

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**2022 PREFERRED DRUG LIST REVIEW PANEL MEETING**  
**THURSDAY JANUARY 13, 2022                    9:00AM - 3:00PM**  
**VIRTUAL ONLINE MEETING PLATFORM**

**I.        WELCOME AND INTRODUCTIONS**

Facilitator, Blake Cook, NC Medicaid Outpatient Pharmacy Program Manager, began the meeting by welcoming all attendees and announced the meeting is being recorded. The panel members, who serve voluntarily, were thanked for their time investment to the Preferred Drug List (PDL) review process. A roll call of the PDL Panel members was done. The PDL panel members in attendance are listed.

- Dr. Angela Smith, Pharmacist, Pharmacy Director, representing NC Division of Health Benefits
- Dr. Fern Paul-Aviles, Pharmacist, representing Hospital-Based Pharmacy
- 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. Lawrence Greenblatt, Physician, representing NC Physician Advisory Group; Pharmacy and Therapeutics Committee

Mr. Cook mentioned that the meeting had a quorum of members and shared that questions about the PDL meeting can be submitted for 7 days after the meeting to [medicaid.pdlmeeting@dhhs.nc.gov](mailto:medicaid.pdlmeeting@dhhs.nc.gov). The email address is strictly for questions from this meeting and will become inactive after 7 days. Minutes from the meeting will be posted.

The procedures and guidelines for the virtual meeting were covered. Information about the PDL and the PDL Panel was given. The ultimate goal of the PDL is to ensure the most cost effective and medically appropriate drug coverage. The proposed changes to the PDL reviewed today were posted for a 45 day public comment period.

The PDL general guidance is trial and failure of two preferred products before coverage of a non-preferred option. 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 a drug or drug category.

Speakers should state their name, product name, affiliation or employer, what prompts speaking about the drug and if receiving compensation for speaking.

The decision 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. The DHHS Secretary has the final approval regarding the PDL recommendations.

Dr. Angela Smith, the Medicaid Pharmacy Director, provided an update on the Pharmacy Program.

Compliance to the PDL is ninety-five percent. With the launch of the managed care in North Carolina Medicaid, the State continues to operate with a single PDL. In year two of the managed care contracts the plans may make recommendations for PDL changes. Those recommendations will follow the same PDL review process for approval in place today and any changes that are made will be applied to the single state PDL. Starting in 2022, the PDL panel will meet twice per year, in January and July, for the purpose of managing all categories listed on the PDL within the course of a year. This will allow categories without changes for some time to get reviewed for appropriateness.

Some statistical highlights from the North Carolina PDL and Supplemental Rebate Program Annual Report SFY 2021 were shared. Seventy-four percent of the total pharmacy spend was subject to the PDL. Of that share 56% represents preferred drugs choices and 18% non-preferred medications. Preferred drugs represented 79% of the total claim count. The cost avoidance associated with the PDL, clinical PA and supplemental rebate programs were \$275.2 million with a state share of \$71.6 million.

## **II. CATEGORY REVIEWS**

### **ALZHEIMER'S AGENTS**

- Recommendations: Add Aduhelm™ as non-preferred with clinical criteria.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Aduhelm™ has a CMS rebate agreement so has to be a covered medication.
  - The clinical criteria for coverage are complex, in line with clinical trials and should limit prescribing to a specialist.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **ANALGESICS**

#### **OPIOID LONG ACTING** Clinical criteria apply to all drugs in this class

- Recommendations: Move OxyContin® Tablet from non-preferred to preferred; add buprenorphine film (generic for Belbuca®) to non-preferred; add hydrocodone ER tablet (generic for Hysingla® ER Tablet) to non-preferred; adding methadone concentrate / diskets / intensol / tablets / solution to PDL category as an available preferred drug for clarification only.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - The decision, previously, to move OxyContin® to non-preferred was mostly financial.
  - Even with non-preferred status, providers requested prior authorization for Oxy-Contin®.
  - Buprenorphine film (generic for Belbuca®) in this category is indicated for treating pain. It is lower dose than used for treating opioid disorder.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

#### **SHORT ACTING SCHEDULE III – IV OPIOIDS / ANALGESIC COMBINATIONS**

Clinical criteria apply to all drugs in this class

- Recommendations: Add Qdolo™ Solution to non-preferred.
- Public Comments: None
- Speakers: None

- Discussion Point:
  - Qdolo™ Solution no longer has a rebate agreement so is not coverable. The recommendation is rescinded.
- Motion with second: No call for motion.
- Vote: No vote taken.

