



*North Carolina*  
**State Health Plan**  
FOR TEACHERS AND STATE EMPLOYEES



**Pharmacy & Therapeutics Committee  
December 2015 Meeting Summary**

**Informational Report**

*Board of Trustees Meeting*

January 26, 2016

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*A Division of the Department of State Treasurer*

# Updates to Utilization Management Programs

Program	Update
<b>Testosterone</b> Prior Authorization Policies	Separated old policy into two policies, Oral and Injectable AND Topical. Added requirement for two testosterone deficiency confirmatory tests. Removed anabolic steroids from the policy.
<b>Hepatitis C</b> Prior Authorization	<b>Harvoni:</b> Updated policy to align with national guidelines. Clarified treatment for HIV patients and those awaiting liver transplant.
<b>Hepatitis C</b> Prior Authorization	<b>Daklinza, Sovaldi, Vierkira Pak, and Olysio:</b> Updated policy to align with national guidelines.
<b>Hepatitis C</b> Prior Authorization	<b>Technivie:</b> Updated policy to require Harvoni prior to the use of Technivie.

# Updates to Utilization Management Programs

Programs	Update
<b>Ilaris</b> Prior Authorization Policy	Updated to allow allergists/immunologists to prescribe. Extended PA approval to 3 years.
<b>Arcalyst</b> Prior Authorization Policy	Removal of requirement for FDA approved genotype testing, increased approval duration to 3 years, and added hairy cell leukemia to covered indications for Zelboraf.
<b>Growth Hormone</b> Prior Authorization Policy	Removed Tev-Tropin from policy (no longer marketed) and added Zomacton.

# New Utilization Management Programs

Program	Description	Member Impact	Estimated Projected Savings	P&T Recommendation	Implementation
<b>Seroquel</b> Prior Authorization Policy	New policy to assess lower doses of quetiapine and quetiapine XR for appropriate use	131 members (letter in November)	\$134,307 annually	Yes	January 1, 2016
<b>Weight Loss</b> Prior Authorization and Step Therapy Policy	Added requirement for generic phentermine prior to brand name weight loss products, excluding Xenical (Tier 2)	3,505 members (utilized brand name in last 90 days; current PA will continue until expiration date)	\$1,719,517 annually	Yes	January 1, 2016

# New Drugs for Formulary Consideration

Drug	Indication	Tier Placement
<b>Stiolto™ Respimat®</b> (tiotropium bromide/olodaterol spray)	COPD	2
<b>Incruse™ Ellipta®</b> (umeclidinium 62.5 mcg inhalation powder)	COPD	3
<b>Entresto™</b> (sacubitril and valsartan tablets)	Heart failure	3
<b>Corlanor®</b> (ivabradine tablets)	Heart failure	3
<b>Rexulti™</b> (brexpiprazole tablets)	Major depressive disorder and schizophrenia	3
<b>Prezcobix™</b> (darunavir/cobicistat tablets)	HIV	2
<b>Aptensio XR™</b> (methylphenidate extended-release)	ADHD	3

# Additional Topics

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- High Cost Generics:
  - The following generics were moved from Tier 2 to Tier 1:
    - guanfacine (Intuniv)

# New Drugs for Formulary Consideration

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Drugs with PA need to be added to the specialty list prior to the next scheduled P&T committee meeting in February. These will be effective February 1<sup>st</sup>.

Drug Name	Tier	Criteria
Nucala	Tier 4 Specialty Drug	<ul style="list-style-type: none"><li>• First in class</li><li>• Injection for uncontrolled asthma</li><li>• Prior Authorization</li><li>• Accredo exclusive</li><li>• Reviewed by Dr. Boerner</li></ul>
Tagrisso	Tier 4 Specialty Drug	<ul style="list-style-type: none"><li>• Non small cell lung cancer</li><li>• Prior Authorization, similar to 3 other drugs on class</li><li>• Reviewed by Dr. Spiritos</li></ul>
Egrifta	Tier 4 Specialty Drug	<ul style="list-style-type: none"><li>• Complications due to HIV lipodystrophy</li><li>• Prior Authorization</li><li>• Accredo exclusive</li><li>• Reviewed by Dr. Boerner</li></ul>