

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PREFERRED DRUG LIST REVIEW PANEL MEETING
THURSDAY JANUARY 11, 2024 1:00PM – 5:00PM
VIRTUAL ONLINE MEETING PLATFORM**

I. WELCOME AND INTRODUCTIONS

Facilitator, Dr. Randall Johnson, the NC Medicaid Outpatient Pharmacy lead pharmacist for the Preferred Drug List (PDL), began the virtual meeting by welcoming all attendees to the first PDL review meeting for 2024. Dr. Johnson thanked the PDL panel members for their important contribution to the PDL, to the NC Medicaid program and to beneficiary health. He acknowledged their dedication and graciously volunteered time to serve on the PDL Review Panel. A roll call of the PDL Panel members followed. The PDL panel members in attendance and organization representing are listed:

- 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, NC Association of Pharmacists
- Anna Miller-Fitzwater, MD, Physician, NC Pediatric Society
- Theodore Zarzar, MD, Physician, NC Psychiatric Association
- Duncan Vincent, MD, FACP, Physician, NC Chapter of the American College of Physicians
- Jessica Triche, MD, Physician, NC 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

General guidance for the meeting was reviewed. Within 7 days after the meeting, participants with comments about the PDL or its content can send an email to Medicaid.PDL@dhhs.nc.gov.

The procedures and guidelines for the registered speakers were explained. Speakers must state their name, affiliation, if being compensated for the product presentation, and any potential conflicts. Three minutes are allowed to present, and information should focus on recent changes or updates for the drug. Panel members can ask questions after the presentation.

Brief historical information about the PDL and the PDL Panel was given. The PDL was authorized by NC Legislation in 2009. It was implemented to ensure access to cost efficient, as well as medically appropriate drug therapies that maximize health outcomes for all NC Medicaid beneficiaries. Legislation established the PDL Review Panel in 2010 and mandated an open meeting to review recommendations along with written comments received during the posted public comment period. The recommendations approved by the PDL Review Panel are submitted to the DHHS Secretary for final approval.

The NC General Assembly codified the PDL program during the 2023 legislative session and established that the PDL panel review meetings must occur at least once quarterly. This legislative change means there will be two additional meetings each year, with the meetings occurring in January, April, July and October. In addition, DHB policy shortened the PDL public comment period from 45 days to 30 days to accommodate the quarterly meeting cadence.

The PDL recommendations from this meeting will become effective on April 1, 2024. The next PDL panel review meeting is scheduled for April 11, 2024.

Dr. Johnson highlighted some general features of the PDL prior to starting the category reviews:

- The general guidance is trial and failure of two preferred products. Exceptions are noted on the PDL.
- Clinical criteria requirements, in addition to trial and failure, are indicated in red writing.
- Color coding on the PDL 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 Move - Product status change made in accordance with DHB-approved guidance permitting changes outside of the scheduled PDL review cycle. Off-cycle changes are allowed when there is significant financial impact to the State, a product shortage or other access issue arises, or patient safety is at risk.
- Every PDL category is reviewed at least once annually. These categories are open for discussion and a PDL panel member can introduce a motion for changes.

II. CATEGORY REVIEWS

ANALGESICS

NSAIDs

- Recommendation: Add indomethacin suppository as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

NEUROPATHIC PAIN

- Recommendation: Add the new to market product Xyliderm™ (lidocaine patch) Kit as Non-Preferred; Add DermacinRx™ Lidocaine Patch as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR NSAIDs and NEUROPATHIC PAIN

VOTE: ALL IN FAVOR. NONE OPPOSED.

ANTICONVULSANTS

FIRST GENERATION

- Recommendation: Add the new to market products methsuximide capsule (generic for Celontin®) and Sezaby™ (phenobarbital sodium) Vial as Non-Preferred; Off cycle change: move felbamate suspension (generic for Felbatol®) from Non-Preferred to Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

SECOND GENERATION

- Recommendation: Move tiagabine tablet (generic for Gabitril®) from Non-Preferred to Preferred, Off-cycle change: move vigabatrin powder packet (generic for Sabril®) from Non-Preferred to Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR FIRST- AND SECOND-GENERATION ANTICONVULSANTS

VOTE: ALL IN FAVOR. NONE OPPOSED.

