Non-Preferred Products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

IMMUNOMODULATORS, SYSTEMIC

- Recommendation: Add Avsola® Injection, Enspryng™ Injection and Uplizna® Vial as Non-Preferred products.
- Public Comments: Four
- Speakers: Two
 - Steven Feldman, Wake Forest University - Taltz
 - Mark Borns, Eli Lilly - Taltz
- Discussion Point:
 - Category is trial and failure of only one preferred product.
 - A question was asked about efficacy. Per speaker, there is evidence that Taltz is more effective than Humira and Enbrel.
 - Significant cost difference to State between preferred and non-preferred products.
 - The three preferred products do not have to be tried first for indications outside of their FDA approvals
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

IMMUNOSUPPRESSANTS

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

DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES

- Recommendations: Move Freestyle Libre™ 2 Reader from Non-Preferred to Preferred, move Freestyle Libre™ 2 Sensor from Non-Preferred to Preferred.
- Public Comments: Two
- Speakers: None
- Discussion Points:
 - Freestyle Libre™ 2 is approved for age 4 and up and has real-time alarms and is thought to be the easier device to use.
 - The Freestyle Libre™ 2 app is new. For pediatric patients in particular the app functionality is very important.
 - The Dexcom app can transmit data and alarm to multiple users.
 - Hypoglycemia accuracy is improved for Libre Freestyle™ 2.
 - A CGM option is needed for the pediatric patient.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

DIABETIC SUPPLIES

- Recommendations: Add ACCU-CHEK® Guide 100 count test strips.

- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.

Vote: All in favor. None opposed

For Informational Purposes Only.

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

Roweepra™ XR Tablet	Dermacin® RX Lexitral Pharmapak
Omnel® Tablet	Xrylix® Solution
Requip® XL Tablet	Dermacin® RX Therazole Pak
esomeprazole strontium capsule	Nizoral® RX Shampoo
Embeda® ER Capsule	Silazone® II
Dermacin® RX PHN Pak	Razadyne® ER Tablet
Gabacaine® Kit	Exalgo® Tablet
Zilacaine® Patch	Subsys® Spray
Migranow® Kit	codeine sulfate solution
Nicorelief® Gum	Demerol® Tablet
Nicoderm® CQ Patch	Xylon® Tablet
Nicorette® Gum and Lozenge	Opana® Tablet
Ticanase® Nasal Spray Kit	oxycodone/APAP suspension
Veramyst® Nasal Spray	Vicodin® /ESHP Tablet
Ibudone® Tablet	Capital® with codeine Suspension
Lazanda® Nasal Spray	Tylenol® with codeine Tablet
Inflammacin® Kit	Daklinza® Tablet
Gralise® Starter Pack	Zovirax® Capsule/Tablet
LidoPure® Patch	Prozac® Weekly Capsule
Depakene® Capsule/Solution	Metadate® HCT Tablet
Potiga® Tablet	moexepiril-HCTZ tablet
Daxbin® Capsule	Prestalin® Tablet
Ceftin® Suspension/Tablet	Twynsta® Tablet
Alinia® Suspension/Tablet	Corzide® Tablet
Tindamax® Tablet	Lescol® Capsule
Avelox® Tablet	Niacor® Tablet
Cipro® XR Tablet	Calan® Tablet
Levaquin® Tablet	Triglide® Tablet
Minocin® Capsule	Sumavel® Dosepro Syringe
Moderiba® Dospack/Tablet	Mirapex® Tablet
Pegasys® ProClick	Requip® Tablet
Rebetol® Solution	Zolpimist® Oral Spray
Bydureon® Vial	Bactroban® Nasal Ointment
Cesamet® Capsule	Lotrisone® Cream
Syndros® Solution	Penlac® Solution
Zofran® Solution	Calcitrene® Ointment
Megace® ES Suspension	MetroLotion®
Esomep EZS® Kit	Hydrocortisone in Absorbase®

Giazo® Tablet
etidronate tablet
Coly Mycin® S Drops
metaproterenol tablet
Cipro® XR Tablet
Zyflo® CR Tablet
benzoyl peroxide foam
Duac® Gel
Plixda® Swabs
Vopac® MDS Spray

Dermasorb® HC Lotion
DesOwen® Cream
Elocon® Cream/Lotion/Ointment
Dermacin® RX Silapak/Silazone
Dermaasorb® TA Cream
Ellzia® Ointment
estropipate tablet
Dexpak® Tablet
Dxevo® Tablet Pack
Millipred® Solution

ADJOURNMENT 1:55PM

Recommendation: PDL Review is completed.

Motion with Second: Adjourn PDL Panel Review Meeting

Vote: All in Favor. None Opposed