### NSAIDS

- Recommendations: Add ibuprofen / famotidine tablet (generic for Duexis®) to non-preferred with trial and failure of only celecoxib required; add meloxicam capsule (generic for Vivlodex® Capsule) to non-preferred, for non-preferred products Vimovo® tablet, naproxen-esomeprazole tablet (generic for Vimovo® Tablet) and Duexis® Tablet added "ONLY" for clarification of trial and failure of ONLY celecoxib required.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - When generic and brand have same status on the PDL, being a mandatory generic program requires generic product should be tried first, generally.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### NEUROPATHIC PAIN

- Recommendations: Add duloxetine capsule (generic for Irenka®) and pregabalin ER tablet (generic for Lyrica® CR Tablet) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

## ANTICONVULSANTS

### SECOND GENERATION

- Recommendations: Add Elepsia™ XR Tablet and rufinamide suspension (generic for Banzel® Suspension) to non-preferred; move Epidiolex® Solution from non-preferred to preferred with Clinical Criteria Applying; move Nayzilam® Nasal Spray from non-preferred to preferred.
- Public Comments: None
- Speakers: Four
  - Gregory Johnson, Neurelis Inc. - Valtoco® Nasal Spray
  - Pat Gibson, Wake Forest University School of Medicine - Valtoco® Nasal Spray
  - Joe Duarte, Neurelis Inc.- Valtoco® Nasal Spray
  - Heather Vita, Zolgenix, Fintepla® Solution
- Discussion Points:
  - All products are preferred when beneficiary has any seizure disorder diagnosis.
  - Moving all products to preferred may help providers know no restrictions apply for non-preferred products as well preferred when seizure disorder diagnosis exists. The financial implications would have to be studied closely by the State.
  - Valtoco® Nasal Spray has superiority data and administration advantage over rectally administered product. If seizure diagnosis not in system for first time therapies may cause barrier. Moving to Preferred would help prevent from occurring.

- Fintepla® is indicated only for Dravet Syndrome associated seizures. With the low utilization it could be moved to preferred to help prevent barrier.
- Off label prescribing of the drug was mentioned as a possibility if moved to preferred without any additional management.
- Motion with second: Approve proposed recommendations and add Valtoco® Nasal Spray and Fintepla® Solution to preferred.
- Vote: All in favor. None opposed.

## **ANTI-INFECTIVES – SYSTEMIC ANTIBIOTICS**

### **LINCOSAMIDES AND OXAZOLIDINONES**

- Recommendation: Move Cleocin® Granules from preferred to non-preferred renaming to Cleocin® Pediatric Solution.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **NITROMIDAZOLES**

- Recommendation: Add nitazoxanide tablet (generic for Alinia® Tablet) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **ANTIFUNGALS**

- Recommendation: Add Brexafemme® Tablet to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **ANTIVIRALS (INFLUENZA)**

- Recommendation: Add Flumadine® Tablet to non-preferred.
- Public Comments: None
- Speakers: One
  - Rosalyn Frazier, Genentech - Xofluza™ Tablet
- Discussion Points:
  - Xofluza™ is trial and failure of one preferred product.
  - Data and cost do not seem to support preferred status.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **BEHAVIORAL HEALTH**

### **ANTIDEPRESSANTS**

- Recommendation: Add duloxetine capsule (generic for Irenka®) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion Points: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **ANTIHYPERKINESIS / ADHD**

- Recommendations: Add Azstarys™ Capsule and Qelbree™ Capsule to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
  - The preferred products already have reasonable stimulant and non-stimulant choices.
  - The recommended non-preferred additions are extremely expensive to the State.
  - Non-preferred status helps prevent off-label prescribing of the drugs.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **INJECTABLE ANTIPSYCHOTICS**