ANTI-INFECTIVES - SYSTEMIC ANTIBIOTICS

NITROIMIDAZOLES (GASTROINTESTINAL ANTIBIOTICS)

- Recommendation: Add the new to market product Vowst™ (fecal microbiota spores, live—brpk) Capsule as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

TETRACYCLINE DERIVATIVES

- Recommendation: Add the new to market product Lymepak™ (doxycycline hyclate) Tablet as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

ANTIFUNGALS

- Recommendation: Add posaconazole suspension as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR NITROIMIDAZOLES (GASTROINTESTINAL ANTIBIOTICS), TETRACYCLINE DERIVATIVES AND ANTIFUNGALS

VOTE: ALL IN FAVOR. NONE OPPOSED.

BEHAVIORAL HEALTH

ANTIHYPERKINESIS / ADHD

- Recommendation: Add the new to market product lisdexamfetamine capsule / chewable tablet (generic for Vyvanse®) as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point: None

INJECTABLE ANTIPSYCHOTICS, LONG ACTING

- Recommendation: Add the new to market products Abilify Asimtufii® (aripiprazole extended release) Syringe Kit, Rykindo® (risperidone extended release) Vial / Vial Kit, and Uzedly™ (risperidone extended release) Syringe Kit as Preferred.
- Public Comments: One
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR ANTIHYPERKINESIS / ADHD AND INJECTABLE ANTIPSYCHOTICS, LONG ACTING

VOTE: ALL IN FAVOR. NONE OPPOSED.

CARDIOVASCULAR

ANGIOTENSIN II RECEPTOR BLOCKERS

- Recommendation: Add the new to market product valsartan oral solution as Non-Preferred.
- Public Comments: None
- Speakers: None

- Discussion: None

CORONARY VASODILATORS

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

DIRECT RENIN INHIBITOR

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

ORAL PULMONARY HYPERTENSION

- Recommendation: Add the new to market product Liqrev[®] (sildenafil) Suspension as Non-Preferred; Add Upravi[®] (selexipag) Titration Pack as Non-Preferred
- Public Comments: None
- Speakers: One
 - Kimberly Simpson, United Therapeutics Corporation - Orenitram[®]
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR ANGIOTENSIN II RECEPTOR BLOCKERS AND ORAL PULMONARY HYPERTENSION

VOTE: ALL IN FAVOR. NONE OPPOSED.

CENTRAL NERVOUS SYSTEM

CGRP BLOCKERS/MODULATORS: ACUTE TREATMENT

- Recommendation: Add the new to market product Zavzpret[™] (zavegepant) Nasal Spray as Non-Preferred.
- Public Comments: None
- Speakers: One
 - Nicole Abolins, Pfizer - Zavzpret[™]
- Discussion: None

ANTI-NARCOLEPSY

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: None
- Speakers: One
 - Charlotte Wincott, Axsome Therapeutics - Sunosi[®]
- Discussion: None

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

- Recommendation: Add the new to market product Qalsody[™] (tofersen) Vial as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion:
 - Note: This category is trial and failure of one drug because there is only one preferred product.

SEDATIVE HYPNOTICS

- Recommendations: Add the new to market product zolpidem capsule as Non-Preferred; add flurazepam tablet as Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR CGRP BLOCKERS/MODULATORS: ACUTE TREATMENT, AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS, AND SEDATIVE HYPNOTICS

VOTE: ALL IN FAVOR. NONE OPPOSED.

