NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PREFERRED DRUG LIST REVIEW PANEL MEETING
THURSDAY OCTOBER 10, 2024 1:00PM – 5PM
VIRTUAL ONLINE MEETING PLATFORM

I. WELCOME, INTRODUCTIONS, OVERVIEW

Krista Kness, clinical pharmacist with the NC Medicaid Outpatient Pharmacy Program, opened the meeting by welcoming all attendees. A roll call was done to introduce the panel members in attendance. Panel members in attendance and the organization represented are listed. The panel members were thanked for their participation in review requirement for the PDL process and for their service to NC Medicaid beneficiaries.

- Angela B. Smith, PharmD, DHA, FACHE, Pharmacist, Pharmacy Director, NC Division of Health Benefits
- Matt Webber, PharmD, Pharmacist, Hospital-Based Pharmacy
- Aaron Garst, PharmD, Pharmacist, Community Care of North Carolina
- Arpit Bhatt, PharmD, Pharmacist, N.C. Association of Pharmacists
- Anna Miller-Fitzwater, MD, Physician, NC Pediatric Society
- Duncan Vincent, MD, FACP, Physician, NC Chapter of the American College of Physicians
- Jessica Triche, MD, Physician, N.C. Academy of Family Physicians
- Linda Johnson, BSN, RN, Nurse, Research-Based Pharmaceutical Company
- Lawrence Greenblatt, MD, Physician, NC Physician Advisory Group; Pharmacy and Therapeutics Committee

After the PDL panel roll call finished, the meeting facilitation was turned over to Kelley Switzer, PharmD, Senior Pharmacist Account Manager with Prime Therapeutics for the NC Medicaid Pharmacy Benefit. Dr. Switzer started by reviewing procedures for the meeting.

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. Panel members should state their name when making a 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, per product, and information should focus on recent changes or updates for the drug. Panel members can ask questions after the presentation.

A brief legislative background 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 nonpreferred on the PDL. An open meeting was mandated to review 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. In addition, the authority was provided to DHHS to adopt and publish other necessary and appropriate polices relating to the PDL. The public comment period for proposed changes to the PDL is thirty days.

- Legislation mandates the PDL Review Panel consists 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 serve a two year term.

The PDL with recommendations from this meeting become effective January 1, 2025.

The next PDL panel review meeting is Thursday January 9, 2025. The next Drug Utilization Review Board meeting is Thursday October 24, 2024.

All changes or proposed changes to the PDL are to occur at the next PDL meeting with the exception of three conditions for off cycle change. The conditions are significant financial impact to State, product shortage or other access issue, and patient safety at risk.

Voting instructions were provided to the panel members. Multiple categories may be voted on at a time. The vote will occur after discussion of the proposed recommendations and call for a motion and second by the facilitator. "Aye" is in favor and "No" is opposed. The chat or hand raise in Microsoft Teams could be used if necessary.

An overview of the PDL color coding was provided prior to starting the category reviews. Coloring on the PDL is informational and serves to identify the type of change.
Yellow shade signifies a new product being added as a new to market Non-Preferred product OR current coverage is being clarified
Orange shade signifies a significant change to the drug, category, or a clinical recommendation
Pink Shade signifies an Off-Cycle PDL move from Preferred to Non-Preferred or vice versa
Green shade signifies a Brand / Generic switch within the same category
Peach shade signifies categories that will be open for discussion even though there are no recommendations.
Purple shade signifies a product either no longer covered (rebateable) or no longer available from the manufacturer

II. CATEGORY REVIEWS

ALZHEIMER'S AGENTS

- Recommendation: Add new to market product Kisunla™ (donanemab-azbt) Vial as Non-Preferred, Remove Namenda® Tablet
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Clinical criteria is not developed yet for Kisunla™. It is anticipated the criteria will have the same clinical basis as Aduhelm® and Leqembi®.
  - A prior authorization request for coverage of Kisunla, Aduhelm or Leqembi will be up to the provider based on the clinical criteria. There is no requirement for the use of one over the other.

