

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
2022 PREFERRED DRUG LIST REVIEW PANEL MEETING
THURSDAY JANUARY 12, 2023 9:00AM - 1:00PM
VIRTUAL ONLINE MEETING PLATFORM

I. WELCOME AND INTRODUCTIONS

Facilitator, Dr. Randall Johnson, NC Medicaid Outpatient Pharmacy, PDL Lead, began the meeting by welcoming all attendees and shared that this meeting is the first of two scheduled for 2023. Dr. Johnson acknowledged the Preferred Drug List (PDL) panel members are important contributors to the NC Medicaid program and beneficiary health. They are dedicated health care professionals who graciously volunteer their time. A roll call of the PDL Panel members followed. The PDL panel members in attendance and organization represented are listed.

- Angela B. Smith, PharmD, DHA, FACHE, Pharmacist, Pharmacy Director, NC Division of Health Benefits
- Matt Webber, PharmD, Pharmacist, Hospital-Based Pharmacy
- Tommy Newton, MD, Physician, Community Care of North Carolina
- Arpit Bhatt, PharmD, Pharmacist, N.C. 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, N.C. Academy of Family Physicians
- Linda Johnson, BSN, RN, Nurse, Research-Based Pharmaceutical Company
- Lawrence Greenblatt, MD, Physician, NC Physician Advisory Group; Pharmacy and Therapeutics Committee

Procedures and guidelines for the virtual meeting were covered. Speaker instructions were provided. Speakers must state their name, employee affiliation, if being compensated for speaking, and any potential conflicts. Three minutes are allowed to present and comments should focus on recent changes or updates for the product.

Information about the PDL and the PDL Panel was given. The PDL, legislatively established in 2009, 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 public comments received during the 45-day posting period.

Dr. Angela Smith, the Medicaid Pharmacy Director, provided Medicaid and Pharmacy Program updates.

The launch of the six Tailored Plans (TP) is set for April 1, 2023. The TPs will provide the same services as the Standard Plans as well as additional specialized services for individuals with significant mental health and substance use disorders, intellectual and developmental disabilities and traumatic brain injury. TP enrollment also includes individuals on the innovation waivers and those using state funded services. The total TP population is approximately 150,000 members. Only one TP is assigned to each county. Also starting April 1, 2023, Health Choice members will receive full Medicaid benefits. Members will have a wider array of services and for pharmacy, this change is important, because their drugs will be eligible for federal rebate under the M-CHIP program, where currently they are not.

NCTracks claims processing is enhanced to use the HRSA provider file as a source of 340B provider status. The enhancement should help prevent double dipping and prevent collection of rebates on 340B procured drugs. The second enhancement is comparison of the 340B claim against a 340B ceiling rate file at adjudication. The purpose of the file comparison is to provide an alert when the pharmacy may have submitted the wrong price in error.

A State Plan Amendment was submitted to implement the flat \$10.24 professional dispensing fee (PDF), same as the Standard Plans. Concurrently, the rule allowing only one PDF per drug, per member, per pharmacy, per month goes away. The amendment also changes the reimbursement methodology for long-acting reversible contraceptives (LARCs) acquired through the 340B program and utilized in the Physician Administered Drug Program (PADP). For LARCs acquired and dispensed under the 340B program, reimbursement will be paid at the lesser of actual acquisition cost submitted plus six percent (6%) or 340B ceiling price plus 6%. These changes are pending approval from the Centers for Medicare & Medicaid Services (CMS) with an effective date of Dec. 1, 2022.

On the horizon is Retro PHP Enrollment and Pharmacy Reimbursement for use of the Contraception Standing Order Set. The latter is pending approval. To remedy the Retro PHP enrollment issue for the pharmacist who needs to resubmit their claim to the correct plan, NC Tracks is developing a process to notify the pharmacy of the need to reverse the claim and resubmit it to the PHP. This allows the pharmacist to do this reverse and rebill process, before the claim is recouped by NC Tracks. If the pharmacy does not reverse and rebill within 40 days, then NC Tracks recoups the claim. This new process is expected to go into place around the first of April. There will be more information to come as the new process is built out. The proposal to reimburse pharmacies for use of the State Contraception Standing Order Set is a work of the pharmacy team that is still in progress. To date, the utilization is very low. Hopefully, reimbursement will encourage use of the Standing Orders and improve access to contraception for our members.

