NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

PREFERRED DRUG LIST REVIEW PANEL MEETING THURSDAY OCTOBER 9, 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 fourth 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. Michelle Boose Representative for the Physician Advisory Group, Pharmacy and Therapeutics Committee
- Dr. Gabrielle Herman Representative for Research-Based Pharmaceutical Companies
- Dr. Karen E. Breach-Washington, M.D., F.A.A.P. Representative for Old North State Medical Society
- Dr. Aaron Garst, Representative for Community Care of North Carolina
- Dr. Ying Vang, Representative for the North Carolina Academy of Family Physicians
- Dr. Kenya Windley, M.D. Representative for NC Psychiatric Association

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.

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 January 1, 2026.

The next PDL panel review meeting will be held on Tuesday January 13, 2026. The PDL Panel meetings occur quarterly in January, April, July and October.

The Drug Utilization Review (DUR) Meeting will be held on Thursday, October 23, 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

SHORT ACTING SCHEDULE III-IV OPIODS / ANALGESIC COMBINATIONS

- Recommendation: NTM: Added hydrocodone-acetaminophen solution (generic for Zolvit) to nonpreferred
- Public Comments: None
- Speakers: NoneDiscussion: None

NEUROPATHIC PAIN

- Recommendation: Open class No recommendations
- Public Comments: None
- Speakers: NoneDiscussion: None

<u>ANTICONVULSANTS</u>

CARBAMAZEPINE DERIVATIVES

- Recommendation: NTM: Added eslicarbazepine acetate Tablet (generic for Aptiom®) to non-preferred
- Public Comments: None
- Speakers: NoneDiscussion: None

FIRST GENERATION

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

APPROVE PROPOSED RECOMMENDATIONS FOR SHORT ACTING SCHEDULE III – IV OPIODS/ANALGESIC COMBINATIONS, NEUROPATHIC PAIN, ANTICONVULSANTS-CARBAMAZEPINE DERIVATIVES, FIRST GENERATION

Karen Breach-Washington moved.

Gabby Herman second.

VOTE: ALL IN FAVOR. NONE OPPOSED.

SECOND GENERATION

- Recommendation: NTM: Added perampanel Tablet (generic for Fycompa®) to non-preferred OFF-CYCLE Change: Moved Epidiolex® Solution from Preferred to non-preferred due to significant fiscal impact to the state. Reconciliation: Added Gabarone™ Tablet and Diastat® Rectal Gel to non-preferred.
- Public Comments: One comment
- Speakers:
- o Eric Burgess (Jazz Pharmaceuticals, Inc) Epidiolex.
- Discussion: None

ANTI-INFECTIVES -SYSTEMIC

ANTIBIOTICS

TETRACYCLINE DERIVATIVES

- Recommendation: Reconciliation: Added Oracea® capsule to non-preferred
- Public Comments: None
- Speakers: NoneDiscussion: None

BEHAVIORAL HEALTH - SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)

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

CARDIOVASCULAR

CHOLESTEROL LOWERING AGENTS

- Recommendation: Open class No recommendations
- Public Comments: None
- Speakers: NoneDiscussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR ANTI-INFECTIVES SYSTEMIC-TETRACYCLINE DERIVATIVES, BEHAVIORAL HEALTH – SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI), CARDIOVASCULAR – CHOLESTEROL LOWERING AGENTS

Gabby Herman motion.

Ying Vang second.

VOTE: ALL IN FAVOR, NONE OPPOSED.

CORONARY VASODILATORS

- Recommendation: NTM: Added nitroglycerin ointment (generic for Nitro-Bid®) to non-preferred
- Public Comments: None
- Speakers: NoneDiscussion: None

ENDOTHELIN RECEPTOR ANTAGONISTS

- Recommendation: NTM: Added bosentan tablet for suspension (generic for Tracleer®)
- Public Comments: None
- Speakers: None
- Discussion: None

INHALED PROSTACYCLIN ANALOGS

- Recommendation: Open class No recommendations
- Public Comments: None
- Speakers:
- o Brock Bizzell (United Therapeutics) Tyvaso®
- Discussion: None

NIACIN DERIVATIVES

- Recommendation: Open class No recommendations
- Public Comments: None
- Speakers: NoneDiscussion: None

NITRATE COMBINATION

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

APPROVE PROPOSED RECOMMENDATIONS FOR CORONARY VAODILATORS, ENDOTHELIIN RECEPTOR ANTAGONISTS, INHALED PROSTACYCLIN ANALOGS, NACIN DERIVATIVES, NITRATE COMBINATION

Karen Breach-Washington motion.

