

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
2022 PREFERRED DRUG LIST REVIEW PANEL MEETING
THURSDAY JULY 14, 2022 1:00PM - 5:00PM
VIRTUAL ONLINE MEETING PLATFORM

I. WELCOME AND INTRODUCTIONS

Facilitator, Dr. Amy Williams, NC Medicaid Outpatient Pharmacy Program Pharmacist, began the meeting by welcoming all attendees and thanking the panel members, who serve voluntarily. Their time investment to the Preferred Drug List (PDL) review process is invaluable and much appreciated. 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 N.C. Division of Health Benefits
- Dr. Fern Paul-Aviles, Pharmacist, representing Hospital-Based Pharmacy
- Dr. Anna Miller-Fitzwater, Physician, representing N.C. Pediatric Society
- Dr. Theodore Zarzar, Physician, representing N.C. Psychiatric Association
- Dr. Duncan Vincent, Physician, N.C. Chapter of the American College of Physicians
- Dr. Lawrence Greenblatt, Physician, representing N.C. Physician Advisory Group; Pharmacy and Therapeutics Committee
- Dr. Jessica Triche, Physician, representing N.C. Academy of Family Physicians
- Dr. Karen Melendez, Physician, representing Community Care of North Carolina
- Dr. Christopher Heery, Physician, representing Research-Based Pharmaceutical Company

Questions about the PDL meeting can be submitted for 7 days after the meeting to medicaid.pdlmeeting@dhhs.nc.gov. The email address is strictly for questions from this meeting and will become inactive after 7 days. The meeting is recorded and minutes from the meeting will be posted.

For each drug category reviewed, the recommendations will be stated, and the public comments and registered speakers announced. Speakers should state their name, product name, affiliation or employer and what prompts speaking about the drug. Speakers are limited to three minutes and should focus on recent changes or updates about the product. Speakers should acknowledge compensation for speaking and conflicts of interest. The Panel members may ask questions after each presentation.

Information about the PDL and the PDL Panel was given. In 2009, the NC legislature [Session Law 2009 – 451, section 10.66 \(a\)-\(d\)](#) authorized the PDL. In 2010 NC Legislature [Session Law 2010-31, section 10.33\(a\) – \(c\)](#) authorized the PDL Review Panel. The ultimate goal of the PDL is to ensure the most cost effective and medically appropriate drug coverage.

The proposed changes for review were posted for a 45-day public comment period. The decision to accept the proposed class 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 of the PDL proposed recommendations.

Dr. Angela Smith, the Medicaid Pharmacy Director provided program updates.

The American Rescue Plan Act of 2021 (ARPA) requires state Medicaid and CHIP (NC Health Choice) programs to cover COVID-19-related treatments (including treatment of conditions that may seriously complicate the treatment of COVID-19) without cost-sharing. Specifics about the coverage of drugs related to

COVID-19 were shared. Requirements for point of sale (POS) claims processing for Medicaid Direct for these drugs were given. It was noted that POS claim requirements may differ for the managed care plans. The FDA, on July 6, 2022, authorized pharmacists to prescribe Paxlovid™ which is for the treatment of COVID-19. The pharmacy NPI should be submitted on the claim for the prescriber. A State standing order will not be issued for Paxlovid™.

The State Budget for fiscal year 2022 – 2023 was signed into law. The budget covers the Medicaid rebate and includes funds to support the 988 Mental Health Crisis Help Line. The conversion of NC Health Choice to full NC Medicaid is also included.

The State Public Health Emergency (PHE) ends August 15, 2022. COVID-19 flexibilities implemented by the State, including the pharmacy flexibilities, ended June 30, 2022. The Federal PHE is expected to remain in effect through October 15, 2022.

The Health Information Exchange (HIE) deadline set for January 1, 2023 for pharmacies was highlighted. The HIE enrollment is necessary for participation in State-funded health care plans such as Medicaid.

The Tailored Plan launch is scheduled for December 1, 2022. There are six Tailored Plans and enrollment is based on county of residence. There is only one plan per county. Medicaid Direct, which is traditional fee for service, will continue to manage beneficiaries not enrolled in the Standard Plans, EBCI Tribal Option or Tailored Plans. [The County Playbook: Medicaid Managed Care](#) is a resource to learn more.

Effective July 1, 2022, beneficiary copays increased to \$4.00.

The PDL with changes from this meeting will post on October 1, 2022. The next PDL Panel review meeting is January 12, 2023. The upcoming quarterly DUR Board meeting is on July 28th.