The second PDL meeting of 2023 is July 13, 2023. The next DUR Board meeting is January 26, 2023.

Dr. Johnson talked about the PDL prior to starting the Category review.

- The posting period for the PDL reviewed today was November 21, 2022 to January 5, 2023.
- The general guidance is trial and failure of two preferred products. Exceptions are noted on the PDL.
- Criteria application in addition to trial and fail are indicated in red writing
- On file additions are recommendations when the NDC for the drug was already on the PDL file with the status indicated with the recommendation but the drug name did not appear on the PDL external document.
- Brand Generic Switch – the brand product and equivalent generic product will switch PDL status.
- Off Cycle Move- Product status change made in accordance with Legislative guidance permitting changes outside of schedule PDL Panel review. Off cycle moves are allowed when 1) there is significant financial impact to State, 2) there is a product shortage or other access issue, and 3) patient safety is at risk.
- Beginning in 2022, every PDL category is reviewed annually. Open categories contain no recommendations from the State but are open for comment or discussion.

II. CATEGORY REVIEWS

ALZHEIMER'S AGENTS

- Recommendation: Add new to market product Adlarity® (donepezil transdermal system) as Non-Preferred.
- Public Comments: None
- Speakers: None

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

ANALGESICS

SHORT ACTING SCHEDULE II OPIOIDS (Clinical criteria apply to all drugs in this class)

- Recommendation: On file addition to add oxycodone-acetaminophen solution as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion Points: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

NSAIDS

- Recommendation: On file addition to add Lofena™ (diclofenac potassium) 25 mg tablet as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion Points: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ANTICONVULSANTS

CARBAMAZEPINE DERIVATIVES

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

SECOND GENERATION

- Recommendations: Add new to market products rufinamide tablet, Zonisade (zonisamide) oral suspension and Ztalmy® (ganaxalone) oral suspension as Non-Preferred; on-file additions to add Subvenite® (lamotrigine) tablet as Preferred and Subvenite® Tab Start Kit as Non-Preferred; Brand/generic switch: move lacosamide solution/tablet to Preferred and move Vimpat® Solution/Starter Kit/Tablet to Non-Preferred.
- Public Comments: None
- Speakers: One
 - John Flatt, Marinus Pharmaceuticals, Ztalmy®
- Discussion Points:
 - Seizure disorders diagnoses exempt prior authorization for anticonvulsants. It may be beneficial to add a diagnosis exemption for CDKL 5 Deficiency Disorder.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ANTI-INFECTIVES – SYSTEMIC ANTIBIOTICS

LINCOSAMIDES AND OXAZOLIDINONES

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

MACROLIDES AND KETOLIDES

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

NITROMIDAZOLES (GASTROINTESTINAL ANTIBIOTICS)

- Recommendation: On file additions to add Aemcolo® (rifamycin) DR Tablet and vancomycin oral solution as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

TETRACYCLINE DERIVATIVES

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: Moderator noted category action - Oracea® will be removed from category due to the rebate agreement ending.

