NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

PREFERRED DRUG LIST REVIEW PANEL MEETING

THURSDAY JULY 9, 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 third quarterly PDL review meeting for 2026. The PDL panel members in attendance and organization represented are listed:

- **Dr. John Matta, PharmD, MBA, Interim Director of Pharmacy and Ancillary Services.**
- **Dr. Aaron Garst, Representative for Community Care of North Carolina**
- **Dr. Peter Koval, PharmD, BCPS, CPP Representative for NC Association of Pharmacists**
- **Dr. James J. Cappola, III, MD, FACP Representative for NC Chapter of the American College of Physicians**
- **Dr. Karen Breach-Washington, Representative for the Old North State Medical Society**
- **Dr. Ying Vang, MD, NC Academy of Family Physicians**
- **Dr. Charlie Waters, PharmD, MBA, BCGP, Hospital-Based Pharmacy**

The next PDL Panel review meeting will be held on Thursday Oct. 8, 2026. The next scheduled PDL update with recommendations from this meeting will become effective on Oct. 1, 2026.

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 July 23, 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

Opioid Analgesics-Long-Acting Opioids

- Recommendation: NTM: Added tapentadol ER Tablet (generic for Nucynta® ER) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None

Opioid Analgesics- Short Acting Schedule II Opioids

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

Non-opioid Analgesics

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

NSAIDS

- Recommendation: NTM: Added Zybic™ Solution to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Neuropathic Pain

- Recommendation: NTM: Added milnacipran Tablet / DS Tablet Pack (generic for Savella®) and Relgaabi Capsule to non-preferred, Moved Tonmya™ Sublingual Tablet from Skeletal Muscle Relaxant to Neuropathic pain
- Public Comments: None
- Speakers: None
- Discussion:
  - The moderator shared the manufacturer reached out regarding the category placement of Tonmya™ on the PDL. The State agreed with their recommendation that it's more fitting with neuropathic pain than skeletal muscle.

APPROVE PROPOSED RECOMMENDATIONS FOR

ANALGESICS- OPIOID ANALGESICS-LONG-ACTING OPIOIDS, OPIOID ANALGESICS- SHORT ACTING SCHEDULE II OPIOIDS, NON-OPIOID ANALGESICS, NSAIDS, NEUROPATHIC PAIN

Motion J. Cappola; Second K. Breach-Washington

VOTE: ALL IN FAVOR. NONE OPPOSED.

Anticonvulsants

Carbamazepine Derivatives

- Recommendation: Moved Trileptal® Suspension from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Second Generation

- Recommendation: Moved lacosamide Solution (generic for Vimpat®) from non-preferred to preferred, NTM: Added brivaracetam solution (generic for Briviact®) as non-preferred, NTM: Added Subvenite® Suspension as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Anti-Infectives

Antibiotics - Penicillins, Cephalosporins and Related

- Recommendation: NTM: Added Pivya® Tablet as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Antibiotics - Lincosamides and Oxazolidinones

- Recommendation: Moved Brand Zyvox® Suspension from non-preferred to preferred and generic linezolid suspension (oral) (generic for Zyvox®) from preferred to
  non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Antibiotics - Macrolides and Ketolides

- Recommendation: Moved E.E.S.® 200 mg Suspension, and erythromycin EC capsule (generic for Eryc®) from preferred to non-preferred

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

Nitroimidazoles (Gastrointestinal Antibiotics)

- Recommendation: Moved neomycin tablet (generic for Mycifradin®) and tinidazole tablet (generic for Tindamax®) from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Antifungals

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

Antivirals (General)

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

Antivirals - (Hepatitis C Agents)

- Recommendation: Moved Vosevi™ Tablet from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Antivirals - (Herpes Treatments)

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

APPROVE PROPOSED RECOMMENDATIONS FOR

ANTICONVULSANTS - CARBAMAZEPINE DERIVATIVES, SECOND GENERATION,
ANTI-INFECTIVES – ANTIBIOTICS: PENICILLINS, CEPHALOSPORINS AND RELATED, LINCOSAMIDES AND OXAZOLIDINONES, MACROLIDES AND KETOLIDES, NITROIMIDAZOLES (GASTROINTESTINAL ANTIBIOTICS), ANTIFUNGALS, ANTIVIRALS (GENERAL),
ANTIVIRALS: HEPATITIS C AGENTS, HEPATITIS C AGENTS, ANTIVIRALS - (HERPES TREATMENTS)

Motion P. Koval; Second J. Cappola

VOTE: ALL IN FAVOR. NONE OPPOSED.