Randall Johnson has joined the pharmacy team. His primary responsibility is management of the PDL.

II. CATEGORY REVIEWS

ANALGESICS

SHORT ACTING SCHEDULE III – IV OPIOIDS / ANALGESIC COMBINATIONS

- Recommendations: Add Seglenti® (oral) and tramadol HCl solution (authorized generic for Qdolo® oral solution) as new to market Non-Preferred. Clinical criteria apply to all drugs in this class.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

NSAIDS

- Recommendation: Add diclofenac potassium capsule (oral) (generic for Zipsor®) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.

- Vote: All in favor. None opposed.

NEUROPATHIC PAIN

- Recommendation: Move lidocaine patch (generic for Lidoderm®) from Non-Preferred to Preferred (clinical criteria apply)
- Public Comments: None
- Speakers: None
- Discussion Point:
 - The clinical criteria on preferred lidocaine patch is intended to ensure trial and failure of oral products (for neuropathic pain and musculoskeletal pain).
 - Potential removal of clinical criteria is reviewed annually.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ANTICONVULSANTS

FIRST GENERATION

- Recommendation: Move Felbatol® Suspension / Tablet from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - During January 2022 review meeting, PDL Panel requested State move products from Non-Preferred to Preferred where possible.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

SECOND GENERATION

- Recommendations: Move Banzel® Suspension / Tablet, Briviact® Tablet and Solution, clobazam suspension (generic for Onfi® Suspension), clobazam tablet (generic for Onfi® Tablet), Diacomit® Capsule / Powder Pack, Fycompa® Tablet / Suspension, lamotrigine ER tablet / ODT / ODT Starter Kit / Starter Kit (generic for Lamictal® XR / ODT), Sabril® Tablet, Vimpat® Solution / Starter Kit / Tablet, and Xcopri® Tablet / Titration Pack from Non-Preferred to Preferred; add Lacosamide Solution and Tablet as new to market Non-Preferred; add Eprontia™ Solution as new to market Non-Preferred with recommendation for Preferred status; off-cycle move diazepam rectal / system (generic for Diastat® Accudial / Pedi System) from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - All products are preferred when beneficiary has any seizure disorder diagnosis.
 - During January 2022 review meeting, PDL Panel requested State move products from Non-Preferred to Preferred where possible.
 - Off cycle move of diazepam rectal due to shortages with brand products.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTI-INFECTIVES – SYSTEMIC ANTIBIOTICS

MACROLIDES AND KETOLIDES

- Recommendations: Add erythromycin ethylsuccinate 400 Suspension (Generic for Eryped®) and erythromycin ethylsuccinate 400 Suspension (authorized generic for Eryped®) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

TETRACYCLINE DERIVATIVES

- Recommendations: Add minocycline ER Capsule (Generic for Ximino™ ER) and Targadox® as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTIVIRALS (HEPATITIS C AGENTS)

- Recommendation: Add Mavyret™ Pellet Pack as new to market Non-Preferred with concurrent move to Preferred status.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

BEHAVIORAL HEALTH

ANTIDEPRESSANTS

- Recommendations: Move Effexor® XR Capsule, Nardil® Tablet and Pristiq® ER Tablet from Non-Preferred to Preferred, add bupropion XL Tablet (generic for Forfivo® XL) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)

- Recommendations: Add citalopram capsule and sertraline capsule as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTIHYPERKINESIS / ADHD

- Recommendation: Add amphetamine sulfate tablet (generic for Evekeo® Tablet) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ATYPICAL ANTIPSYCHOTICS ORAL

- Recommendation: Add Nuplazid® Capsule as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

CARDIOVASCULAR

DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

DIRECT RENIN INHIBITOR

- *No recommendations. Class opened for comments. No Comments. No discussion.*

ENDOTHELIN RECEPTOR ANTAGONISTS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

INHALED PROSTACYCLIN ANALOGS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

NIACIN DERIVATIVES

- *No recommendations. Class opened for comments. No Comments. No discussion.*

NITRATE COMBINATION

- Recommendation: Add isosorbide dinitrate/hydralazine tablet (authorized generic for Bidil®) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

NON-DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

ORAL PULMONARY HYPERTENSION

- *No recommendations. Class opened for comments. No Comments. No discussion.*

ANTIANGINAL & ANTI-ISCHEMIC

- *No recommendations. Class opened for comments. No Comments. No discussion.*

SYMPATHOLYTICS AND COMBINATIONS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