- Recommendation: Add Invega® Hafyera to preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
  - Making all products in the category preferred helps encourage use.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **ATYPICAL ANTIPSYCHOTICS ORAL**

- Recommendations: Move Invega® Tablet from non-preferred to preferred, move Vraylar® Capsule from non-preferred to preferred with restriction of Trial and failure of one preferred product, move paliperidone ER tablet (generic for Invega®) from preferred to non-preferred, add asenapine tablet (generic for Saphris® SL Tablet) and Lybalvi™ Tablet to non-preferred.
- Public Comments: None
- Speakers: Two
  - Margaret Martin, Intracellular Therapies, Inc.– Caplyta™
  - Ramesh Gihwala, psychiatrist - Vraylar®
- Discussion Points:
  - This category is trial and failure of one preferred.
  - Vraylar® is restricted within the preferred oral atypical antipsychotics because of cost.
  - Moving Vraylar® to preferred status allows for supplemental rebates
  - Vraylar® should not be first line therapy. Utilization should be monitored even with restriction.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

## **CARDIOVASCULAR**

### **ACE INHIBITORS**

- Recommendation: Add enalapril solution (generic for Epaned®) - Exemption for children < 12 years of age to non-preferred.

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

### **BETA BLOCKERS**

- Recommendation: Add nebivolol tablet (generic for Bystolic®) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

### **CORONARY VASODILATORS**

- Recommendation: Add Verquvo™ Tablet to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **PLATELET INHIBITORS**

- Recommendations: Remove Aggrenox® Capsule from category.
- Public Comments: None
- Speakers: None
- Discussion Point:
  - Informational only. Removing product because no longer coverable.
- Motion with second: No call for motion.
- Vote: No vote taken.

### **TRIGLYCERIDE LOWERING AGENTS**

- Recommendation: Add icosapent ethyl capsule (generic for Vascepa® Capsule) to non-preferred
- Public Comments: None
- Speakers: None
- Discussion Point:
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **CENTRAL NERVOUS SYSTEM**

### **ANTIMIGRAINE AGENTS**

- Recommendations: Add zolmitriptan nasal spray (generic for Zomig®) Nasal Spray to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **ANTIMIGRAINE AGENTS CGRP Blockers/Modulators PREVENTATIVE**

- Recommendations: Separate CGRP Blockers/Modulators into two categories Preventative and Acute Treatment. Remove trial and failure red writing for Nurtec™ ODT and Ubrelvy™. In **Preventative Category** - Add Qulipta™ Tablet to non-preferred; add Nurtec™ ODT to Non-preferred, Ubrovity is removed from Preventative Category. In **Acute Treatment Category** – make Ubrelvy™ Tablet preferred and Nurtec™ ODT Tablet non-preferred. Clinical criteria apply to all drugs in Preventative and Acute Treatment categories.
- Public Comments: One
- Speakers: Six
  - Dr. Gary Jay, UNC Neurology Professor - Nurtec™ ODT
  - Mark Edwards, Abbvie – Qulipta™ Tablet
  - Chelsea Leroue, Biohaven Pharmaceuticals – Nurtec™ ODT
  - Kevin Kahn, Carolina Headache Institute - Nurtec™ ODT
  - Ryan Norman, Teva Pharmaceuticals -Ajovy™
  - Peter Kalogerinis, Physician Assistant – Ubrelvy™, Qulipta™
- Discussion Points:
  - Significant cost to add tablet option to preferred in preventative category. There is a significant cost difference between the injectables and Orals.
  - Providers have not commented about CGRP product placements on the PDL.
  - Drugs are different from each other and there is no way to predict response
  - Injectable monoclonal antibodies are reasonable options to start for preventive treatment.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

## **ANTIPARKINSON & RESTLESS LEG SYNDROME AGENTS**

- Recommendation: Add Apokyn® Injection to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **MULTIPLE SCLEROSIS ORAL**

- Recommendation: Add Ponvory™ Starter Pack / Tablet to non-preferred.
- Speakers: Two
  - Manny Nunez, Sanofi – Aubagio®
  - Jonathan Jones, Janssen - Ponvory™
- Discussion Point:
  - The non-preferred products are significantly more costly to State
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **SEDATIVE HYPNOTICS**