ENDOCRINOLOGY

GROWTH HORMONE

- Recommendation: Add the new to market products Sogroya[®] (somapacitan-beco) Pen and Ngenla[®] (somatragon-ghla) Pen as Non-Preferred
- Public Comments: Two
- Speakers: Two
 - Nicole Abolins, Pfizer – Ngenla[™]
 - Tracey Maravilla, Ascendis Pharma, Inc. - Skytrofa[®]
- Discussion:
 - Skytrofa is non-preferred on the PDL
 - Skytrofa is indicated for the treatment of pediatric patients
 - One week dosing is preferred when treating children
 - Weekly dosing has demonstrated superiority

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS AND ADD A TRIAL AND FAILURE EXEMPTION FOR PATIENTS <18 YEARS OF AGE FOR SKYTROFA

VOTE: ALL IN FAVOR. NONE OPPOSED

HYPOGLYCEMICS – INJECTABLE - RAPID ACTING INSULIN

- Recommendation: Add the new to market product Fiasp[®] (insulin aspart) PumpCart[®] as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

HYPOGLYCEMICS – INJECTABLE - PREMIXED 70/30 COMBINATION INSULIN

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

HYPOGLYCEMICS – INJECTABLE - AMYLIN ANALOGS

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

HYPOGLYCEMICS – INJECTABLE - ALPHA-GLUCOSIDASE INHIBITORS

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

- Discussion: None

HYPOGLYCEMICS – ORAL -BIGUANIDES AND COMBINATIONS

- Recommendation: Add the new to market product metformin tablet (625 mg) as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

HYPOGLYCEMICS – ORAL - DPP-IV INHIBITORS AND COMBINATIONS

- Recommendations: Off cycle addition: add the new to market product saxagliptin tablet (generic for Onglyza®) as Preferred, Add the new to market product saxagliptin-metformin ER tablet (generic for Kombiglyze® XR) as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

HYPOGLYCEMICS – ORAL - SGLT2 INHIBITORS AND COMBINATIONS

- Recommendation: Add the new to market product Inpefa™ (sotagliflozin) Tablet as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

HYPOGLYCEMICS – ORAL - THIAZOLIDINEDIONES AND COMBINATIONS

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

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR HYPOGLYCEMICS – INJECTABLE RAPID ACTING INSULIN, BIGUANIDES AND COMBINATIONS, DPP-IV INHIBITORS AND COMBINATIONS, SGLT2 INHIBITOR AND COMBINATIONS

VOTE: ALL IN FAVOR. NONE OPPOSED

GASTROINTESTINAL

HISTAMINE-2 RECEPTOR ANTAGONISTS

- Recommendation: OPEN CLASS – NO RECOMMENDATIONS
- Public Comments: One
- Speakers: None
- Discussion Point:
 - Ranitidine remains on PDL because of the availability of at least 1 rebate-eligible NDC

PANCREATIC ENZYMES

- 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: Move esomeprazole magnesium OTC tablet (generic for Nexium® OTC) from Preferred to Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

ULCERATIVE COLITIS; RECTAL

- Recommendation: Add budesonide rectal foam as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR PROTON PUMP INHIBITORS AND ULCERATIVE COLITIS; RECTAL

VOTE: ALL IN FAVOR. NONE OPPOSED.

HEMATOLOGIC

ANTICOAGULANTS – INJECTABLE

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

COLONY STIMULATING FACTORS

- Recommendation: Add the new to market product Udenyca® (pegfilgrastim-cbqv) Autoinjector as Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

HEMATOPOIETIC AGENTS

- Recommendation: Add the new to market Jesduvroq® (daprodustat) Tablet as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

THROMBOPOIESIS STIMULATING AGENTS

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

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR COLONY STIMULATING FACTORS AND HEMATOPOIETIC AGENTS

VOTE: ALL IN FAVOR. NONE OPPOSED

OPHTHALMIC

ANTIBIOTIC-STEROID COMBINATIONS

- Recommendation: Off cycle change: move tobramycin-dexamethasone suspension (generic for Tobradex®) from Non-Preferred to Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

ANTI-INFLAMMATORY / IMMUNOMODULATOR

- Recommendation: Add the new to market product Miebo™ (perfluorohexyloctane) Drops as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

PROSTAGLANDIN AGONISTS

- Recommendation: Add new to market product Iyuzeh™ (latanoprost) Drops as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

OTIC

ANTIBIOTICS

- Recommendation: Off-cycle change: move ciprofloxacin-dexamethasone suspension (generic for Ciprodex®) from Non-Preferred to Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATION FOR OPHTHALMIC - ANTIBIOTIC-STEROID COMBINATIONS, ANTI-INFLAMMATORY / IMMUNOMODULATOR, PROSTAGLANDIN AGONISTS AND OTIC -ANTIBIOTICS

VOTE: ALL IN FAVOR. NONE OPPOSED.