CENTRAL NERVOUS SYSTEM

ANTI-NARCOLEPSY

- *No recommendations. Class opened for comments. No Comments. No discussion.*

ANTIPARKINSON & RESTLESS LEG SYNDROME AGENTS

- Recommendations: Add apomorphine (subcutaneous) (generic for Apokyn®) and Dhivy Tablet™ as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

MULTIPLE SCLEROSIS INJECTABLE

- Recommendation: Add Tysabri® as new to market Non-Preferred.
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

MULTIPLE SCLEROSIS ORAL

- Recommendations: Move Tecfidera® Capsule / Starter Pack from Preferred to Non-Preferred and move dimethyl fumarate DR capsule (generic for Tecfidera® Capsule) from Non-Preferred to Preferred.
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ENDOCRINOLOGY

GROWTH HORMONE

- Recommendation: Add Skytrofa® Cartridge as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
Note: Scheduled speaker was unable to attend, but written information on Skytrofa® was submitted by the speaker and then shared via email with the PDL panel prior to the meeting.
- Discussion Points:
 - New to market products are Non-Preferred generally.
 - Prior authorization requests can be submitted for evaluation of coverage when there is no trial and failure of Preferred products.
- Motion with second: Approve proposed recommendation.

HYPOGLYCEMICS – INJECTABLE RAPID ACTING INSULIN

- Recommendations: Move insulin lispro U-100 Junior KwikPen® (generic for Humalog® Junior and insulin lispro U-100 KwikPen® / vial (generic for Humalog®) from Non-Preferred to Preferred, move Novolog® Mix 70/30 Vial from Preferred to Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - Trial and failure of only one Preferred product is required for the class.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

INTERMEDIATE ACTING INSULIN

- *No recommendations. Class opened for comments. No Comments. No discussion.*

HYPOGLYCEMICS INJECTABLE – PREMIXED RAPID COMBINATION INSULIN

- Recommendations: Move insulin aspart protamine-aspart 70/30 U-100 FlexPen® / vial (generic for Novolog® Mix 70/30) from Non-Preferred to Preferred, move Novolog® Mix 70/30 Vial from Preferred to Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - Brand Medically Necessary would have to be indicated on prescription and PA required for brand Novolog® when generic equivalent product is Preferred.
 - There is significantly greater utilization of the pen product.
 - The recommendation adds another pen option to Preferred.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

PREMIXED 70/30 COMBINATION INSULIN

- *No recommendations. Class opened for comments. No Comments. No discussion.*

AMYLIN ANALOGS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

HYPOGLYCEMICS – ORAL 2ND GENERATION SULFONYLUREAS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

ALPHA-GLUCOSIDASE INHIBITORS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

BIGUANIDES AND COMBINATIONS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

MEGLITINIDES

- *No recommendations. Class opened for comments. No Comments. No discussion.*

GLP-1 RECEPTOR AGONISTS AND COMBINATIONS

- Recommendation: Move Ozempic® Injection from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:

- Recommendation to move Ozempic® to Preferred will help beneficiaries and providers.
- Motion with second: Approve proposed recommendation
- Vote: All in favor. None opposed.

DPP-IV INHIBITORS AND COMBINATIONS

- Recommendation: Move Glyxambi® Tablet from Preferred to Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR AND COMBINATIONS

- Recommendations: Move Invokana® Tablet and Synjardy® Tablet from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - The move to Preferred is supported by financial rationale.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

THIAZOLIDINEDIONES AND COMBINATIONS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

- Recommendations: Move aprepitant capsule/pack (generic for Emend®) from Non-Preferred to Preferred (clinical criteria apply); move Emend® Capsule from Preferred to Non-Preferred (clinical criteria apply).
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations
- Vote: All in favor. None opposed.

H. PYLORI COMBINATIONS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

HISTAMINE-2 RECEPTOR ANTAGONISTS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

PANCREATIC ENZYMES

- *No recommendations. Class opened for comments. No Comments. No discussion.*

PROGESTINS USED FOR CACHEXIA

- *No recommendations. Class opened for comments. No Comments. No discussion.*

PROTON PUMP INHIBITORS

- Recommendations: Moveesomeprazole magnesium capsule OTC (generic for Nexium® OTC) from Preferred to Non-Preferred, add dexlansoprazole capsules (authorized generic for Dexilant®) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations
- Vote: All in favor. None opposed.