- Recommendation: Add Hetlioz® LQ Suspension to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **SMOKING CESSATION**

- Recommendation: Add varenicline tablet (generic for Chantix® Tablet) Quantity limited to 6 months per 12 months to preferred (only rebate eligible versions are covered).
- Public Comments: None
- Speakers: None
- Discussion Point:
  - This was an emergency off cycle move caused by the preferred brand product becoming unavailable due to a manufacturer recall.
  - A non-rebate product allowed to be imported from Canada is not coverable.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **ENDOCRINOLOGY**

### **HYPOGLYCEMICS – INJECTABLE SHORT ACTING INSULIN**

- Recommendation: Add Novolin R FlexPen® to non-preferred
- Public Comments: None
- Speakers: None
- Discussion Point:
  - Including a pen option on the preferred side should be evaluated.
- Motion with second: Approve proposed recommendation
- Vote: All in favor. None opposed.

### **HYPOGLYCEMICS INJECTABLE – LONG ACTING INSULIN**

- Recommendations: Add Insulin glargine-yfgn pen / vial (generic for Semglee™ yfgn), and Semglee™ yfgn Pen / Vial to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

## **GASTROINTESTINAL**

### **ANTIEMETIC-ANTIVERTIGO AGENTS**

- Recommendation: Add Gimoti™ Nasal Spray to non-preferred, for clarity to identify all available products in the category added Aloxi® Vial, Barhemsys® Vial, Emend® Vial, granisetron injection (generic for Kytril®), metoclopramide vial, ondansetron vial, Phenergan® injection and prochlorperazine injection and Tigan® Capsule / Injection.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations
- Vote: All in favor. None opposed

### **BILE ACID SALTS**

- Recommendations: Add Bylvay™ Capsule / Pellet and Reltone™ Capsule to non-preferred.
- Public Comments: None
- Speakers: One
  - Alisha Mavis, Duke Health Pediatric Hepatitis - Bylvay



- Discussion Points:
  - Progressive familial intrahepatic cholestasis (PFIC) is not an indication of the preferred drugs. Requiring trial and failure of products not indicated for the diagnosis is not clinically appropriate.
  - That none of the preferred products are indicated PFIC is compelling support to add an exemption for the diagnosis
- Motion with second: Approve proposed recommendations and add diagnosis exemption to Bylvay for PFIC; make category trial and failure of one preferred.
- Vote: All in favor. None opposed

### **SELECTIVE CONSTIPATION AGENTS**

- Recommendation: Add lubiprostone capsule (generic for Amitiza® Capsule) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation
- Vote: All in favor. None opposed.

## **GENITOURINARY / RENAL**

### **URINARY ANTISPASMODICS**

- Recommendations: Add Gemtesa® Tablet, Myrbetriq® Granules and Vesicare® LS Suspension to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - There is strong encouragement to avoid anticholinergics with dementia.
  - Bypassing the trial and failure requirement to get to Myrbetriq® and Gemtesa® is warranted for patients with dementia and mild cognitive impairment.
- Motion with second: Approve proposed recommendations and add diagnosis exemption to Gemtesa® and Myrbetriq® for patients with dementia and mild cognitive impairment.
- Vote: All in favor. None opposed.

## **HEMATOLOGIC**

### **COLONY STIMULATING FACTORS**

- Recommendation: Add Nyvepria™ Syringe to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **OPHTHALMIC**

### **ALLERGIC CONJUNCTIVITIS AGENTS**

- Recommendation: Add bepotastine drops (generic for Bepreve® Drops) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None

- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **ANTIBIOTICS**

*Opened category for discussion. No discussion.*

### **ANTIBIOTICS-STEROID COMBINATIONS**

*Opened category for discussion. No discussion.*

### **ANTI-INFLAMMATORY**

- Recommendations: Add difluprednate drops (generic for Durezol®) and loteprednol gel (generic for Lotemax®) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations
- Vote: All in favor. None opposed

