



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



**Pharmacy and Therapeutics Committee**  
**May 13, 2014, Meeting Summary**

*Board of Trustees*

May 30, 2014

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*A Division of the Department of State Treasurer*

# Updates to Utilization Management Programs

Programs	Update
Hepatitis C Agents Prior Authorization	Allow coverage to follow updated guidelines from the American Association for the Study of Liver Diseases
Immunomodulator (Revlimid) Prior Authorization	Include coverage for all FDA approved indications and clarify medication regimens according to the National Comprehensive Cancer Network (NCCN)
Rheumatoid Arthritis Prior Authorization	Add double step therapy requirement to Actemra, Xeljanz and Kineret policies
Psoriasis Prior Authorization	Add double step therapy and add criteria for new psoriatic arthritis medication, Otezla
Nasal Steroids Step Therapy	Allow Nasacort OTC as a step 1 product
Cystic Fibrosis (Kalydeco) Prior Authorization	Add additional FDA approved indications for coverage
Topical Pain Reliever (Diclofenac) Prior Authorization	Add new generic products as targeted products
Cholesterol lowering (Omega 3 Fatty Acids) Prior Authorization	Add new generics and brand product Omtryg as targeted products
Asthma (Xolair) Prior Authorization	Allow coverage for new indication of chronic idiopathic urticaria
Sedative Hypnotic Step Therapy	Include generic Lunesta as a preferred product
Pulmonary Hypertension Prior Authorization	Add new product, Orenitram, to the program

# New/Revised Utilization Management Programs Reviewed

Program	Indication	Description	Member Impact	Estimated Projected Savings	P&T Recommendation	Target Implementation Date
Hetlioz (tasimelton)	Non-24-Hour Sleep-Wake Disorder	Prior Authorization	(no current utilization)	Product cost-\$8,400/month/eligible member	Yes	October
Oral Brand Long-Acting Opioids	Pain	Step Therapy	1,817	\$1,255,827	Yes	November
Oral Generic and Brand Long-Acting Opioids	Pain	Quantity Limits	375	\$405,474	Yes	November

# New Drugs for Formulary Consideration

Drug	Indication	Tier Placement
<b>Quartette</b> (ethinyl estradiol/levonorgestrel tablets)	Pregnancy Prevention	3
<b>Prolensa</b> (bromfenac 0.07% ophthalmic solution)	Ophthalmic pain and inflammation	2
<b>Simbrinza</b> (brinzolamide 1%/brimonidine 0.2% ophthalmic suspension)	Glaucoma	3
<b>Trokendi XR</b> (topiramate extended-release capsules)	Epilepsy	3
<b>Esomeprazole strontium</b>	Acid-Peptic Disorders	3
<b>Tivicay</b> (dolutegravir tablets)	HIV	2
<b>Fetzima</b> (levomilnacipran extended-release capsules)	Major Depressive Disorder	3
<b>Brintellix</b> (vortioxetine tablets)	Major Depressive Disorder	3
<b>Namenda XR</b> ( memantine extended-release capsules)	Alzheimer's Disease	2

# Nexium 24HR Over-the-Counter Coverage

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- The Plan currently covers all generic and brand over-the-counter Proton Pump Inhibitors (PPIs) used to treat heartburn for a \$5 copay for 42-day supply (70/30 and 80/20 plans). CDHP members are responsible for their deductible and 15% coinsurance.
- **June 1, 2014 Nexium 24HR will be added to this coverage.**
- Members must obtain a prescription for Nexium 24HR in order to receive prescription coverage.
- Members currently using prescription Nexium will save over \$700 per year by switching to the OTC product.
- This coverage does not apply to Medicare Advantage plans.

**Pharmacy and Therapeutics Committee  
Meeting Summary  
May 13, 2014**

Tracy Stephenson welcomed the committee members and notified the committee that the State Health Plan should have a new medical director by the next meeting. She also informed the committee that the Plan will be presenting its Strategic Plan at the May Board of Trustees meeting, and that the Strategic Plan will be shared at an upcoming P&T meeting. Dr. Sally Morton ensured there were no conflicts of interest for members with any of the discussion items.

Sally Morton discussed the following updates to 11 State Health Plan pharmacy coverage management rules for the Traditional pharmacy benefit.

- The Hepatitis C agents prior authorization program will allow coverage for the combination use of Sovaldi and Olysio in interferon ineligible treatment-naïve/relapse patients or in prior non-responders per updated guidelines from the American Association for the Study of Liver Diseases.
- The Revlimid (lenalidomide) prior authorization program now allows coverage for mantle cell lymphoma to include coverage for all FDA approved indications and clarifies medication regimens according to the National Comprehensive Cancer Network (NCCN).
- The double step therapy requiring the use of preferred agents Humira and Enbrel first was added to the Rheumatoid Arthritis prior authorization program for Actemra (tocilizumab), Xeljanz (tofacitinib) and Kineret (Anakinra).
- The double step therapy requiring the use of preferred agents Humira and Enbrel first was added to the Psoriasis prior authorization program for Stelara (ustekinumab). Also new medication Otezla (apremilast) indicated for psoriatic arthritis was added to the prior authorization program.
- Nasacort OTC was added as a step one product in the Nasal Steroids step therapy program.
- Additional FDA approved indications were added to coverage for Kalydeco (ivacaftor) for cystic fibrosis.
- In the Topical Diclofenac prior authorization program, generic diclofenac epolamine patch (Flector) and generic diclofenac sodium topical solution (Pennsaid) will be added as targeted products.
- The Omega 3-Fatty Acids prior authorization program will include generic omega 3-acid ethyl esters (Lovaza) and new brand product Omtryg.
- Coverage for new indication of chronic idiopathic urticaria is added to the Xolair (omalizumab) prior authorization program to include all FDA approved indications.
- Generic eszopiclone (Lunesta) is added to the Sedative Hypnotic step therapy program as a preferred product.
- New oral prostacyclin vasodilator Orenitram (treprostinil) is added to the pulmonary arterial hypertension prior authorization program.