SYSTEMIC ANTIFUNGALS

- Recommendation: Add new to market Vivjoa® (otesconazole) capsule as Non-Preferred with clinical criteria.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - Per package insert, because of the potential to cause fetal harm, Vivjoa® is contraindicated in women of reproductive potential. Would a Drug Utilization Review (DUR) alert apply to address the contraindication?
 - DUR alerts are based on severity. First Data Bank (FDB), the drug database used by NC Medicaid, sets the alerts. The State can follow up on the alert(s) for Vivjoa®.
 - The details of what defines reproductive potential for Vivjoa®, such as use of birth control or total hysterectomy, were included in the clinical criteria that were presented to the P&T committee.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ANTIVIRALS (HERPES TREATMENTS)

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

ANTIVIRALS (INFLUENZA)

- Recommendation: Off-cycle move of Tamiflu® Capsule / Suspension from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion:
 - Availability of oseltamivir phosphate capsule / suspension (generic for Tamiflu®) has been impacted by widespread manufacturer shortages.
 - Off cycle switch done in December aligns with CDC recommendations.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ANTIVIRALS (HEPATITIS B AGENTS)

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

ANTIBIOTICS, INHALED

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

BEHAVIORAL HEALTH

ANTIDEPRESSANTS, OTHER

- Recommendations: Add new to market products venlafaxine besylate ER tab and vilazodone tablet (generic for Viibryd®) as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion Points: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)

- Recommendation: On file addition to add paroxetine suspension as 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 new to market products Dyanavel™ (amphetamine) XR tablet and methylphenidate patch (generic for Daytrana®) as Non-Preferred; move Dyanavel™ XR Suspension, Quillichew® ER Tablet, and Quillivant® XR Suspension from Preferred to Non-Preferred.

- Public Comments: None
- Speakers: None
- Discussion Point:
 - The recommended moves will leave no long acting suspension as preferred options. Younger children often need liquid formulations. This is a huge concern.
 - The financial impact to keep Dyanavel™ XR Suspension, Quillichew® ER Tablet, and Quillivant® XR Suspension as preferred is significant for the State. The supplemental rebate agreement ended for all three products since the proposed PDL posted for public comment. Supplemental rebates support Preferred status placement on the PDL. The manufacturers have chosen to no longer offer a supplemental rebate.
 - Utilization of the XR suspensions is significant. Quillivant® XR Suspension utilization is highest of the three based on claims per quarter
 - With product shortages occurring so frequently, this is the wrong time for such an impactful change. Additionally, the change was not included on the PDL document posted for public comment.
 - Providers can submit prior authorization request to get the non-preferred XR suspensions without the trial and fail of preferred products.
 - An exemption for children less than 12 years old would keep these products available for younger children without the added work effort for providers to request a prior authorization.
- Motion with second: Approve proposed recommendations with an added exemption for children less than 12 years old for Dyanavel™ XR Suspension, Quillichew® ER Tablet, and Quillivant® XR Suspension.
- Vote: All in favor. None opposed.

INJECTABLE ANTIPSYCHOTICS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

CARDIOVASCULAR

ACE INHIBITOR / DIURETIC COMBINATIONS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

ANGIOTENSIN II RECEPTOR BLOCKERS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

ANGIOTENSIN II RECEPTOR BLOCKER DIURETIC COMBINATIONS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

ANGIOTENSIN II RECEPTOR / NEPRILYSIN BLOCKER COMBINATIONS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

ANTI-ARRHYTHMICS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

BETA BLOCKERS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

BETA BLOCKER DIURETIC COMBINATIONS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

BILE ACID SEQUESTRANTS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS

- Recommendations: Add new to market products levamlodipine tablet (generic for Conjupri®) and Norliqva® (amlodipine) Solution as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ENDOTHELIN RECEPTOR ANTAGONISTS

- Recommendations: Brand/generic switch: Move Letairis® Tablet to Non-Preferred and move ambriasantan tablet (generic for Letairis® Tablet) to Preferred
- Public Comments: None

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

INHALED PROSTACYCLIN ANALOGS

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

NIACIN DERIVATIVES

- Recommendation: Off-cycle move of niacin ER tablet (generic for Niaspan®) from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - All strengths of Niaspan are reported discontinued by manufacturer.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

