NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PREFERRED DRUG LIST REVIEW PANEL MEETING
THURSDAY OCTOBER 8, 2026, 1:00PM – 5PM
Virtual Meeting

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 2026. The PDL panel members in attendance and organization represented are listed:

- **Dr. John Matta, PharmD, MBA, Director of Pharmacy and Ancillary Services.**
- **Dr. Gabrielle Herman, PharmD, BCIDP, AAHIVE, Research-Based Pharmaceutical Company**
- **Dr. Karen Breach-Washington, Representative for the Old North State Medical Society**
- **Dr. Peter Koval, PharmD, BCPS, CPP Representative for NC Association of Pharmacists**
- **Dr. Aaron Garst, Representative for Community Care of North Carolina**
- **Dr. Katherine Jordan, MD, NC Pediatric Society**
- **Dr. Charlie Waters, PharmD, MBA, BCGP, Hospital-Based Pharmacy**
- **Dr. Ying Vang, MD, NC Academy of Family Physicians**
- **Dr. Kenya Windely, MD, NC Psychiatric Association**

The next PDL Panel review meeting will be held on Thursday January 14, 2027. The next scheduled PDL update with recommendations from this meeting will become effective on January 1, 2027.

Within 7 days after the meeting, comments about the PDL or its content can be submitted using email Medicaid.PDL@dhhs.nc.gov.

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

Procedures and guidelines for the meeting were shared, and speaker guidelines were reviewed. Three minutes are allowed for presentations. Speakers must state their name, affiliation, if being compensated for the product presentation, and any potential conflicts. Information should focus on recent changes or updates for the drug. Panel members can ask questions after the presentation that do not factor in the time limit.

The clinical criteria for a drug on the PDL are not the focus of the category reviews done during the PDL Review Panel Meeting.

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

In 2009, the North Carolina Department of Health and Human Services (NCDHHS) established the NC Medicaid PDL to allow NC Medicaid to ensure access to cost efficient as well as medically appropriate drug therapies that maximize patient health outcomes for all NC Medicaid beneficiaries. The PDL Review Panel was established the following year to review the PDL recommendations received from

NCDHHS, NC Medicaid and the Physician Advisory Group Pharmacy and Therapeutics (PAG P&T) Committee to classify prescription medications as Preferred or Non-Preferred on the PDL.

All changes or proposed changes are to take place at the next PDL Panel meeting, with the exception of three conditions for an off-cycle change:

- Significant financial implications to the State
- Patient safety is at risk
- Product shortages in the marketplace or other access issues

Prior to start of the category review, voting protocol was shared.

- Voting may include multiple recommendations/categories at a time
- Voting is verbal – the moderator solicits discussion and calls for a motion to approve the recommendations. When making the motion State your name when second State your name
- Vote "Aye" (in favor) or "No" (if opposed)
- If necessary, will use chat and/or MS Teams hand raise features

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

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

Neuropathic Pain

- Recommendation: NTM: Added gabapentin 200 mg capsule (generic for Relgaabi) to non-preferred
- Public Comments: None
- Speakers: One

    - Alonzo Whyte, Tonix Medicines - Tonmya
- Discussion: None

Opioid Analgesics -Short Acting Schedule II Opioids

- Recommendation: Reconciliation: Added Xyvona® Tablet to non-preferred, NTM: Added tapentadol solution (generic for Nucynta®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

NSAIDS

- Recommendation: Reconciliation: Added Orudis® 75 Mg Capsule to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Anticonvulsants

Second Generation

- Recommendation: Moved brivaracetam Solution (generic for Briviact®) from non-preferred to preferred, Moved Briviact® Solution from preferred to non-preferred NTM: Added topiramate solution cup (generic for Eprontia™) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR

ANALGESICS- NEUROPATHIC PAIN, OPIOID ANALGESICS - SHORT ACTING SCHEDULE II OPIOIDS, NSAIDS, ANTICONVULSANTS - SECOND GENERATION

Motion: K. Washington Second: K. Windely

VOTE: ALL IN FAVOR. NONE OPPOSED.

Anti-Infectives

Antibiotics - Tetracycline Derivatives

- Recommendation: NTM: Added doxycycline hyclate 75mg capsule (generic for Acticlate®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Antivirals - (Hepatitis B Agents and Related)

- Recommendation: NTM: Added Hepcludex® vial to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Antifungals

- Recommendation: Reconciliation: Fulvicin P/G® Tablet as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Behavioral Health

Antidepressants (Other)

- Recommendation: NTM: Added Auvelity® Titration pack and duloxetine capsule 80 mg, 90mg, 120 mg to non-preferred
- Public Comments: None
- Speakers: Two
  - Teena Abraham, Axsome, Auvelity
  - McKenzie Stratton, Biogen, Zurzuvae
- Discussion: None

Atypical Antipsychotics (Oral/Transdermal)

- Recommendation: NTM: Added Bysanti™ Tablet / Titration Pack to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Antihyperkinesis/ADHD

- Recommendation: Reconciliation: Added Atoncy® Solution and atomoxetine solution (generic for Atoncy®) to non-preferred
- Public Comments: None
- Speakers: One
  - Russia Tatum, Azurity Pharmaceuticals - Arynta
- Discussion:
  - K. Windely suggested adding red writing on atomoxetine solution that states "T/F of preferred agents are not required for children < 12 years of age"
  - Moderator suggested adding red writing to the generic formulation of Atoncy (atomoxetine solution) as opposed to the brand name.
  - All panel members were in favor of the proposed exemption from T/F for children < 12 years of age for atomoxetine solution.