ANALGESICS

NSAIDS

- Recommendation: Add Kiprofen™ (ketoprofen) Capsule (branded generic for Orudis®) and Tolectin® (tolmetin) Tablet as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

ANTICONVULSANTS

SECOND GENERATION

- Recommendation: Add new to market product Libervant™ (diazepam) Buccal Film as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

ANTI-INFECTIVES – SYSTEMIC ANTIBIOTICS

PENICILLINS, CEPHALOSPORINS AND RELATED

- Recommendation: Remove Suprax® Suspension
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR ALZHEIMER'S AGENTS, NSAIDS, SECOND GENERATION ANTICONVULSANTS AND SYSTEMIC ANTIBIOTICS- PENICILLINS, CEPHALOSPORINS AND RELATED.

VOTE: ALL IN FAVOR. NONE OPPOSED

TETRACYCLINE DERIVATIVES

- Recommendation: Add tetracycline tablet (generic for Sumycin® / Panmycin®) as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

BEHAVIORAL HEALTH

ANTIDEPRESSANTS-SSRI'S

- Recommendation: Remove Pexeva® Tablet
- Public Comments: None
- Speakers: None
- Discussion: None

ANTIHYPERKINESIS/ADHD

- Recommendation: Move lisdexamfetamine chewable tablet (generic for Vyvanse®) and methylphenidate ER capsule (generic for Aptensio® XR) from Non-Preferred to Preferred
- Public Comments: None
- Speakers: None
- Discussion Points:
  - The proposed change moves more drugs in the class to Preferred status.
  - With the on and off drug shortages in this class, the proposed changes will allow more children to stay on the product they do well on.

ATYPICAL ANTIPSYCHOTICS ORAL/TRANSDERMAL

- Recommendation: Generic Over Brand Switch: Move Saphris® SL Tablet from Preferred to Non-Preferred and asenapine SL tablet (generic for Saphris® SL) from Non-Preferred to Preferred
- Public Comments: None
- Speakers: Two
  - Paul Thompson – Alkermes, Lybalvi
  - Margaret Martin – Intracellular Therapeutics, Caplyta
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR SYSTEMIC ANTIBIOTICS- TETRACYCLINE DERIVATIVES, ANTIDESPRESSANTS- SSRI'S, ANTIHYPERKINESIS/ADHD AND ATYPICAL ANTIPSYCHOTICS ORAL/TRANSDERMAL.

VOTE: ALL IN FAVOR. NONE OPPOSED.

CARDIOVASCULAR

ANGIOTENSIN II RECEPTOR/NEPRILYSIN BLOCKER COMBINATIONS

- Recommendation: Add new to market product Entresto® (sacubitril / valsartan) Sprinkle Pellet as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion Points:
    - Entresto® Sprinkle Pellet has indications for use starting at age one.
    - An exemption from trial and failure requirements would be appropriate for beneficiaries less than 12 years old.

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATION FOR ANGIOTENSIN II RECEPTOR/NEPRILYSIN BLOCKER COMBINATIONS, FOR ENTRESTO® SPRINKLE PELLET ADD AN EXEMPTION FROM TRIAL AND FAILURE REQUIREMENTS FOR CHILDREN LESS THAN 12 YEAR OF AGE.

VOTE: ALL IN FAVOR. NONE OPPOSED.

CHOLESTEROL LOWERING AGENTS

- Recommendation: Add Flolipid™ (simvastatin) Suspension as Non-Preferred and remove Crestor® Tablet
- Public Comments: None
- Speakers: None
- Discussion Point:
    - Familial cholesterol conditions are treated in children.
    - There are no suspension products on the preferred side.
    - An exemption from trial and failure requirements would be appropriate for beneficiaries less than 12 years old.