NITRATE COMBINATION

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

ORAL PULMONARY HYPERTENSION

- Recommendation: Move Alyq® Tablet (branded generic for tadalafil) from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - Alyq® is preferred on PDL file. Move aligns status on PDL external document with file status.
 - Alyq® has the same dosing as tadalafil. It is a branded generic.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ANTI-ANGINAL AND ANTI-ISCHEMIC

- Recommendation: Add new to market Aspruzyo Sprinkle™ ER (ranolazine granules) as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

SYMPATHOLYTICS AND COMBINATIONS

- Recommendation: Off-cycle move of clonidine patch (generic for Catapres®-TTS) from Non-Preferred to Preferred
- Public Comments: None
- Speakers: None
- Discussion Point:
 - Brand Catapres TTS Patch is reported discontinued by manufacturer.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

CARDIOVASCULAR, OTHER

- Recommendation: Add new to market product Camzyos® (mavacamten) as Preferred with clinical criteria.
- Public Comments: None
- Speaker: One
 - Adam Sosa, Bristol Myers Squibb, Camzyos®
- Discussion Point:
 - Cardiovascular Other, is a new market basket added to the PDL. Camzyos® is the only product in the category. When only one product is in a category, the product will default to preferred.
 - The clinical criteria for Camzyos®, in development, will be for the specific diagnosis.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

CENTRAL NERVOUS SYSTEM

ANTIMIGRAINE AGENTS

- Recommendations: Add new to market product Elyxyb™ (celecoxib) Solution as Non-Preferred with trial and failure criteria
- 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

- Recommendation: OPEN CLASS
- Public Comment: One
- Speakers: Four
 - Mimo Adeyibi, Teva Pharmaceuticals, Ajovy™
 - Jessica Cain, Hugh Chatham Health MultiSpecialty, Neurologist, Ajovy™
 - Chelsea Leroue, Pfizer, Nurtec™ ODT
 - Olaide Akingbade, Abbvie, Qulipta™
- Discussion Points:
 - The Nurtec asterisk indicates the drug also is in the acute treatment category.
 - Aimovig and Emgality, the preferred products in this category have a monthly dosing regimen. Ajovy™ is quarterly dosing.
 - Products that work at different receptor sites can have less predictive patient response.

ANTIMIGRAINE AGENTS; CGRP BLOCKERS/MODULATORS: ACUTE TREATMENT

- Recommendations: OPEN CLASS
- Public Comments: Two
- Speakers: None
- Discussion: None

MULTIPLE SCLEROSIS: INJECTABLE

- Recommendations: OPEN CLASS
- Public Comments: None
- Speakers: One
 - Kristin Duffey, Novartis, Kesimpta®
- Discussion: None

MULTIPLE SCLEROSIS: ORAL

- Recommendations: Add new to market products dimethyl fumarate starter pack (generic for Tecfidera® Capsule) as Preferred and add Tascenso (fingolimod) ODT™ Tablet as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - Generic Tecfidera products are preferred already on the PDL.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

SEDATIVE HYPNOTICS

- Recommendation: Add new to market product Quviviq™ (daridoxant) tablet as Non-Preferred.
- Public Comments: None
- Speakers: One
 - Tanya Barcinas, Idorsia Pharmaceuticals, Quviviq™
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

SMOKING CESSATION

- Recommendation: Add new to market product varenicline starting month box (generic for Chantix® Starting Month Box) as Preferred with quantity limit of 6 months per 12 months
- Public Comments: None
- Speakers: None
- Discussion Point:
 - The quantity limit of six months per 12 months is applied to all varenicline products in the category.
 - The brand Chantix® products are unavailable.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

