Pharmacy and Therapeutics Committee
Meeting Summary
November 12, 2013

Dr. Derek Prentice welcomed the committee members, and the committee members introduced themselves to Lotta Crabtree. Sally Morton ensured there were no conflicts of interest for members with any of the items for discussion.

Dr. Sally Morton discussed the following changes to seven State Health Plan pharmacy coverage management rules for the Traditional pharmacy benefit.

- The committee and Dr. Konanc discussed the removal of the step therapy requirement of a trial of 2 injectable products for Multiple Sclerosis (MS) prior to the use of the newer oral medications – Tecfidera, Gilenya and Aubagio. The recommendation was to remove the step therapy requirement on the oral products to align with updated standards of care for the treatment of MS. Also since Betaseron and Extavia are the same generic product, the Plan will prefer Betaseron.
- With the approval of newer specialty medications for the treatment of melanoma, the Zelboraf (vemurafenib) prior authorization criteria will be revised to account for the use of these medications.
- The pulmonary hypertension step therapy program will be removed for Letairis due to the approval of newer medications for the treatment of pulmonary hypertension and updated package labeling for Letairis. The Plan will also move to the ESI standard criteria for all of the pulmonary hypertension medications.
- The Cimzia (certolizumab) prior authorization criteria were updated to allow coverage for the new approved FDA indications of psoriatic arthritis and active ankylosing spondylitis.
- The Stelara (ustekinumab) prior authorization criteria were updated to allow coverage for the new approved FDA indication of psoriatic arthritis.
- Upon further Plan review of the ESI standard criteria for the anti-emetic quantity limits, it was decided to keep the quantity limits program as is and not update to stricter limits as discussed at the August P&T meeting.
- Since Actemra (tocilizumab) is now available in a subcutaneous formulation, prior authorization criteria allowing coverage for approved indications will be implemented along with step therapy requiring the use of the Plan's preferred agents Humira and Enbrel first.

Several new prior authorization programs were reviewed and approved:

- It was recommended to add new melanoma specialty medications Mekinist (trametinib) and Tafinlar (dabrafenib) to the Plan's prior authorization program. Dr. Flynn and the committee agreed with the recommendation and the ESI criteria. The Plan will implement 1/1/14.
- With the availability of a new epinephrine auto-injector, Auvi-Q, the Plan has the opportunity to prefer Epipen and Epipen Jr. in a step therapy program. Also while reviewing utilization of the epinephrine auto-injectors it was identified that members may receive large quantities for one copay. It was recommended to also add a quantity limit of two syringes per copay. The committee agreed with the preferred step therapy program and quantity limits for the epinephrine auto-injectors. The Plan will implement in April 2014.

- The Plan currently has all six inhaled corticosteroids as preferred products. If the Plan continues with all products as preferred there will be a loss of manufacturer rebates. The Plan recommended implementing a preferred drug step therapy program with several agents preferred. Since all inhaled corticosteroids are equally effective, the committee recommended that the Plan consider the delivery methods, ease of use and member disruption for the step therapy program. The Plan's formulary management committee will review and choose the preferred products for the step therapy program. The Plan will implement April 1, 2014.
- The Plan currently has all brands of insulin as preferred products. If the Plan continues to have all brands of insulin as preferred there will be a loss of manufacturer rebates. The Plan recommended implementing a preferred drug step therapy program with one major rapid-acting, short-acting, and intermediate-acting insulin brand preferred. The committee agreed that clinically all brands are equivalent, except Novolog may be better to use in insulin pumps. The utilization for the two major brands is equal; therefore, the committee recommended the Plan to pursue the most cost-effective option for a step therapy program and preferred products on the formulary. The Plan's formulary management committee will review and choose the preferred products for the formulary and step therapy program. The Plan may implement in the summer of 2014.

The committee reviewed the following new drugs for formulary consideration:

- Invokana (canagliflozin tablets) – First in a new class of diabetes medications, SGLT2 inhibitors. Recommended May Add due to its safety and efficacy for lowering Hb_{A1C} in appropriately selected patients; however, its place in therapy is still evolving with more medications in this drug class expected to be approved soon. It will remain in Tier 3.
- Liptruzet (ezetimibe/atorvastatin tablets) – Recommended May Add due to its similar advantages to other preferred statins. Ezetimibe has not proven to decrease cardiovascular morbidity or mortality. It will remain in Tier 3.
- Diclegis (doxylamine succinate and pyridoxine hydrochloride delayed-release tablets) - Combination of ingredients which are both available over-the-counter and are recommended as first line therapy for nausea and vomiting with pregnancy by ACOG. Since the OTC medications may continue to be used as a more cost-effective alternative to the fixed combination it is recommended May Add, and it will remain in Tier 3.
- Uceris (budesonide extended-release tablets) – Due to its unique formulation with targeted delivery specifically to the colon for the treatment of mild-to-moderate ulcerative colitis, it has the advantage of being an oral glucocorticosteroid with an improved safety profile compared to conventional glucocorticosteroids. Recommended May Add, and it will be in Tier 2.
- Fulyzaq (crofelemer delayed-release tablets) – This is the only medication approved for HIV non-infectious diarrhea. It appears to have modest efficacy. Historically patients with non-infectious diarrhea have switched antiretroviral therapy or used supportive measures. Recommended May Add and will remain in Tier 3.
- Osphena (ospemifene tablets) – It is indicated for the treatment of moderate to severe dyspareunia, and only proven effective for dyspareunia. Since the Plan does not cover sexual dysfunction medications, the committee agreed that Osphena should not be covered by the Plan. Osphena will be removed from coverage and current members using Osphena will be notified.