Michelle Boose second.

VOTE: ALL IN FAVOR. NONE OPPOSED.

PLATELET INHIBITORS

- Recommendation: NTM: Added Ticagrelor Tablet (generic for Brilinta®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

SYMPATHOLYTICS AND COMBINATIONS

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

CARDIOVASCULAR, OTHER

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

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS- CGRP BLOCKER/MODULATORS PREVENTATIVE

- Recommendation: Moved: Qulipta® Tablet from non-preferred to Preferred
- Public Comments: One comment
- Speakers: None • Discussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR CARDIOVASCULAR- PLATELET INHIBITORS, SYPATHOLYTICS AND COMBINATIONS, CARDIOVASCULAR, OTHER, CENTRAL NERVOUS SYSTEM-ANTIMIGRAINE AGENTS CGRP BLOCKERS/MODULATORS PREVENTATIVE.

Gabby Herman motion.

Karen Breach-Washington second.

VOTE: ALL IN FAVOR. NONE OPPOSED.

TOBACCO CESSATION

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

ENDOCRINOLOGY

HYPOGLYCEMICS-INJECTABLE

RAPID ACTING INSULIN

- Recommendation: NTM: Added Merilog Solostar® Pen and MerilogTM Vial to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

SHORT ACTING INSULIN

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

GLP-1 RECEPTOR AGONISTS AND COMBINATIONS INDICATED FOR THE TREATMENT OF **DIABETES**

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

APPROVE PROPOSED RECOMMENDATIONS FOR CENTRAL NERVOUS SYSTEM – TOBACCO CESSATION, ENDOCRINOOGY – HYPOGLYCEMICS – INJECTABLE RAPID ACTING INSULIN, SHORT ACTING INSULIN, GLP-1 RECEPTOR AGONISTS AND COMBINATIONS INDICATED FOR THE TREATMENT OF DIABETES

John Matta motion.

Michelle Boose second.

VOTE: ALL IN FAVOR. NONE OPPOSED.

ORAL 2ND GENDERATION SULFONYLUREAS

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

DPP-IV INHIBITORS AND COMBINATIONS

- Recommendation: NTM: Added sitagliptin / metformin ER Tablet (generic for Zituvimet® XR) to non-preferred. Reconciliation: Added BrynovinTM Solution to non-preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

MEGLITINIDES

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

SGLT-2 INHIBITORS AND COMBINATIONS

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

APPROVE PROPOSED RECOMMENDATIONS FOR ENDOCRINOOGY – HYPOGLYCEMICS – ORAL 2ND GENERATION SULFONYLUREAS, DPP-IV INHIBITORS AND COMBINATIONS, MEGLITINIDES, SGLT-2 INHIBITORS AND COMBINATIONS

Karen Breach-Washington motion.

John Matta second.

VOTE: ALL IN FAVOR. NONE OPPOSED.

GASTROINTESTINAL

BILE ACID SALTS

- Recommendation: NTM: Added Livmarli[®] Tablet to non-preferred. Reconciliation: Added Urso Forte[®] Tablet to non-preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

GENITOURINARY/RENAL

BENIGN PROSTATIC HYPERPLASIA TREATMENTS

• Recommendation: NTM: Added TezrulyTM Oral Solution to non-preferred

• Public Comments: None

• Speakers: None

• Discussion Point: None

HEMATOLOGIC

COLONY STIMULATING FACTORS

• Recommendation: NTM: Added Ryzneuta® Syringe to non-preferred

• Public Comments: None

• Speakers: None

• Discussion Point: None

THROMBOPOIESIS STIMULATING AGENTS

• Recommendation: NTM: eltrombopag olamine Suspension / Tablet (generic for Promacta®) to non-preferred

• Public Comments: None

• Speakers: None

Discussion Point: None

APPROVE PROPOSED RECOMMENDATIONS FOR GENITOURINARY/RENAL – BENIGN PROSTATIC HYPERPLASIA TREATMENTS, COLONY STIMULATING FACTORS, THROMBOPOIESIS STIMULATING AGENTS.

Gabby Herman motion.

Michelle Boose second.