RESPIRATORY

ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS

- Recommendation: Add the new to market product tiotropium inhaler (generic for Spiriva® Handihaler®) as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

INHALED CORTICOSTEROIDS

- Recommendations: Off-cycle changes - move fluticasone propionate HFA (generic for Flovent® HFA) from Non-Preferred to Preferred; add the new to market fluticasone propionate diskus (generic for Flovent® Diskus) as Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

INHALED CORTICOSTEROID COMBINATIONS

- Recommendation: Add the new to market products AirSupra™ (albuterol / budesonide) Inhaler and Breyna™ (formoterol / budesonide) Inhaler as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR ORALLY INHALED ANTICHOLINERGICS / COPD AGENTS, INHALED CORTICOSTEROIDS, AND INHALED CORTICOSTEROID COMBINATIONS.

VOTE: ALL IN FAVOR. NONE OPPOSED

TOPICALS

ACNE AGENTS

- Recommendations: Add dapsone gel as Non-Preferred, Off-cycle change - Move azelaic acid gel (generic for Finacea®) from Non-Preferred to Preferred
- Public Comments: None
- Speakers: None
- Discussion Points:
 - No single ingredient benzoyl peroxide wash product is preferred
 - Treatment can start with a benzoyl peroxide wash for mild cases
 - A benzoyl peroxide wash can be used with an oral antibiotic as an adjunct to reduce resistance
 - Often, a combination product is used because it is preferred
 - Patients should not have to fail a combination product to have access to a single ingredient product.

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR ACNE AGENTS AND MOVE BP® 10-1 WASH / CLEANSING WASH FROM NON-PREFERRED TO PREFERRED

VOTE: ALL IN FAVOR. NONE OPPOSED.

ANTIFUNGALS

- Recommendation: Add Triamazole™ (triamcinolone ointment / econazole cream) Combo Pack as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

IMMUNOMODULATORS - ATOPIC DERMATITIS

- Recommendation: Move Adbry® Syringe from Non-Preferred to Preferred, add Protopic® Ointment as Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None

LOW POTENCY STEROIDS

- Recommendation: Add the new to market product Hydroxym™ (hydrocortisone) Gel as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR TOPICAL ANTIFUNGAL AGENTS, IMMUNOMODULATORS - ATOPIC DERMATITIS AND LOW POTENCY STEROIDS

VOTE: ALL IN FAVOR. NONE OPPOSED

MISCELLANEOUS

IMMUNOMODULATORS, ASTHMA

Recommendations: New drug category addition; Add as Preferred products: Fasentra® (benralizumab) Pen / Syringe, Xolair® (omalizumab) Syringe, Add as Non-Preferred: Cinqair® (reslizumab) Vial, Nucala® (mepolizumab) Syringe / Vial / Autoinjector, Tezspire® (tezepelumab-ekko) Pen / Syringe Xolair® Vial

- Public Comments: One
- Speakers: Three
 - Steven Burch, GSK – Nucala®
 - Bryan Dunn, MD, East Carolina University Pulmonology -Tezspire®
 - Katie Rocawich, Amgen - Tezspire®
- Discussion Points:
 - The clinical/prior authorization (PA) criteria for this category are not yet published.
 - The P&T Committee will review and approve the PA requirements.
 - Tezspire is the only product indicated for non-eosinophilic, non-allergic severe asthma.
 - More preferred products should be considered for this new category.
- **MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR IMMUNOMODULATORS, ASTHMA AND ADD A TRIAL AND FAILURE EXEMPTION FOR NON-EOSINOPHILIC, NON-ALLERGIC SEVERE ASTHMA FOR TEZSPIRE**

VOTE: ALL IN FAVOR. NONE OPPOSED.