Cardiovascular

Ace Inhibitor / Diuretic Combinations

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

Angiotensin II Receptor Blocker Diuretic Combinations

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

Antianginal & Anti-ischemic

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

Beta Blockers

- Recommendation: Moved Hemangeol® Solution from preferred to non-preferred
- Public Comments: One
- Speakers: None
- Discussion: None

Cardiovascular, Other

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

Dihydropyridine Calcium Channel Blockers

- Recommendation: NTM: Added Sdamlo™ Solution and Cardamyst™ Nasal Spray as non-preferred
- Public Comments: None
- Speakers: None

- Discussion: None

Niacin Derivatives

- Recommendation: Reconciliation: Added niacin tablet (generic for Niacor®) as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

PCSK9

- Recommendation: Added Praluent® Pen to preferred Add Evkeeza® IV, Redemplo® Syringe, and Tryngolza™ Autoinjector to non-preferred
- Public Comments: One
- Speakers: None
- Discussion: None

Triglyceride Lowering Agents

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

APPROVE PROPOSED RECOMMENDATIONS FOR

CARDIOVASCULAR - ACE INHIBITOR / DIURETIC COMBINATIONS, ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS, ANTIANGINAL & ANTI-ISCHEMIC, BETA BLOCKERS, CARDIOVASCULAR, OTHER, DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS, NIACIN DERIVATIVES, PCSK9, TRIGLYCERIDE LOWERING AGENTS

Motion J. Cappola; Second C. Waters

VOTE: ALL IN FAVOR. NONE OPPOSED.

Central Nervous System

Antimigraine Agents CGRP Blockers/Modulators Preventative

- Recommendations: Open Class – No recommendations
- Public Comments: None
- Speakers: None
- Discussion: None

Antimigraine Agents - CGRP Blockers/Modulators Acute Treatment

- Recommendations: Open Class – No recommendations
- Public Comments: None

- Speakers: None
- Discussion: None

Anti-narcolepsy

- Recommendations: Open Class – No recommendations
- Public Comments: One
- Speakers: None
- Discussion: None

Multiple Sclerosis (Injectable)

- Recommendations: Added Tyruko® IV to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Sedative Hypnotics

- Recommendations: Added Igalmi® SL tablet to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR

CENTRAL NERVOUS SYSTEM - ANTIMIGRAINE AGENTS CGRP BLOCKERS/MODULATORS PREVENTATIVE, ANTIMIGRAINE AGENTS - CGRP BLOCKERS/MODULATORS ACUTE TREATMENT, ANTI-NARCOLEPSY, MULTIPLE SCLEROSIS (INJECTABLE), SEDATIVE HYPNOTICS

Motion P. Koval; Second C. Waters

VOTE: ALL IN FAVOR. NONE OPPOSE

Endocrinology

Glucagon Agents

- Recommendation**:** Added a new category Glucagon Agents
  Added Glucagon Emergency Kit, Gvoke® Pen/Syringe/Vial and Proglycem® Oral Suspension as preferred, Added Baqsimi® Nasal spray, Diazoxide Oral Suspension (generic for Proglycem®), Glucagon emergency kit (Manufacturer: Amphastar), Glucagon Injection, and Zegalogue® Syringe/Autoinjector as non-preferred
- Public Comments: None
- Speakers: None
- Discussion:

- A question was asked if the Glucagon Emergency Kit is intranasal or intramuscular. The moderator clarified the kit is injection.

Injectable Rapid Acting Insulin

- Recommendation: Moved Novolog® U-100 Penfill/FlexPen®/Vial from non-preferred to preferred
- Public Comments: None
- Speakers: One
  - Kristen Freeberg, MannKind Corporation, Afrezza®
- Discussion:
  - The moderator shared Novolog® U100 Penfill, FlexPen,Vial was switched from non-preferred to preferred because the manufacturer announced they are no longer going to be producing the generic. The generic stayed preferred to use up market supply.

Hypoglycemics– Long Acting Insulin

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

Hypoglycemics – Injectable Premixed 70/30 combination Insulin

- Recommendation: Moved Novolog® Mix 70/30 Vial / FlexPen® from non-preferred to preferred,
- Public Comments: None
- Speakers: None
- Discussion:
  - The moderator shared Novolog® Mix 70/30 Vial / FlexPen® was moved from non-preferred to preferred because the manufacturer announced they are no longer going to be producing the generic. The generic stayed preferred to use up market supply.