ENDOCRINOLOGY

GROWTH HORMONE

- Recommendation: OPEN CLASS

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

SHORT ACTING INSULIN

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

LONG ACTING INSULIN

- Recommendations: Add new to market insulin glargine vial/SoloStar (authorized biologic for Lantus®) as Preferred and move Lantus® SoloStar® / Vial from Preferred to Non Preferred; Add new to market insulin degludec pen/vial (generic for Tresiba®) as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - This recommended change is different from what was shared on the publicly posted PDL and is due to significant cost savings to the State.
 - The manufacturer of the generic product and brand product is the same.
 - Insulin glargine vial/SoloStar is an authorized biologic. Part of the FDA's definition on authorized biologics is they are equivalent and thus, can be substituted at the pharmacy level.
 - The pharmacy can make the switch to the generic product without contacting the prescriber. The substitution can be done without creating a new prescription.
 - There is no reason for the change to cause disruptions in patient care.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

PREMIXED RAPID COMBINATION INSULIN

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

GLP-1 RECEPTOR AGONISTS AND COMBINATIONS

- Recommendation: Add new to market product Mounjaro™ Pen (tirzepatide) as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - Mounjaro™ is not covered for weight loss. A diagnosis of diabetes is needed to answer the criteria questions for coverage request.
 - An estimate of the cost compared to Ozempic® is not available since the rebate for Mounjaro™ is not yet evaluated.
 - Mounjaro™ is a more effective drug in this class. Having it available as a preferred option would be ideal for access.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

DPP-IV INHIBITORS AND COMBINATIONS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

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

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

GASTROINTESTINAL

ANTIEMETIC-ANTIVERTIGO AGENTS

- Recommendation: On-file addition to add Antivert tablet/chewable tablet as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

BILE ACID SALTS

- Recommendation: Add new to market product Livmarli® (maralixibat) oral solution as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussions: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

PROTON PUMP INHIBITORS

- Recommendation: On-file addition to add omeprazole ODT (OTC) as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

SELECTIVE CONSTIPATION AGENTS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

ULCERATIVE COLITIS – ORAL

- Recommendation: Add new to market product mesalamine ER capsule (generic for Pentasa® Capsule) as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None.

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

ELECTROLYTE DEPLETERS (KIDNEY DISEASE)

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

GENITOURINARY / RENAL

URINARY ANTISPASMODICS

- Recommendation: Add new to market product fesoterodine ER tablet (generic for Toviaz™) as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

GOUT

GOUT

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

HEMATOLOGIC

ANTICOAGULANTS – ORAL

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

COLONY STIMULATING FACTORS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

OPHTHALMIC

ANTI-INFLAMMATORY/IMMUNOMODULATOR

- Recommendation: OPEN CLASS

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

BETA BLOCKER AGENTS / COMBINATIONS

- Recommendation: On file addition to add Betimol Drops as 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

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

OTIC

ANTI-INFLAMMATORY

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

RESPIRATORY

BETA-ADRENERGIC HANDHELD, SHORT ACTING

- Recommendation: Off-cycle move of Ventolin HFA Inhaler from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion Points:
 - ProAir HFA inhaler is discontinued by manufacturer.
 - These products are highly prescribed so the rapid action to move Ventolin to preferred was appreciated.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

BETA-ADRENERGIC, NEBULIZERS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

INHALED CORTICOSTEROIDS

- Recommendation: Add new to market product fluticasone propionate HFA (generic for Flovent HFA) as Non-Preferred.
- Public Comments: None
- Speakers: None

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

INHALED CORTICOSTEROID COMBINATIONS

- Recommendation: Add new to market product fluticasone-vilanterol (generic for Breo™ Ellipta™) as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

INTRANASAL RHINITIS AGENTS

- Recommendation: Add new to market product Ryaltris® Nasal Spray (olopatadine and mometasone) as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

LOW SEDATING ANTIHISTAMINES

- Recommendation: On file addition to add levocetirizine OTC tablet (generic for Xyzal® OTC Tablet) as Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

LOW SEDATING ANTIHISTAMINE COMBINATIONS

- Recommendation: On file addition to add fexofenadine-pseudoephedrine ER 24h tablet (generic for Allegra-D 24 hour) as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