SELECTIVE CONSTIPATION AGENTS

- Recommendation: Add Ibsrela® Tablet (Oral) as new to Market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ULCERATIVE COLITIS ORAL

- *No recommendations. Class opened for comments. No Comments. No discussion.*

ULCERATIVE COLITIS RECTAL

- *No recommendations. Class opened for comments. No Comments. No discussion.*

ELECTROLYTE DEPLETERS (KIDNEY DISEASE)

- Recommendations: Move Renvela® Tablet from Non-Preferred to Preferred, move sevelamer tablet (generic for Renagel® and Renvela®) from Preferred to Non-Preferred, add lanthanum carbonate Chewable Tablet (Oral) (generic for Fosrenol® Chewable) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - The brand generic switch is substantially supported by financial rationale.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

GENTOURINARY/RENAL

BENIGN PROSTATIC HYPERPLASIA TREATMENTS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

GOUT

GOUT

- Recommendations: Move colchicine tablet (generic for Colcrys®) from Non-Preferred to Preferred, move Mitigare® (branded colchicine 0.6mg) Capsules from Preferred to Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - If the active prescription is written for Mitigare®, a new prescription would be required to switch to the preferred colchicine tablet product.

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

HEMATOLOGIC

ANTICOAGULANTS INJECTABLE

- *No recommendations. Class opened for comments. No Comments. No discussion*

ANTICOAGULANTS ORAL

- Recommendation: Add Xarelto® Suspension as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

COLONY STIMULATING FACTORS

- Recommendations: Move Fulphila™ Syringe, Granix® Injection Syringe/Vial, Leukine® Injection, Udenyca™ Syringe, and Zarxio® Injection to Non-Preferred, move Nivestym™ Syringe and Nyvepria™ Syringe to Preferred, add Releuko® Syringe (Subcutaneous) and Releuko® Vial (Injection) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - Concern was raised regarding the number of product moves from Preferred to Non-Preferred could cause confusion for providers.
 - There are approximately 200 claims quarterly for the class and Udenyca™ has the most.
 - The savings with moving Udenyca™ to non-preferred is significant.
 - When the PDL changes become effective, products moved to non-preferred status will require a prior authorization for coverage if trial and failure requirements are not met.
 - The provider will have to take an action to maintain coverage when a product currently prescribed for a beneficiary, changes from preferred to non-preferred on the PDL.
- Motion with second: Approve proposed recommendations except keep Udenyca™ Preferred.
- Vote: All in favor. None opposed.

HEMATOPOIETIC AGENTS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

THROMBOPOIESIS STIMULATING AGENTS

- *No recommendations. Class opened for comments. No Comments. No discussion.*

OPHTHALMIC

ANTIBIOTICS

- Recommendations: Move Azasite® Drops and moxifloxacin ophthalmic solution (generic for Moxeza®) from Preferred to Non-Preferred; add neomycin/bacitracin/polymyxin Ointment (Ophthalmic) (authorized generic For Neosporin® Ophthalmic Ointment) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None

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

ANTI-INFLAMMATORY

- Recommendation: Add Xipere™ (Intraocular) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - The recommendation to add Xipere™ to the PDL is to provide a point of sale option in addition to buy and bill.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ANTI-INFLAMMATORY/IMMUNOMODULATOR

- Recommendations: Move Xiidra® Drops from Non-Preferred to Preferred; add cyclosporine ophthalmic (generic and authorized generic for Restasis®), and Tyrvaya® Nasal Spray as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

BETA BLOCKER AGENTS / COMBINATIONS

- Recommendations: Add brimonidine tartrate/timolol Drops (generic and authorized generic for Combigan®) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

RESPIRATORY

INHALED CORTICOSTEROIDS

- Recommendations: Move budesonide suspension (generic for Pulmicort® Respules) from Non-Preferred to Preferred, move Pulmicort® Respules 0.25mg, 0.5mg, 1mg from Preferred to Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - The budesonide suspension product is pre-measured and available in same strengths as the brand Pulmicort®.
 - Adding the strengths of the budesonide suspension to the PDL will help with product clarity.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

TOPICALS

ACNE AGENTS

- Recommendations: Add adapalene / benzoyl peroxide (generic for Epiduo® Forte), Altreno® Lotion (Topical) and Twyneo® Cream (Topical) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTIBIOTICS - VAGINALS