Hypoglycemics GLP 1 Receptor Agonists and Combinations indicated for the treatment of Diabetes

- Recommendation: NTM: Added Ozempic® Tablet as non-preferred
  Moved: Mounjaro™ Pen from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Alpha-Glucosidase Inhibitors

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

Thiazolidinediones And Combinations

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

Octreotides and Related

- Recommendation: Added new Category Octreotides and Related
  Added Octreotide acetate™ Ampule/ Syringe and Sandostatin LAR depot™ vial to preferred, Added Lanreotide acetate syringe™, Mycapssa™ Capsule, Octreotide acetate™ Vial, Palsonify™ tablet, Signifor™ Injection, Signifor LAR™ Injection, and Somatuline depot™ Injection
- Public Comments: One
- Speakers: None
- Discussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR

ENDOCRINOLOGY - - GLUCAGON AGENTS, INJECTABLE RAPID ACTING INSULIN, HYPOGLYCEMICS– LONG ACTING INSULIN, HYPOGLYCEMICS – INJECTABLE PREMIXED 70/30 COMBINATION INSULIN, HYPOGLYCEMICS GLP 1 RECEPTOR AGONISTS AND COMBINATIONS INDICATED FOR THE TREATMENT OF DIABETES, ALPHA-GLUCOSIDASE INHIBITORS, THIAZOLIDINEDIONES AND COMBINATIONS, OCTREOTIDES AND RELATED

Motion K. Breach-Washington; Second J. Cappola

VOTE: ALL IN FAVOR. NONE OPPOSED.

Gastrointestinal

Bile Acid Salts

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

H. Pylori Combinations

- Recommendation: Moved Voquezna® Tablet / Dual Pak / Triple Pakfrom from non-preferred to preferred
- Public Comments: One
- Speakers: None
- Discussion: None

Histamine-2 Receptor Antagonists

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

Progestins Used For Cachexia

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

Proton Pump Inhibitors

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

Selective Constipation Agents

- Recommendation: Moved prucalopride tablet (generic for Motegrity) from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Ulcerative Colitis (Oral)

- Recommendation: Moved mesalamine ER capsule (generic for Apriso®, Pentasa®) from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Ulcerative Colitis (Rectal)

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

APPROVE PROPOSED RECOMMENDATIONS FOR

GASTROINTESTINAL - - BILE ACID SALTS, H. PYLORI COMBINATIONS, HISTAMINE-2 RECEPTOR ANTAGONISTS, PROGESTINS USED FOR CACHEXIA, PROTON PUMP INHIBITORS, SELECTIVE CONSTIPATION

AGENTS, ULCERATIVE COLITIS (ORAL), ULCERATIVE COLITIS (RECTAL)

Motion P. Koval; Second C. Waters

VOTE: ALL IN FAVOR. NONE OPPOSED.

Genitourinary/Renal

Electrolyte Depleters (Kidney Disease)

- Recommendation: Added Calphron® Tablet and MagneBind® 400 Rx Tablet to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Benign Prostatic Hyperplasia Treatments

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

Urinary Antispasmodics

- Recommendation: Moved darifenacin ER tablet (generic for Enablex®) and trospium tablet/ER capsule (generic for Sanctura®/XR) from non-preferred to preferred, Removed red writing from mirabegron ER tablet (generic for Myrbetriq®) - T/F of preferred agents not required for diagnosis of dementia or mild cognitive impairment and for patients age 65 and older
- Public Comments: None
- Speakers: None
- Discussion: None

Gout

Gout

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

Hematologic

Anticoagulants (Oral)

- Recommendation: Off-cycle change: Moved Eliquis® Sprinkle/Suspension from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Colony Stimulating Factors

- Recommendation: NTM: Added Neulasta® 4mg/0.4 mL Vial to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR

GENITOURINARY/RENAL - ELECTROLYTE DEPLETERS (KIDNEY DISEASE), BENIGN PROSTATIC HYPERPLASIA TREATMENTS, URINARY ANTISPASMODICS, GOUT, HEMATOLOGIC - ANTICOAGULANTS (ORAL), COLONY STIMULATING FACTORS

Motion K. Breach-Washington; Second C. Waters

VOTE: ALL IN FAVOR. NONE OPPOSED.

Ophthalmic

Allergic Conjunctivitis Agents

- Recommendation: Remove: olopatadine drops (generic for Pataday®, Patanol®) (OTC)
- Public Comments: None
- Speakers: None
- Discussion:
  - The moderator shared the olopatadine drops being removed are the OTC formulation. NC Medicaid does not cover OTC formulations unless on Pharmacy Policy 9A. The OTC products were added previously for access because there was a shortage in the RX formulation. The access issue resolved so removing OTCs.