TOPICALS

ACNE AGENTS

- Recommendations: Off cycle change to move adapalene / benzoyl peroxide (generic for Epiduo® Forte) and adapalene cream / gel / gel pump / solution (generic for Differin®) from Non-Preferred to Preferred, add new to market products tazarotene gel (generic for Tazorac® gel) and Winlevi® (clascoterone)1% Cream as Non-Preferred, and on file addition to add sulfacetamide-sulfur 9-4% cleanser (generic for Zencia™) as Non-Preferred.
- Public Comments: None
- Speakers: None

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

ANDROGENIC AGENTS

- Recommendation: On file addition to add testosterone packet (generic for Androgel® packet) as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

NSAIDS

- Recommendation: Add new to market product diclofenac solution pump (generic for Pennsaid® pump) as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

ANTIBIOTICS - VAGINALS

- Recommendation: Add new to market product Xaciatto™ (clindamycin phosphate) vaginal gel as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed

ANTIFUNGALS

- Recommendation: On file addition to add Ketodan® foam/foam kit as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

IMMUNOMODULATORS - ATOPIC DERMATITIS

- Recommendation: OPEN CLASS
- Public Comments: One
- Speakers: One
 - Alvin Ong, LEO Pharmaceuticals, Adbry™
- Discussion: None

IMMUNOMODULATORS – IMIDAZOQUINOLINAMINES

- Recommendation: Add new to market product HYFTOR™ (sirolimus) gel as Non-Preferred.
- Public Comments: None
- Speakers: None

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

PSORIASIS

- Recommendations: Off-cycle change to move calcipotriene cream (generic for Dovonex®) from Non-Preferred to Preferred; add new to market products Vtama® (tapinarof) cream and Zoryve™ (rofumilast) cream as Non-Preferred, on file addition to add calcipotriene foam as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - Dovonex® Cream is no longer manufactured.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

ROSACEA AGENTS

- Recommendations: Off-cycle change to move metronidazole cream (generic for MetroCream®) and metronidazole gel / pump (generic for MetroGel®) from Non-Preferred to Preferred; add new to market product Epsolay® (benzoyl peroxide) 5% Cream Pump as Non-Preferred
- Public Comments: None
- Speakers: None
- Discussion: None.
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

STEROIDS VERY HIGH POTENCY

- Recommendation: Off-cycle move of clobetasol shampoo (generic for Clobex) from Non-Preferred to Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - The proposed brand and generic switches should not require new prescriptions.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

MISCELLANEOUS

ESTROGEN AGENTS, COMBINATIONS

- Recommendation: On file addition to add Amabelz™ Tablet as Preferred.
- Public Comments: None
- Speakers: None
- Discussion Point:
 - Amabelz™ Tablet was incorrectly listed in the Estrogen Agents, Vaginal Preparations category on the PDL posted during the public comment period. Amabelz is an oral agent. The correct category for this recommendation is Estrogen Agents, Combinations. A corrected agenda has been posted to the NC Medicaid website.
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

IMMUNOMODULATORS, SYSTEMIC

- Recommendations: Add new to market products Skyrizi® (risankizumab-rzaa) On-Body (subcutaneous injector), Skyrizi® vial, Sotyktu™ (deucravacitinib) tablet and Spevigo® (spesolimab-sbzo) vial as Non-Preferred with clinical criteria.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendations.
- Vote: All in favor. None opposed.

IMMUNOSUPPRESSANTS

- Recommendation: OPEN CLASS
- Public Comments: One
- Speakers: None
- Discussion: None

MOVEMENT DISORDERS

- Recommendation: On file addition to add Ingrezza® Initiation Pack as Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

SKELETAL MUSCLE RELAXANTS

- Recommendation: Add new to market product Lyvispah™ (baclofen) 10 mg Granule Packet as Non-Preferred.
- Public Comments: None
- Speakers: None
- Discussion: None
- Motion with second: Approve proposed recommendation.
- Vote: All in favor. None opposed.

