North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

Pharmacy & Therapeutics Committee
May and August 2015 Meeting Summary

Board of Trustees Meeting

August 28, 2015

A Division of the Department of State Treasurer

Updates to Utilization Management Programs

Programs	Update
COX-2 Inhibitor Prior Authorization Policy	Policy updated to add new generic celecoxib.
Sedative Hypnotic Step Therapy & Quantity Limit Policy	Policy updated to add new sedative hypnotic, Belsomra as a Step 2 product.
Topical Acne Step Therapy Policy	Policy updated to add new product, Onextron, as a Step 2 product.
Kalydeco Prior Authorization Policy	Policy updated to add a new FDA-approved indication for R117H mutation.
Tafinlar and Zelboraf Prior Authorization Policies	Policies updated to add a new indication for Non-Small Cell Lung Cancer with BRAF V600E Mutation.
Long Acting Opioid Quantity Limit Policy	Policy updated to add new product, Hysingla ER.

Updates to Utilization Management Programs

Program	Update
Buprenorphine/Buprenorphine-Naloxone Prior Authorization and Quantity Limit Policy	Policy updated to add new strength of Zubsolv 8.6/2.1 mg.
Hepatitis C Prior Authorization Policies	Sovaldi and Olysio policies updated to align with the current AASLD guidelines; added limitations to treat Metavir Stage F2, F3 and F4 unless at high risk of transmitting Hepatitis C Virus.
Cosentyx Prior Authorization	Cosentyx is a new medication with prior authorization criteria added to the Plaque Psoriasis Category.
Attention Deficit/Hyperactivity Disorder Prior Authorization Policy	Policy updated to add the new indication of binge eating disorder for Vyvance. New medication, Evekeo, was added to the policy.
Weight Loss Prior Authorization Policy	Policy updated to add new medication, Saxenda.

Updates to Utilization Management Programs

Programs	Update
Otezla Prior Authorization, Step Therapy and Quantity Limit Policy	Policy updated to add quantity limits to Otezla 55 tablet starter pack/kit.
Revlimid Prior Authorization Policy	Policy updated to add follicular lymphoma (Non-Hodgkin's Lymphoma) as approved criteria.
Thalomid Prior Authorization Policy	Policy updated to add coverage criteria regarding patients with System Light Chain Amyloidosis, Discoid Lupus Erythematosus and Cutaneous Lupus Erythematous, Prurigo Nodularis and Waldenstrom's Macroglobulinemia /Lymphoplasmacytic Lymphomas. Removed Crohn's Disease as a covered indication.
Omega 3 Fatty Acid Prior Authorization Policy	Policy updated to clarify wording of the criteria; changed from "the patient has tried one or is currently receiving" to "the patient has tried one OTC omega-3 fatty acid product (e.g., fish oil supplements) and has not achieved adequate efficacy according to the prescribing physician."

Updates to Utilization Management Programs

Program	Update
Forteo Prior Authorization Policy	Policy updated to add exclusions: hypoparathyroidism, osteoporosis prevention, concurrent use of Forteo with other medications for osteoporosis.
Androgen Prior Authorization and Step Therapy Policy	Policy updated to add Natesto to the policy and remove First Testosterone Compound Kits from coverage (not an FDA approved drug).
Inhaled Corticosteroid Step Therapy Policy	Policy updated to add Arnuity Ellipta to Step 1.
Proton Pump Inhibitor Step Therapy, Prior Authorization and Quantity Duration Policy	Policy updated to add generic Nexium (esomeprazole) to Step 1. Moved brand Nexium to Step 2. PA criteria for Step 2 products to try Step 1 prescription products.
Bisphosphonate Step Therapy Policy	Policy updated to add generic Actonel (risedronate) tablets and generic Atelvia (risedronate) tablets added to Step 1. Criteria removed regarding exceptions for Actonel in patients with Paget's disease who have already started therapy with Actonel tablets.