Anti-inflammatory

- Recommendation: Reconciliation: Moved ketorolac solution (generic for Acular® / LS) from non-preferred to preferred, NTM: Added Byqlovi™ Drops to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Prostaglandin Agonists

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

Osteoporosis

Bone Resorption Suppression And Related Agents

- Recommendation: Moved Bildyos® Syringe (Prolia® Biosimilar) from preferred to non-preferred, Moved Enoby Syringe (biosimilar to Prolia®) from non-preferred to preferred, NTM: Added Bosaya® Syringe (Prolia® Biosimilar) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Respiratory

Beta-adrenergic Handheld, Short Acting

- Recommendation: Moved albuterol HFA inhaler (generic for Ventolin® HFA Inhaler) from preferred to non-preferred
- Public Comments: One
- Speakers: None
- Discussion: None

Orally Inhaled Anticholinergics / COPD Agents

- Recommendation: NTM: Added ipratropium bromide HFA (generic for Atrovent®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Inhaled Corticosteroids

- Recommendation: NTM: Added beclomethasone dipropionate (generic for QVAR®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Intranasal Rhinitis Agents

- Recommendation: Moved mometasone nasal spray (generic for Nasonex®) from non-preferred to preferred
- Public Comments: None
- Speakers: None

- Discussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR

OPHTHALMIC - ALLERGIC CONJUNCTIVITIS AGENTS, ANTI-INFLAMMATORY, PROSTAGLANDIN AGONISTS, OSTEOPOROSIS - BONE RESORPTION SUPPRESSION AND RELATED AGENTS, RESPIRATORY - BETA-ADRENERGIC HANDHELD, SHORT ACTING, ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS, INHALED CORTICOSTEROIDS, INTRANASAL RHINITIS AGENTS

Motion J. Cappola; Second P. Koval

VOTE: ALL IN FAVOR. NONE OPPOSED.

Topicals

Acne Agents

- Recommendation: Moved tretinoin Cream (generic for Retin-A®) from non-preferred to preferred, Obsolete: Removed Finacea® Gel
- Public Comments: None
- Speakers: None
- Discussion: None

Androgenic Agents

- Recommendation: Moved testosterone gel packet (generic for Vogelxo®) from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion:
  - A question was asked about oral testosterone products inclusion in the category. The moderator shared the category is for topical products and does not manage the oral products.

NSAIDS

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

Antibiotics

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

Antibiotics (Vaginal)

- Recommendation: Moved Xaciato® Vaginal Gel from non-preferred to preferred
  Moved Clindesse® Vaginal Cream from preferred to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Antiparasitics

- Recommendation: Moved spinosad topical suspension (generic for Natroba®) from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Antiviral

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

Psoriasis

- Recommendation: Moved Vtama® Cream from non-preferred to preferred
- Public Comments: One
- Speakers: Two
  - Krystal Ngo, Arcutis Biotherapeutics, Zorvye
  - Danielle Ruppenthal, Organon, VTAMA (tapinarof) cream 1%
- Discussion: None

Steroids, Very High Potency

- Recommendation: NTM: Added halobetasol propionate Lotion (generic for Ultravate®) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR

TOPICALS - ACNE AGENTS, ANDROGENIC AGENTS, NSAIDS, ANTIBIOTICS, ANTIBIOTICS (VAGINAL), ANTIPARASITICS, ANTIVIRAL, PSORIASIS, STEROIDS, VERY HIGH POTENCY

Motion K. Breach-Washington; Second C. Waters

VOTE: ALL IN FAVOR. NONE OPPOSED.

Behavioral Health

Antihyperkinesis/ADHD

- Recommendation: NTM: Added Arynta™ Solution as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Miscellaneous

Uterine Disorder Treatments

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

Weight Management Agents

- Recommendation - NTM: Added Foundayo™ Tablet, Wegovy® HD Pen and Zepbound® (tirzepatide) Kwikpen as preferred, Moved: Zepbound Pen and Vial from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Immunomodulators, Asthma

- Recommendation: Moved Xolair® Vial and Tezspire® Pen / Syringe from non-preferred to preferred, removed red writing from Tezspire - T/F of preferred agents not required for diagnosis of non-allergic, non-eosinophilic severe asthma
- Public Comments: None
- Speakers: None
- Discussion: None

APPROVE PROPOSED RECOMMENDATIONS FOR

BEHAVIORAL HEALTH - ANTIHYPERKINESIS / ADHD, MISCELLANEOUS – UTERINE DISORDER TREATMENTS, MISCELLANEOUS – GLP-1 - WEIGHT MANAGEMENT AGENTS, MISCELLANEOUS- IMMUNOMODULATORS, ASTHMA

Motion J. Cappola; Second K. Breach-Washington

VOTE: ALL IN FAVOR. NONE OPPOSED.