CGM TRANSMITTERS / RECEIVERS / READERS

- Recommendation: OPEN CLASS
- Public Comments: None
- Speakers: None
- Discussion: None

DIABETIC CGM SUPPLIES: MONITOR SENSORS

- Recommendation: Add new to market product Freestyle Libre™ 3 Sensor as Preferred.
- Public Comments: None
- Speakers: One
 - Marie Frazzitta, Abbott Diabetes Care, FreeStyle™ Libre 3
- Discussion Point:
 - There is no reader for Freestyle Libre™ 3. It is smartphone compatible only.
- Motion with second: Approve proposed recommendation.
- 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 their removal from CMS' list of rebateable products.

Arymo ER	Pegintron Kit
Duragesic Patch	Ribasphere Capsule/Tab/RibaPak
Abstral SL Tablet	Khedezla Tab
Lorcet Plus Tablet	Sarafem Tablet
Norco Tablet	FazaClo ODT
oxycodone-ibuprofen (generic Combunox)	Prinivil Tab
Primlev Tablet	Tarka ER Tab
RoxyBond Tab	Pravachol Tab
Fiorinal with Codeine Capsules	Dilatrate SR Capsule
Qmiiz ODT	Nitromist Spray
Tivorbex Capsule	Yosprala Tablet
Peganone Tablet	Fibricor Tablet
Augmentin Suspension	Sinemet CR Tab
Ciprofloxacin ER Tab	Intermezzo SL Tab
Oravig Buccal Tablet	Posaconazole susp (generic Noxafil)
Glucatorl Tablet	Bleph-10 Drops
Glyset Tablet	Moxeza Drops
Glucophage Tab/ER Tab	Blephamide Drops
Prandin Tab	Omnipred Drops
Starlix Tablet	Binosto Effervescent Tablet
Avandia Tablet	Otiprio Suspension
metoclopramide ODT (generic for Metozolv)	Arcapta Nebulizer
Actigall Capsule	ProAir HFA Inhaler
Helidac Therapy Pak	Utibron Neohaler
Aciphex Sprinkle Capsule	Astepro Nasal Spray
Enablex Tablet	Nasonex Nasal Spray
Bevyxxa Caps	Quzyttir Vial
Coumadin Tablet	EpiDuo Gel
Pazeo Drops	Aktipak Pouch
Pataday Drops	Avar Foam
Patanol Drops	Avar-E LS Cream
Baciquent Eye Ointment	Ultravate Cream/Ointment/X Cream Combo Pak/ X Ointment Combo Pak
Benzaclin Gel/Pump	Oxsoralen Ultra
Cleocin-T Gel/Pledgets	Soriatane
Promiseb Complete	Jevantique Lo Tablet
Axiron Topical Gel / Solution	FemHRT Tablet
Testosterone Sol/ Generic for Axiron	Lopreeza Tablet
Diclofex DC Pack	Makena Vial
Voltaren Gel	Alora Patch
Naftin Cream	Entocort EC Capsule
Aldara Cream	orphenadrine citrate amp
Desonate Gel	Parafon® Forte Caplet
Micort HC Cream	Robaxin Tablet
Cordran Tape	Accu-Chek Aviva 50 ct test strips
Dermatop Ointment	Accu-Chek Compact 51ct test strips
Sernivo Spray	Accu-Chek® Compact Blue Glucose Control
Apexicon E Cream	

Clobex Lotion/Shampoo
Cambia Powder Packet
Gralise Tablet
Sprix Nasal Spray
Zipsor Capsule
MetroCream
Dovonex Cream
Soolantra Cream
Differin Cream/ Gel Pump / Lotion
Oracea Capsule

Solution 2 Levels
Elimite Cream
Oxaydo Tablet
Vivlodex Capsule
Zorvolex Capsule
MetroGel
Mirvaso Gel Pump
Vectical Ointment
Epiduo Forte

ADJOURNMENT

- Recommendation: PDL Review is completed. Adjourn meeting 12:08PM.
- Motion with second: Adjourn meeting.
- Vote: All in favor. None opposed.