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATION FOR CHOLESTEROL LOWERING AGENTS, FOR FLOLIPID™ SUSPENSION ADD AN AGE EXEMPTION FROM TRIAL AND FAILURE REQUIREMENTS FOR CHILDREN LESS THAN 12 YEAR OF AGE.

VOTE: ALL IN FAVOR. NONE OPPOSED.

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- Recommendation: Remove verapamil 360 mg capsule and Verelan® Capsule
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS.

VOTE: ALL IN FAVOR. NONE OPPOSED.

CENTRAL NERVOUS SYSTEM

ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS

- Recommendation: Remove Parlodel® Capsule / Tablet
- Public Comments: None
- Speakers: None
- Discussion: None

MULTIPLE SCLEROSIS-INJECTABLE

- Recommendation: Remove Extavia® Kit / Vial
- Public Comments: None
- Speakers: One
  - Daphne Ni – Biogen, Tysabri
- Discussion: None

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

- Recommendation: Add edaravone infusion bag (generic for Radicava®) as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

TOBACCO CESSATION

- Recommendation: Add varenicline continuation month box (generic for Chantix®) as Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR ANTIPARKINSON AND RESTLESS LEG SYNDROME AGENTS, MULTIPLE SCLEROSIS-INJECTABLE, AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS AND TOBACCO CESSATION.

VOTE: ALL IN FAVOR. NONE OPPOSED.

ENDOCRINOLOGY

PREMIXED RAPID COMBINATION INSULIN

- Recommendation: Remove insulin aspart protamine-aspart vial (generic for Novolog® Mix 70/30)
- Public Comments: None
- Speakers: None
- Discussion: None

PREMIXED 70/30 COMBINATION INSULIN

- Recommendation: Add Relion Novolin® (human insulin NPH / human insulin) 70/30 FlexPen® as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

GLP-1 RECEPTOR AGONISTS AND COMBINATIONS

- Recommendation: Add new to market product liraglutide pen (generic for Victoza®) as Non-Preferred
- Public Comments: None
- Speakers: None

- Discussion Points:
  - There is another GLP-1 Receptor Agonists class on the PDL. Should a name change be done to indicate the class is for diabetes.
  - The clinical criteria that apply to all the drugs in this class requires a diabetes diagnosis.
  - Having diabetes in the title, may make it more clear to patients and providers to delineate these drugs are specifically for the diabetes indication.

HYPOGLYCEMICS ORAL 2ND GENERATION SULFONYLUREAS

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

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR PREMIXED RAPID COMBINATION INSULIN, PREMIXED 70/30 COMBINATION INSULIN, GLP-1 RECEPTOR AGONISTS AND COMBINATIONS AND *HYPOGLYCEMICS ORAL 2ND GENERATION SULFONYLUREAS*.

VOTE: ALL IN FAVOR. NONE OPPOSED.

DPP-IV INHIBITORS AND COMBINATIONS

- Recommendation: Add new to market product sitagliptin-metformin tablet (generic for Zituvimet™) as Non-Preferred, Move saxagliptin tablet (generic for Onglyza®) from Preferred to Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Janumet® on the preferred side is a sitagliptin-metformin combination product.
  - The new to market product sitagliptin-metformin tablet is the AB rated generic for Zituvimet™

MEGLITINIDES

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

SGLT-2 INHIBITORS AND COMBINATIONS

- Recommendation: Move Synjardy® XR Tablet and Xigduo® XR Tablet from Non-Preferred to Preferred, move Invokana® Tablet from Preferred to Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR DPP-IV INHIBITORS AND COMBINATIONS, *MEGLITINIDES* AND SGLT-2 INHIBITORS AND COMBINATIONS.

VOTE: ALL IN FAVOR. NONE OPPOSED.