VOTE: ALL IN FAVOR. NONE OPPOSED.

OPHTHALMIC

ALLERGIC CONJUNCTIVITIS AGENTS

• Recommendation: Open class – No recommendations

• Public Comments:

• Speakers: None

• Discussion: None

ANTIBIOTICS

• Recommendation: Reconciliation: Added Levofloxacin Drops (Generic for Levaquin®) to non-preferred

• Public Comments: None

• Speakers: None

• Discussion: None

ANTI-INFLAMMATORY/ IMMUNOMODULATOR

• Recommendation: NTM: Added Tryptyr® Drops to non-preferred

• Public Comments:

• Speakers: None

• Discussion: None

CARBONIC ANHYDRASE INHIBITORS/COMBINATIONS

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

APPROVE PROPOSED RECOMMENDATIONS FOR OPTHALMIC- ALLERGIC CONJUNCTIVITIS AGENTS, OPTHALMIC ANTIBIOTICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR, CARBONIC ANHYDRASE INHIBITORS/COMBINATIONS

Karen Breach-Washington motion.

Kenya Windley second.

VOTE: ALL IN FAVOR. NONE OPPOSED.

OSTEOPOROSIS

BONE RESORPTION SUPRESSION AND RELATED AGENTS

- Recommendation: NTM: Added Jubbonti® Syringe and Bonsity Pen Injector to non-preferred
- Public Comments: None
- Speakers: NoneDiscussion: None

TOPICALS

ACNE AGENTS

- Recommendation: Reconciliation: Added ClearAcylic / ClearAcylic Pro to non-preferred
- Public Comments: None
- Speakers: NoneDiscussion: None

NSAIDS

- Recommendation: Moved: diclofenac solution (generic for Pennsaid®) from Non-preferred to Preferred
- Public Comments: None
- Speakers: NoneDiscussion: None

ANTIPARASITICS

- Recommendation: NTM: Added PruradikTM Lotion to non-preferred
- Public Comments: None
- Speakers: NoneDiscussion: None

PSORIASIS

- Recommendation: Moved Zoryve® (roflumilast) 0.3% foam from Immunomodulators, atopic dermatitis to Psoriasis
- Public Comments: None
- Speakers: None
- Discussion: None

ROSACEA AGENTS

- Recommendation: Reconciliation: Added SoolantraTM Cream to non-preferred
- Public Comments: None
- Speakers: NoneDiscussion: None

STERIODS (LOW POTENCY)

- Recommendation: OFF-Cycle Change Moved DermaSmoothe® FS Scalp and Body Oil from non-preferred to Preferred Moved: fluocinolone body / scalp oil (generic for DermaSmoothe® FS Scalp / Body Oil) from preferred to non-preferred
- Public Comments: None
- Speakers:
 - o Jerry Roth (Hill Dermaceuticals, Inc.) Derma-Smooth/FS
- Discussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR BONE RESORPTION SUPRESSION AND RELATED AGENTS, ACNE AGENTS, NSAIDS, ANTIPARSITICS, PSORIASIS, ROSACEA AGENTS, STERIODS (LOW POTENCY)

Karen Breach-Washington motion.

Gabby Herman second.

VOTE: ALL IN FAVOR. NONE OPPOSED.

STERIODS (MEDIUM POTENCY)

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

STERIODS (VERY HIGH POTENCY)

- Recommendation: Reconciliation: Added Clobex® Spray to non-preferred
- Public Comments: None
- Speakers:
- Discussion: None

MISCELLANEOUS

UREA CYCLE DISORDER TREATMENTS, ORAL

- Recommendation: Added a new Drug Class Urea Cycle Disorder Treatments, Oral. Added Carbaglu[®] Tablet for oral suspension as preferred. Added Buphenyl[®] Tablet/Powder, sodium phenylbutyrate Tablet/Powder (generic for Buphenyl[®], OlpruvaTM Suspension, Pheburane[®] Oral Pellets, Ravicti[®] Liquid, and carglumic acid Tablet for oral suspension (generic for Carbaglu[®]) as non-preferred. Added Red writing T/F of preferred drug is not required for Urea Cycle disorder for Ravicti[®] Liquid
- Public Comments: None
- Speakers:
 - o Jalal Nait Hammoud (Mednik USA) Pheburane
- Discussion: None

WEIGHT MANAGEMENT AGENTS (NON-INCRETIN MIMETICS)

- Recommendation: NTM: Added phentermine/Topiramate Capsule (generic for Osymia[®]) to non-preferred
- Public Comments: None
- Speakers: NoneDiscussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR TOPICAL- STERIODS (MEDIUM POTENCY), STERIODS (VERY HIGH POTENCY), MISCELLANEOUS- UREA CYCLE DISORDER TREATMENTS, ORAL, WEIGHT MANAGEMENT AGENTS OTHER (NON-INCRETIN MIMETICS)

Michelle Boose Motion.