ANTIPSORIATICS; ORAL

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

ESTROGEN AGENTS ORAL / TRANSDERMAL

- Recommendation: Add new to market product Veozah™ (fezolinetant) Tablet as Non-Preferred
- Public Comments: None
- Speakers: One
 - Nicole Abolins, Pfizer - Duavee®
- Discussion: None

GLUCOCORTICOID STEROIDS; ORAL

- Recommendation: Add prednisolone tablet as Non-Preferred
- Public Comments: None
- Speakers: One
- Discussion: None.

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR ESTROGEN AGENTS ORAL / TRANSDERMAL AND GLUCOCORTICOID STEROIDS; ORAL

VOTE: ALL IN FAVOR. NONE OPPOSED.

IMMUNOMODULATORS, SYSTEMIC

- Recommendations: Add the new to market product Cosentyx® UnoReady® Pen as Preferred

Add the following new to market products (Humira® biosimilars) as Non-Preferred:

- adalimumab-adaz Pen / Syringe
- adalimumab-adbm Pen / Psoriasis-UV Pen / Crohn's Pen / Syringe
- adalimumab-fkjp Pen / Syringe,
- Cyltezo™ Syringe / Crohn's-UC-HS Pen / Psoriasis Pen / Pen
- Hadlima™ Syringe / PushTouch
- Hyrimoz™ Pen / Crohn's-UC Pen / Ped. Crohn's Pen / Syringe / Psoriasis Pen
- Hulio™ Pen / Syringe
- Idacio® Pen / Psoriasis Pen / Crohn's-UC Pen / Syringe
- Yuflyma® Syringe / Autoinjector
- Yusimry™ Pen
- Public Comments: None
- Speakers: Two
 - Gabriela Gutierrez, Pfizer – Cibinqo™
 - Anthony DeLeon, Bristol Myers Squibb - Sotyktu™
- Discussion: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR IMMUNOMODULATORS – SYSTEMIC

VOTE: ALL IN FAVOR. NONE OPPOSED

MOVEMENT DISORDERS

- Recommendation: Move Austedo® XR Tablet from Non-Preferred to Preferred, add the new to market product Austedo® XR (deutetrabenazine) Titration Kit as Non-Preferred
- Public Comments: None
- Speakers: One
 - Olawemimo Odebiyi, Teva Pharmaceuticals - Austedo® XR Titration Pak
- Discussion Points:
 - The Titration Pack provides all the doses needed for titration.
 - Adding the Titration Pack as non-preferred means trial and failure of preferred products is required which is contrary to the benefit of the Titration Pack.
 - Most preferred branded products on the PDL have a supplemental rebate. A supplemental rebate was not offered for the Titration Pack during this review cycle, making the per tablet cost higher.
 - A supplemental rebate may be in place for a subsequent PDL Panel review meeting.

MOTION WITH SECOND: MODIFY PROPOSED RECOMMENDATION FOR MOVEMENT DISORDERS; MOVE AUSTEDO® XR TABLET FROM NON-PREFERRED TO PREFERRED AND DO NOT ADD NEW TO MARKET AUSTEDO® XR TITRATION PACK TO THE PDL (TO BE REVIEWED WITH THE NEXT CYCLE)

VOTE: ALL IN FAVOR. NONE OPPOSED

HEREDITARY ANGIOEDEMA (HAE) PROPHYLAXIS AGENTS

- Recommendation: Add the new to market product Sajazir™ Syringe (branded generic for icatibant) as Preferred
- Public Comments: None
- Speakers: None
- Discussion: None

OPIOID ANTAGONISTS

- Recommendation: Add the new to market products LifEMS naloxone Syringe Kit, naloxone nasal spray (OTC), Opvee® (nalmefene) Nasal Spray and Narcan® Nasal Spray (OTC) as Preferred

- Public Comments: None
- Speakers: None
- Discussion Point:
 - All products in the category are Preferred

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATIONS FOR OPIOID ANTAGONISTS.