<u>GASTROINTESTINAL</u>

ANTIEMETIC-ANTIVERTIGO

- Recommendation: Add new to market products Focinvez™ (fosaprepitant) Vial and ondansetron ODT (16 mg) as Non-Preferred. Remove promethazine 50 mg suppository (generic for Phenergan®)

- Public Comments: None
- Speakers: None
- Discussion Point:
  - Ondansetron ODT 16mg, proposed as Non-Preferred, has the mg strength notated.
  - The preferred ondansetron ODT products do not have a strength notated.
  - It may help to have the strengths for the preferred ondansetron ODT products notated as well to prevent confusion about which are preferred verses non-preferred.

BILE ACID SALTS

- Recommendation: Add new to market product Iqirvo® (elafibranor) Tablet as Non-Preferred
- Public Comments: None
- Speakers: One
  - Phong Pham – Ipsen, Bylvay
- Discussion: None

HISTAMINE-2 RECEPTOR ANTAGONISTS

- Recommendation: Add cimetidine solution (generic for Tagamet®) as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

ULCERATIVE COLITIS-ORAL

- Recommendation: Generic Over Brand Switch: Move Lialda® Tablet from Preferred to Non-Preferred, move mesalamine DR tablet (generic for Lialda®) from Non-Preferred to Preferred, and move Pentasa® Capsule from Non-Preferred to Preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR ANTIEMETIC-ANTIVERTIGO, BILE ACID SALTS, HISTAMINE-2 RECEPTOR ANTAGONISTS AND ULCERATIVE COLITIS-ORAL

VOTE: ALL IN FAVOR. NONE OPPOSED

GENITOURINARY / RENAL

ELECTROLYTE DEPLETERS (KIDNEY DISEASE)

- Recommendations: Move Renvela® Powder Pack / Tablet from Preferred to Non-Preferred, move sevelamer carbonate powder pack / tablet (generic for Renvela®) from Non-Preferred to Preferred and add new to market Phoslyra® (calcium acetate) Solution as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

BENIGN PROSTATIC HYPERPLASIA TREATMENTS

- Recommendation: Remove Cialis® Tablet (2.5 mg)
- Public Comments: None
- Speakers: None
- Discussion: None

URINARY ANTISPASMODICS

- Recommendation: Move Toviaz® Tablet from Preferred to Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR ELECTROLYTE DEPLETERS (KIDNEY DISEASE), BENIGN PROSTATIC HYPERPLASIA TREATMENTS AND URINARY ANTISPASMODICS.

VOTE: ALL IN FAVOR. NONE OPPOSED

HEMATOLOGIC

HEMATOPOIETIC AGENTS

- Recommendation: Add new to market product Vafseo® (vadudastat) Tablet as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

OPHTHALMIC

ANTIBIOTICS

- Recommendation: Remove Zymaxid® Drops
- Public Comments: None
- Speakers: None
- Discussion: None

BETA BLOCKER AGENTS/COMBINATIONS

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

OTIC

ANTI-INFLAMMATORY

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

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR HEMATOPOIETIC AGENTS, OPHTHALMIC – ANTIBIOTICS AND *BETA BLOCKER AGENTS/COMBINATIONS* AND *OTIC ANTI-INFLAMMATORY*.

VOTE: ALL IN FAVOR. NONE OPPOSED.

RESPIRATORY

BETA-ADRENERGIC HANDHELD, SHORT ACTING INHALERS

- Recommendation: Remove ProAir® HFA inhaler
- Public Comments: None

- Speakers: None
- Discussion: None

INHALED CORTICOSTEROIDS

- Recommendation: Off Cycle change - move the following products from Non-Preferred to Preferred: Alvesco® Inhaler, Arnuity® Ellipta® Inhaler, Asmanex® HFA Inhaler / Twisthaler®, QVAR® RediHaler™, Move fluticasone propionate diskus (generic for Flovent® Diskus) from Preferred to Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
  - There is a branded generic product available now that may not have been as available as it needed to be when the actual brand name Flovent availability dropped off.
  - The discontinuation of brand Flovent caused access issues and the State moving the other single agent corticosteroids products from Non-Preferred to Preferred really helped.
  - Brand Flovent remains on the PDL to allow for rebate to be collected for product that may still be on the shelf.