### **ANTI-INFLAMMATORY/IMMUNOMODULATOR**

- Recommendations: Add Eysuvis™ Drops to non-preferred.
- Public Comments: None
- Speakers: One
  - Dr. Brandon Phillips, ophthalmologist – Eysuvis™
- Discussion Points:
  - Eysuvia™ is indicated for acute dry eye flares. That separates it from other products. The treatment is quick and effective.
  - Having Eysuvia™ available, without a trial and failure requirement, would add a safe and effective option for initial therapies for acute dry eye.
- Motion with second: Add Eysuvis™ Drops to preferred.
- Vote: All in favor. None opposed

### **ALPHA 2 ADRENERGIC AGENTS**

*Opened category for discussion. No discussion.*

### **BETA BLOCKER AGENTS / COMBINATIONS**

- Recommendation: Add timolol maleate drop (generic for Timoptic® Ocudose® Drops) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **CARBONIC ANHYDRASE INHIBITORS / COMBINATIONS**

- Recommendations: Add brinzolamide drops (generic for Azopt® Drops) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

### **PROSTAGLANDIN AGONISTS**

*Opened category for discussion. No discussion.*

### **RHO KINASE MODIFIERS / COMBINATIONS**

*Opened category for discussion. No discussion.*

## **OSTEOPOROSIS**

### **BONE RESORPTION SUPPRESSION AND RELATED AGENTS**

*Opened category for discussion. Discussion points.*

- *Reevaluate related to decreasing utilization and preferred options.*
- *Should a trial and failure of both alendronate and raloxifene be required?*
- *Is Raloxifene appropriate for preferred status given potential adverse effects?*
- *Unbalanced category. Too few preferred options for prevalence of the condition.*

## **OTIC**

### **ANTIBIOTICS**

*Opened category for discussion. No discussion.*

### **ANTI-INFECTIVES AND ANESTHETICS**

*Opened category for discussion. No discussion.*

### **ANTI-INFLAMMATORY**

- Recommendations: Add Flac® Otic Oil to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **RESPIRATORY**

### **BETA-ADRENERGIC HANDHELD, LONG ACTING**

*Opened category for discussion. No discussion.*

### **BETA-ADRENERGIC HANDHELD, SHORT ACTING**

*Opened category for discussion. No discussion.*

### **BETA-ADRENERGIC, NEBULIZERS**

- Recommendations: Add arformoterol solution (generic for Brovana® Solution) and formoterol solution (generic for Perforomist® Solution) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - All preferred products are shorting. Having to try and fail a rescue to get a controller medication seems to not make clinical sense.

- No issues have surfaced around accessing the non-preferred products. A prior authorization would grant coverage without trying a preferred product if albuterol was not appropriate.
- The non-preferred products are extremely expensive to the State
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

**BETA-ADRENERGIC, ORAL**

*Opened category for discussion. No discussion.*

**ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS**

*Opened category for discussion. No discussion.*

**INHALED CORTICOSTEROIDS**

*Opened category for discussion. No discussion.*

**INHALED CORTICOSTEROID COMBINATIONS**

*Opened category for discussion. Discussion points.*

- *Products used as both rescue and controller medication could cause early refill issues.*
- *The potential dual use of these medications should be considering with PDL placement.*

**INTRANASAL RHINITIS AGENTS**

*Opened category for discussion. No discussion.*

**LEUKOTRIENE MODIFIERS**

*Opened category for discussion. No discussion.*

**LOW SEDATING ANTIHISTAMINES**

*Opened category for discussion. No discussion.*

**LOW SEDATING ANTIHISTAMINE COMBINATIONS**

*Opened category for discussion. No discussion.*

**TOPICALS**

**ACNE AGENTS**

- Recommendations: Add tazarotene foam (generic for Fabior®) and Tretin-X™ Combo Pack / Cream to non-preferred, to identify all products available in the category for clarity add azelaic acid gel (generic for Finacea®) and Finacea® Foam / Gel to non-preferred, remove Azelex® Cream from category.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed

**ANDROGENIC AGENTS**

*Opened category for discussion. No discussion.*

## **NSAIDS**

*Opened category for discussion. No discussion.*

## **ANTIBIOTICS**

*Opened category for discussion. No discussion.*

## **ANTIBIOTICS - VAGINALS**

*Opened category for discussion. No discussion.*

## **ANTIFUNGALS**

- Recommendation: Add tavaborole topical solution (generic for Kerydin® Topical Solution) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **ANTIPARASITICS**

