North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

Pharmacy & Therapeutics Committee
August 2015 Meeting Summary

Board of Trustees Meeting

November 20, 2015

A Division of the Department of State Treasurer

Updates to Utilization Management Programs

Program	Update
Hepatitis C Prior Authorization	**Viekira Pak:** Removal of requirement for ribavirin to be used in genotype 1b patients with cirrhosis due to results from TURQUOISE-III study
Hepatitis C Prior Authorization	**Daklinza:** New drug for: Genotype 3 hepatitis C in combination with Sovaldi
Hepatitis C Prior Authorization	**Technivie**: New drug for: Genotype 4 hepatitis C-not to be used in patients with CTP score > B
Hepatitis C Prior Authorization	**Sovaldi**: Added combination use with Daklinza for genotype 3 and recurrent HCV-post liver transplantation in genotype 3 patients. Added Technivie to list of medication excluded for combination use. Added retreatment exclusion for patients failing Harvoni, Viekira Pak, and Technivie.

Updates to Utilization Management Programs

Program	Update
Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) Step Therapy Policy	Added new SNRI, Irenka, as a Step 2 product.
Mekinist, Zelboraf, and **Tafinlar** Prior Authorization Policies	Removal of requirement for FDA approved genotype testing, increased approval duration to 3 years, and added hairy cell leukemia to covered indications for Zelboraf.
Antifungal Agents for Onychomycosis Prior Authorization Policy	Added trial of two oral agents or topical ciclopirox solution prior to approval of Jublia and Kerydin. Removed Terbinex, Lamisil, Sporanox, and Onmel from the policy.
Migraine Agents Step Therapy/ Quantity Limit Policy	Added generic almotriptan and dihydroergotamine nasal spray to step 1 product listing. Removed Migranal from step 1 and placed as a step 2 product

Updates to Utilization Management Programs

Program	Update
Revlimid, Thalomid Prior Authorization Policy	Updated approval duration to three years—consistent with other oncology policies.
Promacta Prior Authorization Policy	Removed age requirement for Chronic Immune (Idiopathic) Thrombocytopenia Purpura (ITP)
Pegylated Interferons Prior Authorization Policy	Updated policy to reflect national guidelines and new therapies
Xyrem Prior Authorization	Updated to ESI format and changed name of the current Risk Management Program known as the XYREM Success Program® to the Risk Evaluation and Mitigation Strategy (REMS) Program for XYREM® effective 8/24/15

Updates to Utilization Management Programs

Program	Update
Bisphosphonates Step Therapy Policy	Generics to Actonel in strengths of 5, 30 and 35 mg tablets added to Step 1. Generics to Atelvia (risedronate 35 mg delayed-release 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.
Copaxone Prior Authorization Policy	Added new drug, Glatopa, to the policy Added Lemtrada® (alemtuzumab injection for intravenous use) and Plegridy™ (peginterferon beta-1a injection) to the list of medications that should not be given concomitantly with Copaxone or Glatopa.
Betaseron/Extavia Prior Authorization Policy	Updated policy to add Glatopa as a Step 1 product

New Utilization Management Programs

Program	Description	Member Impact	Estimated Projected Savings	P&T Recommendation	Implementation
Oral Oncology Drugs (Pharmaco-genomics) Prior Authoriz-ation Policies	New policies for: Afinitor, Bosulif, Gilotrif, Gleevec, Iclusig, Revlimid, Sprycel, Stivarga, Tarceva, Tasigna, Thalomid, Tykerb, Xalkori and Zykadia	0 (Current utilizers grandfath-ered)	$1,730,514	Yes	October 1, 2015
Entresto Prior Authorization Policy	A new drug approved for the treatment of heart failure	5 members grandfath-ered for two months	New drug	Yes	September 11, 2015

New Drugs for Formulary Consideration

Drug	Indication	Tier Placement
Hysingla™ ER (hydrocodone bitartrate ER tablets)	Long-acting pain medication	3
Saxenda® (liraglutide [rDNA] injection)	Adjunct to diet and increased physical activity for chronic weight management	3
Rytary™ (carbidopa and levodopa extended-release capsules)	Parkinson's Disease	3
Soolantra® (ivermectin cream, 1%)	Rosacea	3
Toujeo® (insulin glargine injection U-300)	Diabetes Mellitus	3
Trulicity™ (dulaglutide for subcutaneous injection)	Type 2 Diabetes Mellitus	3
Glyxambi® (empagliflozin/linagliptin)	Type 2 Diabetes Mellitus	3

New Drugs for Formulary Consideration

Drug	Indication	Tier Placement
Xigduo™ XR (dapagliflozin / metformin ER)	Type 2 Diabetes Mellitus	3
Movantik® (naloxegol tablets)	Opioid-induced constipation	2
Savaysa™ (edoxaban tablets)	Faxtor Xa inhibitor to reduce risk of stroke/embolism and treat deep vein thrombosis and pulmonary embolism	3
Cresemba® (isavuconazonium sulfate)	Oral antifungal	2
Tybost® (cobicistat tablets)	Human immunodeficiency virus (HIV)	2

New Drugs for Formulary Consideration

Drug	Indication	Tier Placement
Evotaz™ (atazanavir and cobicistat)	Human immunodeficiency virus (HIV)	2
Vitekta® (elvitegravir tablets)	Human immunodeficiency virus (HIV)	3
Belsomra® (suvorexant tablets)	Insomnia	3

Additional Topics

- High Cost Generics:
  - The following generics were future coded for Tier 2 placement due to anticipated generic cost:
    - rabeprazole sprinkles (Aciphex Sprinkles), dutasteride (Avodart), derifenacin (Enablex), tamsulosin (Jalyn), armodafinil (Nuvigil), clindamycin/tretinoin (Ziana), rivastigmine tartrate patch (Exelon)
  - The following generics were moved from Tier 2 to Tier 1:
    - rabeprazole (Aciphex), celecoxib (Celebrex)

- ADDYI indicated for the treatment of hypoactive sexual desire disorder in premenopausal women was excluded from pharmacy benefit coverage
  - Drugs for sexual dysfunction are not covered by the Plan, per NCGS §135-48.52(7);