LOW SEDATING ANTIHISTAMINES

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

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR BETA-ADRENERGIC HANDHELD, SHORT ACTING INHALERS, INHALED CORTICOSTEROIDS AND *LOW SEDATING ANTIHISTAMINES*

VOTE: ALL IN FAVOR. NONE OPPOSED.

TOPICALS

NSAIDS

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

ANTIBIOTICS-VAGINAL

- Recommendation: Add new to market product metronidazole vaginal gel (generic for Nuvessa® Vaginal Gel) as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

ANTIFUNGALS

- Recommendation: Remove Triamazole™ ComboPak
- Public Comments: None
- Speakers: None
- Discussion: None

IMMUNOMODULATORS- ATOPIC DERMATITIS

- Recommendation: Add new to market products Adbry® (tralokinumab-ldrm) Autoinjector and Zoryve® (roflumilast) 0.15% Cream as Non-Preferred
- Public Comments: One
- Speakers: One
  - Brett Stephenson – Arcutis, Zoryve
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR TOPICAL *NSAIDS*, ANTIBIOTICS-VAGINAL, ANTIFUNGALS AND IMMUNOMODULATORS- ATOPIC DERMATITIS

VOTE: ALL IN FAVOR. NONE OPPOSED

NOTE: AT REQUEST OF STATE A NEW MOTION, WITH SECOND, WAS MADE AND APPROVED FOR THE TOPICAL ANTIFUNGALS. THIS OCCURRED TO ENSURE THE CORRECT PROPOSED RECOMMENDATION FOR THE CLASS WAS NOTATED.

IMIDAZOQUINOLINAMINES

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

HIGH POTENCY STEROIDS

- Recommendation: Add new to market product halcinonide solution (generic for Halog®) as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR *IMIDAZOQUINOLINAMINES* AND HIGH POTENCY STEROIDS

VOTE: ALL IN FAVOR. NONE OPPOSED

<u>MISCELLANEOUS</u>

WEIGHT MANAGEMENT- INCRETIN MIMETICS

- Recommendation: Off-cycle changes: Add Saxenda® (liraglutide) Pen and Zepbound® (tirzepatide) Pen as Non-Preferred with clinical criteria.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Using GLP-1 Receptor Agonists for weight management class would provide consistency with the diabetes class title and help to delineate PDL classes for these drugs.
  - Prescribers would probably recognize GLP-1 Receptor Agonists more than Incretin Mimetics.
  - Clinical criteria for all agents in the class include certain BMIs, comorbidities, and adherence to diet and lifestyle modifications.
  - Trial and failure requirements apply to Non-Preferred products Saxenda® and Zepbound®

WEIGHT MANAGEMENT- NON INCRETIN MIMETICS

- Recommendation: Off-cycle changes - Add the following as Preferred: diethylpropion tablet / ER tablet, phendimetrazine tablet / ER capsule, phentermine tablet capsule. Add the following as Non-Preferred: benzphetamine tablet, orlistat capsule (generic for Xenical®), Xenical® (orlistat) Capsule
- Public Comments: None
- Speakers: None
- Discussion Point:
  - Using GLP-1 Receptor Agonists for weight management class would provide consistency with the diabetes class title and help to delineate PDL classes for these drugs.

IMMUNOMODULATORS- ASTHMA

- Recommendation: Add Xolair® (omalizumab) Autoinjector as Non-Preferred
- Public Comments: Six
- Speakers: Two
  - Sunny Hirpara – AstraZeneca, Fasenra
  - Bryan Dunn – Brody School of Medicine-Pulmonology Division, East Carolina University, Tezspire
- Discussion Point:
  - The cost to move Tezspire to preferred would have to be evaluated.
  - All agents in the class have clinical criteria requirements.
  - Tezspire has an exemption from trial and failure requirements for non-allergic, non-eosinophilic, severe asthma.
  - The two preferred agents for the class are highly effective. Tezspire has a diagnosis exemption. The class is reasonable as is.

