North Carolina State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer

Pharmacy and Therapeutics Committee
Meeting Summary
February 12, 2013

Derek Prentice welcomed the committee members, and the Plan's new Express Scripts Clinical Account Executive, Charla Katz, RPh, was introduced. Sally Morton ensured there were no conflicts of interest for members with any of the items for discussion. Dr. Rig Patel disclosed that he is a consultant with Takeda.

Dr. Sally Morton discussed the following changes to nine State Health Plan pharmacy coverage management rules, many due to the integration of Medco and Express Scripts (ESI) coverage criteria. The Plan will review all criteria integration to ensure they meet the Plan's needs.

- The Restasis prior authorization program had additional dry eye conditions added for approval.
- The Zelboraf prior authorization criteria now allow it to be covered when used in combination with Yervoy, another medication used for melanoma.
- The Forteo step therapy program had more specific requirements for use added.
- Revlimid coverage is now approved for four additional indications.
- Multiple Sclerosis (MS) criteria will no longer have a step therapy component with preferred agents. Also Aubagio, a new oral medication for MS, was added to the prior authorization program in order to include all MS agents in the program.
- The criteria for Xolair, used for moderate to severe persistent asthma, were customized to be consistent with the medical policy.
- Per feedback from the BCBSNC appeals department, the fertility prior authorization criteria were revised to ensure that vaginal progesterones are not being used in conjunction with artificial reproductive technology (ART).
- The new oral medication Xeljanz, for rheumatoid arthritis (RA), was added to the RA prior authorization program to include all specialty drugs for RA to the program.
- The Angiotensin Receptor Blocker (ARB) step therapy program will now target multisource ARBs so that all non-preferred ARBs are targeted and to curb the use of coupons for the brand products that have a generic available.

Dr. Jennifer Smith and the committee re-reviewed the diabetes medication Victoza (liraglutide) for formulary status due to new FDA indications and high member utilization. Victoza was originally reviewed in November 2010 and determined to be a non-preferred medication because it was not considered a first-line agent for the treatment of diabetes, and there were safety concerns about thyroid toxicity and potential pancreatitis. Dr. Smith noted that in comparison studies Victoza resulted in better glycemic control than Byetta, and there are the same safety concerns with Victoza as there are with Bydureon. Byetta and Bydureon are both preferred products for the Plan. Due to its proven efficacy, lack of proven safety issues and high utilization, Dr. Smith and the committee recommended that Victoza be moved to preferred copay tier.

Dr. Sheila Marshall, Dr. Matthew Flynn, Dr. Jennifer Burch, Dr. John Anderson, Dr. Rig Patel, Dr. John Engemann, and Dr. Dorothy Bell reviewed the new medications for formulary consideration. Mirabegron extended-release tablets (Myrbetriq™) for the management of overactive bladder, Azelastine/fluticasone nasal spray (Dymista™) for the treatment of seasonal allergic rhinitis, Ciclesonide nasal aerosol (Zetonna®) indicated for seasonal and perennial allergic rhinitis, Omeprazole/clarithromycin/amoxicillin (Omeclamox Pak™) for the treatment of Helicobacter pylori, Tafluprost ophthalmic solution (Zioptan™) indicated for glaucoma, were recommended "may add" medications due to their lack of significant clinical advantages over existing products. They will remain in the non-preferred copay Tier 3. A step therapy program opportunity requiring the use of the Plan's preferred medications for overactive bladder was also discussed and approved if the Plan chooses to implement. Ivermectin lotion (Sklice®) for the treatment of head lice and Elvitegravir/cobicistat/emtricitabine/tenofovir tablets (Stribild™) for the treatment of HIV were "must add" medications and will be placed in Tier 2.

The following pharmacy benefit language changes that were approved by the Board of Trustees (BOT) during the January 2013 BOT meeting were shared with the committee:

- Prescription benefit tiers will be renamed to Tier 1 – Cost-effective medications which would include mostly generic drugs; Tier 2 – Preferred brand medications, including some high cost generic drugs and compound drugs; Tier 3 – Non-preferred brand medications; Tier 4 – Preferred Specialty Medications including some Biosimilar medications; Tier 5 – Non-preferred specialty medications including some Biosimilar medications. This allows the Plan to place high cost generic medications in a higher copay tier when other less costly, higher value generic medications are available. It also allows the Plan to have multiple specialty pharmacy copay tiers to differentiate member cost share for preferred and non-preferred specialty medications when Biosimilars become available. Biosimilar medications are now included in the Plan's specialty definition. The P&T committee will provide recommendations for drug classification in the copay tiers based on safety, therapeutic value, clinical effectiveness and alternative options.
- Exclusion of medical food coverage for benefit consistency.
- The Plan will be moving its Medicare eligible retirees to a Medicare Advantage Prescription Drug Plan in 2014. These plans will be offered by Humana and United.

The upcoming 2013 P & T meeting dates are May 14th, August 20th, and November 12th.