New Utilization Management Programs

Program	Description	Member Impact	Estimated Projected Savings	P&T Recommendation	Implementation
Overactive Bladder Step Therapy Policy	Step therapy policy promoting generics, Vesicare and Myrbetriq	427	$270,000 (annual)	Yes	June 1, 2015
Orkambi Prior Authorization Policy	A new drug FDA approved for the treatment of cystic fibrosis (CF) in patients ≥ 12 years of age who are homozygous for the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene	0	New drug	Added to existing cystic fibrosis therapeutic class	July 20, 2015

New Utilization Management Programs

Program	Description	Member Impact	Estimated Projected Savings	P&T Recommendation	Implementation
Harvoni	Prior Authorization	Current users grand-fathered	Not modeled (new drug)	Yes	March 15, 2015
Viekira Pak	Prior Authorization	Current users grand-fathered	Not modeled (new drug)	Yes	March 15, 2015
PCSK9 Inhibitors and ESI's Cholesterol Care Value Program	Prior Authorization	No users	Not modeled (new drug)	Updated P&T 8/15	July 30, 2015

New Drugs for Formulary Consideration

Drug	Indication	Tier Placement
AFREZZA® (insulin human [rDNA origin] inhalation powder)	Type 1 Diabetes Mellitus	3
INVOKAMET (canagliflozin and metformin hydrochloride)	Type 2 Diabetes Mellitus	2
TANZEUM (albiglutide for subcutaneous injection)	Type 2 Diabetes Mellitus	3
ACTICLATE (doxycycline hyclate USP)	Antibacterial	3
JUBLIA (efinaconazole topical solution, 10%)	Topical antifungal	3
KERYDIN (tavaborole topical solution, 5%)	Topical antifungal	3
ARNUITY ELLIPTA (fluticasone furoate inhalation powder)	Asthma	2

New Drugs for Formulary Consideration

Drug	Indication	Tier Placement
STRIVERDI RESPIMAT (olodaterol inhalation)	Chronic Obstructive Pulmonary Disease	2
AURYXIA (ferric citrate tablets)	Chronic kidney disease phosphate binder	3
BUNAVAIL (buprenorphine/naloxone buccal film)	Opioid dependence	3
CONTRAVE (naltrexone HCl/bupropion HCl ER tablets)	Chronic weight management	3
PROAIR RESPICLICK (albuterol inhaler)	Asthma and Chronic Obstructive Pulmonary Disease (COPD)	2
QUDEXY XR (topiramate ER)	Seizures	3

New Drugs for Formulary Consideration

Drug	Indication	Tier Placement
RASUVO (methotrexate auto-injector)	Active rheumatoid arthritis and polyarticular juvenile idiopathic arthritis	3
VOGELXO (testosterone gel)	Low testosterone in males	3
AKYNZEO (netupitant and palonosetron capsules)	Prevention of acute and delayed chemotherapy induced nausea and vomiting	3

Additional Topics Discussed

- Enhancement to ESI's Compound Management Solution
  - ESI's Compound Management Solution was enhanced to exclude selected tablets and capsules from compound ingredients effective June 22, 2015. Prenote was sent to members impacted on May 22, 2015.
  - SHP's current Compound prior authorization policy was discontinued since the five ingredients (ketamine, gabapentin, diclofenac, ketoprofen, and flurbiprofen) that are blocked in the policy are included in ESI's Compound Management Solution enhancement.
  - Existing prior authorizations for compounds will be honored for the duration of the approved prior authorization.

Additional Pharmacy Update

- Effective September 1, 2015, the Plan will no longer cover selected Pain Patches and Compound Kits.
- These products are NOT “FDA approved drugs,” but are “Unapproved Other Marketing Category.”
- These products are “ZB” type, which indicates that a product is sold as a prescription pharmaceutical entity that has not been evaluated by the FDA.
- Prenote was sent August 1, 2015, to members impacted.