APPROVE PROPOSED RECOMMENDATIONS FOR

ANTI-INFECTIVES - ANTIBIOTICS: TETRACYCLINE DERIVATIVES, ANTIVIRALS: HEPATITIS B AGENTS AND RELATED, ANTIFUNGALS, ANTIDEPRESSANTS (OTHER), ATYPICAL ANTIPSYCHOTICS (ORAL/TRANSDERMAL), ANTIHYPERKINESIS/ADHD

ADDED RECOMMENDATION BY PDL PANEL TO ANTIHYPERKINESIS/ADHD TO

ADD RED WRITING ON ATOMOXETINE SOLUTION THAT STATES "T/F OF PREFERRED AGENTS ARE NOT REQUIRED FOR CHILDREN < 12 YEARS OF AGE."

Motion: K. Windely Second: K. Washington

VOTE: ALL IN FAVOR. NONE OPPOSED.

Cardiovascular

Angiotensin II Receptor Blocker

- Recommendation: NTM: Added azilsartan medoxomil tablet (generic for Edarbi®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Angiotensin II Receptor Blocker Diuretic Combinations

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

Endothelin Receptor Antagonists

- Recommendation: NTM: Added macitentan tablet (generic for Opsumit®) to non-preferred, moved bosentan tablet (generic for Tracleer®) from non-preferred to preferred, Moved Tracleer® Tablet from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Sympatholytics And Combinations

- Recommendation: NTM: Added clonidine 0.05 mg tablet (generic for Catapres®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Endocrinology

Hypoglycemics– Long Acting Insulin

- Recommendation: Off-cycle change: Moved Basaglar® U-100 KwikPen® from non-preferred to preferred, NTM: Added Awiqli® Flextouch® Pen to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

DPP-IV Inhibitors and Combinations

- Recommendation: NTM: Added dapagliflozin-saxagliptin tablet (generic for Qtern®) and sitagliptin-metformin tablet (generic for Janumet®) to non-preferred

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

Hypoglycemics SGLT-2 Inhibitors and Combinations

- Recommendation: Moved dapagliflozin tablet (generic for Farxiga®) from non-preferred to preferred, Moved Farxiga® Tablet from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR

CARDIOVASCULAR - ANGIOTENSIN II RECEPTOR BLOCKER, ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS, ENDOTHELIN RECEPTOR ANTAGONISTS, SYMPATHOLYTICS AND COMBINATIONS
ENDOCRINOLOGY - INSULIN, HYPOGLYCEMICS– LONG ACTING INSULIN, DPP-IV INHIBITORS AND COMBINATIONS, SGLT-2 INHIBITORS AND COMBINATIONS

Motion: P. Koval Second: K. Washington

VOTE: ALL IN FAVOR. NONE OPPOSED.

Gastrointestinal

Antiemetic-antivertigo Agents

- Recommendation: NTM: Added Navitrux™ Vial to non-preferred
- Public Comments: One
- Speakers: None
- Discussion: None

Hematologic

Colony Stimulating Factors

- Recommendation: NTM: Added Filkri syringe (biosimilar to Neupogen®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Osteoporosis

Bone Resorption Suppression And Related Agents

- Recommendation: Added Osvyrti® Syringe (biosimilar to Prolia®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Respiratory

Orally Inhaled Anticholinergics / COPD Agents

- Recommendation: NTM: Added umeclidinium-ellipta Inhaler (generic for Incruse®) to non-preferred
- Public Comments: None
- Speakers: One
    - Todd Gilbert, Merck - Ohtuvayre
- Discussion: None

Topicals

Rosacea Agents

- Recommendation: NTM: Added Oxymetazoline cream (generic for Rhofade®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Steroids, Low Potency

- Recommendation: Reconciliation: Added Hydravex™ Gel to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR

GASTROINTESTINAL - ANTIEMETIC-ANTIVERTIGO AGENTS, HEMATOLOGIC – COLONY STIMULATING FACTORS, OSTEOPOROSIS - BONE RESORPTION SUPPRESSION AND RELATED AGENTS, RESPIRATORY - ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS, TOPICALS - ROSACEA AGENTS, STEROIDS, LOW POTENCY

Motion: C. Waters Second: K. Windely

VOTE: ALL IN FAVOR. NONE OPPOSED.