Miscellaneous

Immunomodulators, Atopic Dermatitis

- Recommendation: Off-Cycle Change: Moved Ebglyss™ (lebrikizumab-lbkz) Syringe/Pen to preferred
- Public Comments: None
- Speakers: Two
  - Krystal Ngo, Arcutis Biotherapeutics Zorvye
  - Karla McSpadden, Galderma, Nemluvio
- Discussion: None

Oral / Transdermal Estrogen Agents AND OTHER

- Recommendations: Moved Lynkuet® Capsule from non-preferred to preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Cytokine And Cam Antagonists

- Recommendations: NTM: Added Avtozma® Autoinjector/Syringe to non-preferred, Added red writing to Humira® Crohn's Starter Pack/Ped. Crohn's Starter Pack/Pen/Psoriasis Starter Pack / Syringe: T/F of preferred adalimumab product is required, NTM Added Icotyde™ Tablet to non-preferred
- Public Comments: None
- Speakers: One
  - Matt Nguyen, AbbVie, RinVoq
- Discussion: None

Hereditary Angioedema (Hae) Prophylaxis Agents

- Recommendations: Moved Takhzyro® Vial from non-preferred to preferred, NTM: Added Orladeyo® Pellet Pack to non-preferred
- Public Comments: None
- Speakers: One
  - Jeff Martin, BioCryst Pharmaceuticals, Orladeyo- berotralstat
- Discussion: None

Potassium Binders

- Recommendations: Added new category Potassium Binders, Added Lokelma® Powder, SPS® Suspension, and Sodium polystyrene sulfonate Powder (generic for Kionex®, SPS® Suspension) to preferred
  Added Lokelma® Unit Dose, Kionex® Suspension, and Veltassa® Powder to non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None

Skeletal Muscle Relaxants

- Recommendations: NTM: Added Ontralfy™ Solution and Atmeksi® Suspension to non-preferred, Moved Tonmya™ Sublingual Tablet to neuropathic pain
- Public Comments: None
- Speakers: None
- Discussion: None

Disposable Insulin Delivery Devices

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

APPROVE PROPOSED RECOMMENDATIONS FOR

MISCELLANEOUS-IMMUNOMODULATORS, ATOPIC DERMATITIS, ESTROGEN AGENTS, ORAL / TRANSDERMAL, CYTOKINE AND CAM ANTAGONISTS, HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS, POTASSIUM BINDERS, SKELETAL MUSCLE RELAXANTS, DISPOSABLE INSULIN DELIVERY DEVICES

Motion K. Breach-Washington; Second C. Waters

VOTE: ALL IN FAVOR. NONE OPPOSED.

OBSOLETE OR NO LONGER REBATE ELIGIBLE DRUGS REMOVED FROM THE PDL

Drug	Drug Category
Alomide Drops	Allergic Conjunctivitis Agents
Ezallor Capsule	Cholesterol Lowering Agents
Flagyl Capsule	Nitroimidazoles (Gastrointestinal Antibiotics)
Sporonax Solution	Antifungals
Triliprix Capsule	Triglyceride Lowering Agents
Namenda Titration Pack	Alzheimer's Agents

Felbatol Suspension	First Generation Anticonvulsant
Lymepak Tablet	Tetracycline Derivatives
Stalevo Tablet	Anti-parkinson And Restless Leg Syndrome Agents
Nicotrol Inhaler	Tobacco Cessation
Kombiglyze XR Tablet	DPP-IV Inhibitors and Combinations
Releuko Vial	Colony Stimulating Factors
ProAir Digihaler	Beta-adrenergic Handheld, Short Acting
ArmonAir Digihaler	Inhaled Corticosteroids
Patanase Nasal Spray	Intranasal Rhinitis Agents
Vistaril Capsule	First Generation Antihistamines
Finacea Gel	Acne Agents
Ospomyv™ Syringe (Prolia® Biosimilar)	Bone Resorption Suppression and Related Agents
Ocaliva® Tablet (removed due to market withdrawl)	Bile Acid Salts

ADJOURNMENT

- Recommendation: PDL Review is completed.
- Motion to adjourn: J. Cappola
- Adjourned meeting at 2:18 pm