Kenya Windley second.

VOTE: ALL IN FAVOR. NONE OPPOSED.

IMMUNOMODULATORS, ATOPIC DERMATITIS

- Recommendations: Moved: Cibinqo[™] Tablet from Cytokine and CAM antagonists to Immunomodulator, Atopic Dermatitis. Moved Zoryve[®] (roflumilast) 0.3% foam from Immunomodulators, atopic dermatitis to Psoriasis
- Public Comments: None
- Speakers:
 - o Elizabeth Lubeczyk (Eli Lilly and Company) Ebglyss
 - o Rachael Eaton (Organon) VTAMA (tapinarof cream !%)
 - o Jen Leung (Incyte Corporation) Opzelura 1.5% cream
 - o Carla McSpadden (Galderma) Nemluvio (nemolizumab)
- Discussion: None

ESTROGEN AGENTS, COMBINATIONS

- Recommendations: NTM: Added AbigaleTM Lo Tablet to non-preferred
- Public Comments: None
- Speakers:
- Discussion: None

GLUCOCORTICOID STERIODS, ORAL

- Recommendations: NTM: Added KhindiviTM Solution to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

CYTOKINE AND CAM ANTAGONISTS

- Recommendations: Moved CibinqoTM Tablet to Immunomodulator, Atopic Dermatitis. NTM: Added ImuldosaTM Syringe/Vial to non-preferred. NTM: Added SelarsdiTM Syringe and Steqeyma[®] Syringe to non-preferred. NTM: Added Tremfya[®] Pen Induction PK-Crohn, ustekinumab-aekn syringe (generic for Stelara[®] /Selarsdi BTM), ustekinumab Vial / Syringe (generic for Stelara[®]) and Ustekinumab-ttwe Vial / Syringe (generic for Pyzchiva[®]) to non-preferred.
- Public Comments: None
- Speakers:
 - o Uche Ndefo (UCB Inc.) Bimzelx
 - o Molly McGraw (Abbvie) Skyrizi and Rinvoq
- Discussion: None

DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES

DISPOSABLE INSULIN DELIVERY DEVICES

• Recommendation: NTM: Added Ilet infusion Kit and starter kit to preferred

• Public Comments: None

• Speakers: None

• Discussion Point: None

APPROVE PROPOSED RECOMMENDATIONS FOR MISCELLANEOUS-IMMUNOMODULATORS, ATOPIC DERMATITIS, ESTROGEN AGENTS, COMBINATIONS, GLUCOCORTICOID STERIODS, ORAL, CYTOKINE AND CAM ANTAGONISTS, DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES – SENSORS, DIABETIC SUPPLIES

Gabby Herman motion.

Karen Breach-Washington second.

VOTE: ALL IN FAVOR. NONE OPPOSED.

The following drugs are no longer rebatable as of October 1st 2025:

Drug	Drug Category
Vasotec, Tablet	Ace Inhibitors
Acanya, Gel Pump	Acne Agents
Altreno, Lotion	Acne Agents
Arazlo, Lotion	Acne Agents
Atralin, Gel	Acne Agents
Benzamycin, Gel	Acne Agents
Cabtreo, Gel	Acne Agents
Klaron, Lotion	Acne Agents
Onexton, Gel/Gel Pump	Acne Agents

Retin-A, Cream/Gel	Acne Agents
Retin-A Micro, Gel/Pump Gel	Acne Agents
Ziana, Gel	Acne Agents
Aplenzin, Tablet	Antidepressant, other
Wellbutrin XL, Tablet	Antidepressant, other
Ancobon, Capsule	Antifungal, Topical
Ertaczo, Cream	Antifungal, Topical
Luzu, Cream	Antifungal, Topical
Jublia, Topical Solution	Antifungal, Topical
Lodosyn, Tablet	Anti-Parkinson and Restless Leg Syndrome Agents:
Tasmar, Tablet	Anti-Parkinson and Restless Leg Syndrome Agents:
Zelapar, ODT (Orally Disintegrating Tablet)	Anti-Parkinson and Restless Leg Syndrome Agents:
Xerese, Cream	Antiviral, Topical
Zovirax, Cream/Ointment	Antiviral, Topical
Glumetza, Tablet	Biguanides and Combinations:

Flolipid, Suspension	Cholesterol Lowering Agents:
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Isordil, Tablet	Coronary Vasodilators
Siliq, Syringe	Cytokine & CAM Antagonists:
Mysoline, Tablet	First Generation, Anticonvulsants
Pepcid, Tablet	Histamine-2 Receptor Antagonists
Zyclara, Cream/Cream Pump	Imidazoquinolinamines
Elidel, Cream	Immunomodulators, Atopic Dermatitis
Azasan, Tablet	Immunosuppressants
Xifaxan, Tablet	Nitroimidazoles (Gastrointestinal Antibiotics)
Cardizem CD, Capsule	Non-Dihydropyridine Calcium Channel Blockers:
Cardizem, Tablet/LA Tablet	Non-Dihydropyridine Calcium Channel Blockers:
Tiazac, Capsule	Non-Dihydropyridine Calcium Channel Blockers:
Zegerid, Rx/Capsule/Packet	Proton Pump Inhibitors
Flolipid, Suspension	Cholesterol Lowering Agents:
Isordil, Tablet	Coronary Vasodilators
Siliq, Syringe	Cytokine & CAM Antagonists:
Mysoline, Tablet	First Generation, Anticonvulsants

Pepcid, Tablet	Histamine-2 Receptor Antagonists
Zyclara, Cream/Cream Pump	Imidazoquinolinamines
Elidel, Cream	Immunomodulators, Atopic Dermatitis
Azasan, Tablet	Immunosuppressants
Xifaxan, Tablet	Nitroimidazoles (Gastrointestinal Antibiotics)
Cardizem CD, Capsule	Non-Dihydropyridine Calcium Channel Blockers:
Cardizem, Tablet/LA Tablet	Non-Dihydropyridine Calcium Channel Blockers:
Tiazac, Capsule	Non-Dihydropyridine Calcium Channel Blockers:
Zegerid, Rx/Capsule/Packet	Proton Pump Inhibitors
Flolipid, Suspension	Cholesterol Lowering Agents:
Isordil, Tablet	Coronary Vasodilators
Siliq, Syringe	Cytokine & CAM Antagonists:
Mysoline, Tablet	First Generation, Anticonvulsants
Pepcid, Tablet	Histamine-2 Receptor Antagonists
Zyclara, Cream/Cream Pump	Imidazoquinolinamines
Elidel, Cream	Immunomodulators, Atopic Dermatitis

Azasan, Tablet	Immunosuppressants
Xifaxan, Tablet	Nitroimidazoles (Gastrointestinal Antibiotics)
Cardizem CD, Capsule	Non-Dihydropyridine Calcium Channel Blockers:
Cardizem, Tablet/LA Tablet	Non-Dihydropyridine Calcium Channel Blockers:
Tiazac, Capsule	Non-Dihydropyridine Calcium Channel Blockers:
Zegerid, Rx/Capsule/Packet	Proton Pump Inhibitors
Duobrii, Lotion	Psoriasis, Topicals
Noritate, Cream	Rosacea Agents
Diastat, Gel 2.5 mg	Second Generation, Anticonvulsants:
Relistor, Syringe/Vial/Tablet	Selective Constipation Agents
Trulance, Tablet	Selective Constipation Agents
Vanos, Cream	Steroids, High Potency
Bryhali, Lotion	Steroids, Very High Potency
Solodyn ER, Tablet	Tetracycline Derivatives
Fenoglide, Tablet	Triglyceride Lowering Agents
Apriso, Capsule	Ulcerative Colitis, Oral

Colazal, Capsule	Ulcerative Colitis, Oral
Uceris, Tablet	Ulcerative Colitis, Oral
Uceris, Rectal Foam	Ulcerative Colitis, Rectal

ADJOURNMENT

- Karen Breach-Washington Motion to adjourn meeting, Michelle Boose second. Vote: All in favor. None opposed. Recommendation: PDL Review is completed. Adjourn meeting at 2:32pm.