Miscellaneous

Glucocorticoid Steroids (Oral)

- Recommendation: NTM: Added Kymbee™ Suspension (generic for Emflaza®) and Dexlyt™ Tablet to non-preferred
- Public Comments: One
- Speakers: One
    - Charlotte Wincott, Catalyst, Part of Angelini Pharma - Agamree
- Discussion: None

Cytokine And Cam Antagonists

- Recommendations: NTM: Reconciliation: Added Humira® Crohn's-UC-HS Pen, Humira Psor-UV-ADOL HS Pen to non-preferred
  Removed: adalimumab-adbm Psoriasis-UV Pen and Crohn's Pen, Cyltezo™ Psoriasis-UV Pen, Crohn's-UC-HS Pen / Psoriasis Pen, Humira® Crohn's Starter Pack / Ped. Crohn's Starter Pack, and Psoriasis Starter Pack, Reconciliation: Removed: Idacio® Syringe, and Simlandi® Kit, NTM: Added tofacitinib tablet / ER tablet/ solution (generic for Xeljanz®) to non-preferred, Removed: Tremfya® Pen Induction PK-Crohn
- Public Comments: None
- Speakers: One
  - Craig Fjeldhelm, AbbVie - Rinvoq
- Discussion: None

Immunosuppressants

- Recommendation: Reconciliation: Added tacrolimus XL capsule (generic for Astagraf® XL) as preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Disposable Insulin Delivery Devices

- Recommendation: Reconciliation: Added Twiist™ Starter Kit / Refill Kit to preferred
- Public Comments: One
- Speakers: One
  - Dr. Joanna Mitri, CMO, Sequel MedTech -Twiist
- Discussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR

MISCELLANEOUS- GLUCOCORTICOID STEROIDS (ORAL) CYTOKINE AND CAM ANTAGONISTS, IMMUNOSUPPRESSANTS, DISPOSABLE INSULIN DELIVERY DEVICES

Motion: K. Washington Second: C. Waters

VOTE: ALL IN FAVOR. NONE OPPOSED.

OBSOLETE OR NO LONGER REBATE ELIGIBLE DRUGS REMOVED FROM THE PDL

Drug	Drug Category
Estrace Tablet	**Oral / Transdermal Estrogen Agents And Other**
Onglyza Tablet	**DPP-IV Inhibitors and Combinations**

Evekeo ODT	**Antihyperkinesis / ADHD**
Daytrana Patch	**Antihyperkinesis / ADHD**
Tricor Tablet	**Triglyceride Lowering Agents**
Taztia XT Tablet	**Non-dihydropyridine Calcium Channel Blockers**
Feldene Capsule	**NSAIDS**
Amabelz Tablet	**Estrogen Agents, Combinations**
Revatio Suspension	**Oral Pulmonary Hypertension**
Extina Foam	**Antifungals**
Olux Foam	**Steroids, Very High Potency**
Hydrocortisone Lipid Cream	**Steroids, Low Potency**
Imitrex Nasal Spray	**Antimigraine Agents**

Drug	Drug Category
Methyldopa Vial	**Sympatholytics And Combinations**
Erythromycin EC	**Macrolides and Ketolides**
Vimpat Starter Kit	**Anticonvulsant; Second generation**

Rosula Cloths/Wash	**Topical: Acne Agents**
Eprosartan Tablet	**Angiotensin II Receptor Blockers**
Albuterol ER Tablet	**Beta-adrenergic, Oral**
Methyldopa-HCTZ	**Sympatholytics And Combinations**
Propranolol-HCTZ	**Beta Blocker Diuretic Combinations**
Augmentin XR	**Penicillins, Cephalosporins and Related**
Evoclin Foam	**Topical: Acne Agents**

Drug	Drug Category
Clindagel® Gel	Acne Agents
Diflucan® Tablet	Antifungal
Epiduo® gel pump	Acne Agents
Erygel® Gel	Acne Agents
Flomax Capsule	Benign Prostatic Hyperplasia Treatments
Haldol Decanoate Ampule	Injectable Long-Acting Antipsychotic
Kiprofen	NSAIDS

Luliconazole Cream	Antifungal
Lunesta Tablet	Sedative Hypnotics
Noxafil Tablet	Antifungal

Drug	Drug Category
Oxycodone-Acetaminophen Solution	Short Acting Schedule II Opioids
Prednicarbate Cream	Steroid, Medium potency
Rapamune Tablet	Immunosuppressants
Rayos Tablet	Glucocorticoid Steroids, Oral
Sandimune Solution	Immunosuppressants
Vaseretic Tablet	Ace Inhibitor / Diuretic Combinations
Ventavis Solution	Inhaled Prostacyclin Analogs
Vimovo Tablet	NSAIDS
Zimhi Syringe	Opioid Antagonists
Zithromax Powder Packet	Macrolides and Ketolides
Zma Clear Cleanser	Topical, Acne Agents
olopatadine RX drops agents	Allergic Conjunctivitis

ADJOURNMENT

- Recommendation: PDL Review is completed.
- Motion to adjourn: K. Washington Second: K. Windely
- Adjourned meeting at 2:11pm on 10/8/2026