VOTE: ALL IN FAVOR. NONE OPPOSED

OPIOID DEPENDENCE

- Recommendation: Add the new to market product Brixadi™ (buprenorphine extended release) Weekly Syringe / Monthly Syringe as Non-Preferred.
- Public Comments: Four
- Speakers: One
 - John Landis, Braeburn - Brixadi™
- Discussion Points:
 - Even with supplemental rebate Brixadi is significantly more costly to the State.
 - Long-acting products have advantages and clinicians want more long-acting options.
 - Brixadi does not require pre-therapy with transmucosal buprenorphine and can be initiated the same day, which is a benefit for some high-risk individuals.
 - Time is of the essence when prescribing these drugs. Requiring prior authorization could be a barrier to care.
 - Brixadi is covered by other programs such as the Physician Administered Drug Program.
 - The market share of Sublocade on the PDL is about 2%, so would anticipate low utilization if Brixadi is made preferred.

MOTION WITH SECOND: DO NOT APPROVE PROPOSED RECOMMENDATION FOR OPIOID DEPENDENCE; CHANGE RECOMMENDATION TO ADD NEW TO MARKET PRODUCT BRIXADI™ AS PREFERRED

VOTE: ALL IN FAVOR. NONE OPPOSED

DISPOSABLE INSULIN DELIVERY DEVICES

- Recommendation: Add the new to market product Omnipod GO™ as Preferred
- Public Comments: None
- Speakers: None
- Discussion Point: None

MOTION WITH SECOND: APPROVE PROPOSED RECOMMENDATION FOR DISPOSABLE INSULIN DELIVERY DEVICES

VOTE: ALL IN FAVOR. NONE OPPOSED

PRODUCT REMOVAL SUMMARY

The following products indicated on the posted PDL in purple highlight are removed from the PDL due to manufacturer discontinuation of the product or removal from CMS' list of rebate-eligible products:

Razadyne® ER Capsule
 buprenorphine film (generic for Belbuca®)
 MorphaBond® ER Tablet
 Zohydro® ER Capsule
 Apadaz™ Tablet
 benzhydrocodone-acetaminophen tablet (generic for Apadaz™)
 repaglinide-metformin tablet (generic for Prandimet®)

Amerge® Tablet
 Kynmobi™ SL Film
 Saizen® Click-Easy® Cartridge
 Bydureon® Pen
 Amaryl® Tablet
 Fortamet® Tablet
 Lortab® Elixir

oxycodone-aspirin tablet (generic for Endodan[®], Percodan[®])
AK-Poly-Bac[®] Ointment (branded generic for Polysporin[®])
levofloxacin drops (generic for Quixin[®])
E.E.S.[®] Granules
Targadox[®] Tablet
Xopenex[®] Solution / Concentrate Solution
Ximino[™] ER Capsule
Zovirax[®] Suspension
Procardia[®] Capsule
Ovace[®] Plus Foam
Kerydin[®] Topical Solution
Zilxi[™] Foam
amcinonide lotion (generic for Cyclocort[®])
Enbrel[®] Kit
sodium sulfacetamide sulfur cleanser / cloth (generic for Rosula[®])
sulconazole nitrate cream / solution (generic for Exelderm[®])

Tigan[®] Capsule
Ultracet[®] Tablet
Ultram[®] Tablet
Trusopt[®] Drops
albuterol sulfate 5mg / ml solution
Vibramycin[®] Suspension / Syrup
Lonhala[®] Magnair[®]
Amzeeq[™] Foam
Avita[®] Gel
Exelderm[®] Cream / Solution
Mentax[®] Cream
Cutivate[®] Cream / Lotion
Topicort[®] LP

ADJOURNMENT

- Recommendation: PDL Review is completed. Adjourn meeting at 4:13PM.
- Motion with second: Adjourn meeting.
- Vote: All in favor. None opposed.