ESTROGEN AGENTS-COMBINATIONS

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

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATION FOR WEIGHT MANAGEMENT-INCRETIN MIMETICS, WEIGHT MANAGEMENT- NON INCRETIN MIMETICS, IMMUNOMODULATORS- ASTHMA AND *ESTROGEN AGENTS-COMBINATIONS*.

VOTE: ALL IN FAVOR. NONE OPPOSED

GLUCOCORTICOID STEROID- ORAL

- Recommendation: Add new to market product deflazacort suspension (generic for Emflaza®) as Non-Preferred with a trial and failure exemption for children <12 years of age.
- Public Comments: None
- Speakers: None
- Discussion Point:
  - The only indication for Emflaza® is Duchenne muscular dystrophy (DMD).
  - Approval of Emflaza® coverage for other rare muscular dystrophies is required. Children are able to be approved for drug coverage under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

CYTOKINE AND CAM (CELL ADHESION MOLECULE) ANTAGONISTS

- Recommendations: Add the following new to market products as Non-Preferred: Cyltezo™ (adalimumab-adbm) Psoriasis-UV Pen, Omvoh™ (mirikizumab-mrkz) Syringe, Rinvoq® (upadacitinib) LQ Solution, Tofidence™ (tocilizumab-bavi) Vial, Tyenne® (tocilizumab-aazg) Autoinjector / Syringe
- Public Comments: None
- Speakers: One

- Gail Silbert – Kiniksa Pharmaceuticals, Arcalyst®
- Discussion Points:
  - If a drug has a unique indication, it can bypass trial and failure requirements.
  - A note can be added to the clinical criteria for Arcalyst® to bypass trial and failure requirement for diagnosis of recurrent pericarditis. The addition would have to complete policy processes.

IMMUNOSUPPRESSANTS

- Recommendation: Add new to market product Myhibbin™ (mycophenolate mofetil) Suspension as Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOVEMENT DISORDERS

- Recommendation: Add new to market product Ingrezza® (valbenazine) Sprinkle Capsules as Non-Preferred, Remove Ingrezza® Initiation Pack
- Public Comments: None
- Speakers: One
  - Michelle Jacobs – Neurocrine Bioscience, Ingrezza and Ingrezza Sprinkle
- Discussion Point:
  - Ingrezza® Initiation Pack is still available and is rebate eligible.
  - The mandatory coverage requirement for a drug is based on the federal rebate status.

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR GLUCOCORTICOID STEROID- ORAL, CYTOKINE AND CAM ANTAGONISTS AND IMMUNOSUPPRESSANTS

VOTE: ALL IN FAVOR. NONE OPPOSED

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATION FOR MOVEMENT DISORDERS FOR INGREZZA® (VALBENAZINE) SPRINKLE; DO NOT APPROVE REMOVAL OF INGREZZA® INITIATION PACK FROM THE PDL

VOTE: ALL IN FAVOR. NONE OPPOSED

OPIOID ANTAGONISTS

- Recommendation: Add new to market product Rextovy™ (naloxone) Nasal Spray as Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

OPIOID DEPENDENCE

- Recommendation: Off-cycle change - buprenorphine SL tablet to preferred
- Public Comments: None
- Speakers: None
- Discussion Point:
  - Buprenorphine SL tablet is moved to preferred for patient safety and access to care.
  - Issue with obtaining buprenorphine SL tablet was brought to attention of the State when patients could not access this formulation of buprenorphine when discharged from hospitals and other settings.

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR OPIOID ANTAGONISTS AND OPIOID DEPENDENCE

VOTE: ALL IN FAVOR. NONE OPPOSED

ADJOURNMENT

- Recommendation: PDL Review is completed. Adjourn meeting 2:52 PM.

MOTION WITH SECOND: ADJOURN MEETING.

VOTE: ALL IN FAVOR. NONE OPPOSED.