- Recommendation: Add ivermectin lotion (generic for Sklice® Lotion) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **ANTIVIRAL**

*Opened category for discussion. Discussion point.*

- *Move brand products to non-preferred and generic products to preferred.*

## **IMMUNOMODULATORS - Atopic Dermatitis**

- Recommendation: Add Opzelura™ Cream to non-preferred.
- Public Comments: None
- Speakers: One
  - Manny Nunez, Sanofi - Dupixent® Injection
- Discussion Point:
  - Even though Dupixent® is listed only in the atopic dermatitis category, all indications have clinical criteria.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **IMMUNOMODULATORS – Imidazoquinolinamines**

- Recommendation: Add podofilox solution (generic for Condylox® Solution) to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **PSORIASIS**

*Opened category for discussion. No discussion.*

**ROSACEA AGENTS**

*Opened category for discussion. No discussion.*

**STEROIDS LOW POTENCY**

*Opened category for discussion. No discussion.*

**STEROIDS Medium Potency**

- Recommendations: Add Locoid® Lipocream to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

**STEROIDS HIGH POTENCY**

*Opened category for discussion. No discussion.*

**STEROIDS Very High Potency**

- Recommendations: Add Impeklo™ Lotion to non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

**MISCELLANEOUS**

**ANTIPSORIATICS, ORAL**

*Opened category for discussion. Discussion point.*

- *Consider if other oral agents for psoriasis should be in the category.*

**EPINEPHRINE, SELF INJECTED**

*Opened category for discussion. No discussion.*

**ESTROGEN AGENTS, COMBINATIONS**

*Opened category for discussion. No discussion.*

**PROGESTATIONAL AGENTS**

*Opened category for discussion. No discussion.*

**ESTROGEN AGENTS, ORAL / TRANSDERMAL**

- Recommendation: Add Lyllana™ Patch as non-preferred
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **ESTROGEN AGENTS, VAGINAL PREPARATIONS**

*Opened category for discussion. No discussion.*

## **GLUCOCORTICOID STEROIDS, ORAL**

- Recommendation: Add Alkindi® Sprinkle Capsule as non-preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **IMMUNOMODULATORS, SYSTEMIC**

- Recommendation: Add Enbrel® Vial as preferred, add Skyrizi™ Pen and Xeljanz® Solution as non-preferred.
- Public Comments: One
- Speakers: Speakers
  - Mark Borns, Eli Lilly - Taltz® Auto-injector / Syringe
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

## **IMMUNOSUPPRESSANTS**

- Recommendation: Add Rezero™ Tablet as preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Making the provider community aware of the availability of the products in the category without restrictions supports the preferred status for all drugs.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **MOVEMENT DISORDERS**

*Opened category for discussion. No discussion.*

## **OPIOID ANTAGONISTS**

- Recommendation: Add Kloxxado™ Nasal Spray as preferred
- Public Comments: None
- Speakers: None
- Discussion Points:
  - Kloxxado™ will not have a State Standing Order
  - Making all products preferred prevents barriers to access.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

## **OPIOID DEPENDENCE**

*Opened category for discussion. Discussion points.*

- *Clinical criteria will update to remove requirement for a diagnosis of opioid use disorder.*
- *Important to be mindful of pregnancy when considering products in category*

### **SKELETAL MUSCLE RELAXANTS**

- Recommendation: Add Ozobax® Solution as non-preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
  - Ozobax® Solution no longer has a rebate agreement so is not coverable. The recommendation is rescinded.
- Motion with second: No call for motion.
- Vote: No vote taken

### **DISPOSABLE INSULIN DELIVERY DEVICES**

*Opened category for discussion. No discussion.*

### **DIABETIC CONTINUOUS GLUCOSE MONITOR SUPPLIES**

- Recommendations: Remove Dexcom G5® Transmitter / Receiver and Dexcom G4® / G5® Platinum Sensor 4 Pack from category – discontinued products.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

### **DIABETIC SUPPLIES**

*Opened category for discussion. No discussion.*

### **ADJOURNMENT**

Recommendation: PDL Review is completed.

Motion: Adjourn PDL Panel Review Meeting 3:33PM