- Recommendation: Move Vandazole® Vaginal Gel from Preferred to Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ANTIFUNGALS

- Recommendations: Add sulconazole nitrate cream (generic for Exelderm®) and sulconazole nitrate solution (generic for Exelderm®) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTIVIRAL

- Recommendations: Move acyclovir ointment (generic for Zovirax® Ointment) from Non-Preferred to Preferred, move Zovirax® Ointment from Preferred to Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

IMMUNOMODULATORS - ATOPIC DERMATITIS

- Recommendations: Move Adbry™ (Subcutaneous) and Dupixent® Pen as new to market Non-Preferred, off-cycle move tacrolimus ointment (generic Protopic®) from Non-Preferred to Preferred due to brand Protopic® going off market, remove Protopic® Ointment from PDL due to going off market.
- Public Comments: None
- Speakers: Two
 - Mariola Vazquez- Leo Pharma- Adbry™
 - Kristin Kollecas- Sanofi- Dupixent®
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

IMMUNOMODULATORS – IMIDAZOQUINOLINAMINES

- Recommendations: Add imiquimod cream topical (generic for Zyclara®) and imiquimod pump topical (generic for Zyclara®) as new to market Non-preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - Zyclara® strengths are 2.5% and 3.75%. Aldara® strength is 5%.
 - Highest claim volume is for generic Aldara®.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

MISCELLANEOUS

EPINEPHRINE, SELF INJECTED

- Recommendations: Move Epi-Pen® Auto Injector and Epi-Pen® JR Auto Injector from Non-Preferred to Preferred, move epinephrine auto injector (generic for Epi-Pen® Auto Injector) and epinephrine JR (generic for Epi-Pen® JR Auto Injector) from Preferred to Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - Same strength products in this class are equivalent.
 - Only products with CMS rebate agreement are coverable by the State.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

GLUCOCORTICOID STEROIDS, ORAL

- Recommendation: Add Tarpeyo™ Capsule as new to market Non-Preferred.
- Public Comments: None
- Speakers: One
- Christopher Ngai -Calliditas Therapeutics - Tarpeyo™ Capsule
- Discussion Points:
 - Patients with IgA neuropathy with high risk for progression should have access to Tarpeyo™ without trial and fail requirements.
 - Tarpeyo™ is not interchangeable with other budesonide products.
 - Prior authorization request can be submitted for coverage evaluation when trial and fail of preferred products is not clinically appropriate for the diagnosis.
- Motion with second: Approve proposed recommendation and add exemption from trial and fail for Tarpeyo for diagnosis of IgA neuropathy.
- Vote: All in favor. None opposed.

IMMUNOMODULATORS, SYSTEMIC

- Recommendations: Add Cibirno™ Tablet (Oral) and infliximab (injection) (generic for Remicade®) as new to market Non-Preferred.
- Public Comments: One
- Speakers: One (representing two products)
 - Elizabeth Lubelczyk- Eli Lilly - Olumiant®
 - Elizabeth Lubelczyk- Eli Lilly - Taltz®
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

IMMUNOSUPPRESSANTS

- Recommendation: Add Tavneos® Capsule (Oral) as preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - All products in this class are Preferred.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

OPIOID ANTAGONISTS

- Recommendations: Add naloxone spray (generic and authorized generic for Narcan® Nasal Spray) and Zimhi™ (Injection) as Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - All products in class are Preferred.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

OPIOID DEPENDENCE

- Recommendation: Move buprenorphine-naloxone sublingual tablet (generic for Suboxone®) from Non-Preferred to Preferred, add Lucemyra® Tablet (Oral) as new to market Non-Preferred, remove Bunavail® Film from PDL due to it being discontinued by manufacturer.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - Lucemyra® is indicated to mitigate opioid withdrawal symptoms.
 - All products in class are Preferred.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

SKELETAL MUSCLE RELAXANTS

- Recommendations: Move chlorzoxazone tablet (generic for Parafon Forte®) from Preferred to Non-Preferred, add baclofen oral solution (authorized generic) and Fleqsuvy™ Suspension (Oral) as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

DISPOSABLE INSULIN DELIVERY DEVICES

- Recommendations: Add Omnipod DASH® Kit, Omnipod 5® and Omnipod 5® Kit as new to market Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - All products in class are Preferred.
 - Products are added to PDL for access.
 - These products have a high usage with pediatrics.

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

ADJOURNMENT

Recommendation: PDL Review is completed.

Motion: Adjournment 3:51PM