Several new prior authorization programs were reviewed and approved:

- Hetlioz, a melatonin receptor agonist, is indicated for the treatment of Non-24-Hour Sleep-Wake Disorder and studies establishing its efficacy included patients who were totally blind and reported no light perception. It is a highly advertised and a very expensive specialty medication. A prior authorization program was recommended for Hetlioz coverage because of the specialized skills required for evaluation and diagnosis of patients with Non-24, and treatment should be limited to patients who are totally blind with no perception of light. The committee agreed with the recommendation for the prior authorization requirement and also quantity limits of 30 capsules per month. This program will be implemented this Fall.
- The Plan is focusing on programs to target fraud, waste and inappropriate use of controlled substances. One potential program to decrease the use of high cost, highly abused brand name long-acting opioids is to require the use of a generic long-acting opioid product prior to the use of a brand name long-acting opioid product. The step therapy program would require the use of generic first unless the member is unable to tolerate or has a drug allergy noted with morphine sulfate, or if they are pregnant or have renal insufficiency. In addition to the step therapy program it was recommended to implement quantity limits per 30 days on the long-acting generic and brand opioids. Additional quantities for Avinza, Embeda, Exalgo, Kadian, MS Contin, Oramorph SR, Nucynta ER (50mg, 100mg, 150mg), Opana ER, Oxycontin, Zohydro ER and applicable generics can be approved if the provider indicates the member has intractable pain from a chronic condition. The committee agreed with the step therapy and quantity limit program recommendations; however, they noted that these programs should be a part of a comprehensive approach to chronic pain management for members, which should also include disease and case management. These programs will be implemented this Fall.

The committee reviewed the following new drugs for formulary consideration:

- Quartette (ethinyl estradiol/levonorgestrel) – Quartette is an extended-cycle oral contraceptive similar to Seasonale, Seasonique and LoSeasonique. It differs in that it is a four phasic therapy with ascending doses of ethinyl estradiol designed to decrease days of unscheduled bleeding. It appears to be similar in efficacy to other extended-cycle oral contraceptives. Whether it causes fewer days of unscheduled bleeding and spotting remains to be established. Recommended May Add due to the similar efficacy to the other extended-cycle products. It will remain Tier 3 for the 70/30 Plan, and will be included in the ACA preventive drug list contraceptive coverage.
- Prolensa (bromfenac 0.07% ophthalmic solution) – Prolensa is a once daily ophthalmic nonsteroidal anti-inflammatory indicated for the management of pain in the postoperative setting. There is no comparative data to the other once daily products. Currently only have generics as preferred on PDL (Bromfenac is once daily generic available). Recommended May Add, and it will be placed in Tier 2.
- Simbrinza (brinzolamide 1%/brimonidine tartrate 0.2% ophthalmic suspension) – Simbrinza is a unique combination of carbonic anhydrase inhibitor brinzolamide and alpha-2 agonist brimonidine used for glaucoma. It may be used first-line, but must be dosed three times a day. It is an attractive combination product since it does not include timolol and appears effective in lowering intraocular pressure. Recommended May Add, and it will be placed in Tier 3.

- Trokendi XR (topiramate extended-release tablets) – Trokendi XR is an extended-release topiramate indicated for epilepsy that was approved on existing data from Topamax. It may be helpful to have a once daily product, but it cannot be crushed or used in a G-tube. There is no increased tolerability or side effects over the regular release product. It is recommended May Add, and it will remain in Tier 3.
- Esomeprazole strontium delayed-release capsules – It is another esomeprazole product used for acid-peptic disorders with no different release mechanism or other nuance. There is also no comparative data to other proton pump inhibitors. Recommended May Add, and it will remain in Tier 3.
- Tivicay (dolutegravir tablets) – One of 3 integrase strand-transfer inhibitors (INSTI) used to treat HIV. It is non-inferior to other drugs, well-tolerated and can be given once daily unless resistant. It is included as a first line drug in latest HIV treatment recommendations. Recommended Must Add and will be placed in Tier 2.
- Fetzima (levomilnacipran extended-release capsules) – Fetzima is a serotonin and norepinephrine reuptake inhibitor (SNRI) only indicated for major depressive disorder. It is a more potent inhibitor of NE than SE reuptake which the clinical significance is unknown. There is nothing superior about Fetzima. It is recommended May Add, and it will remain in Tier 3. It will also remain a non-preferred product in the SNRI step therapy program.
- Brintellix (vortioxetine tablets) – Brintellix is a serotonin reuptake inhibitor and 5-HT<sub>3</sub> receptor antagonist indicated for major depressive disorder. This multimodal serotonergic activity has not demonstrated any clinical advantages. It is well tolerated and effective with a low incidence of sexual dysfunction and no effect on weight. Recommended May Add, and it will remain in Tier 3.

#### Other Topics –

- Due to the discontinuation of regular release Namenda (memantine tablets) prior to the release of the generic product in 2015, it was recommended to move the extended-release capsules Namenda XR to Tier 2. Namenda XR will be placed in Tier 2.
- The Plan currently covers all over-the-counter (OTC) proton pump inhibitor medications for only \$5 for a 42-day supply in the 70/30 and 80/20 plans. Members in the Consumer-Directed Health Plan (CDHP) are responsible for their deductible and 15% coinsurance. June 1, 2014, the OTC version of Nexium (esomeprazole) 20mg capsules will also be covered with a written prescription. This coverage does not apply to Medicare Advantage plans.