North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

Pharmacy and Therapeutics Committee
February 2014 Meeting Summary

Board of Trustees

March 27, 2014

A Division of the Department of State Treasurer

February P&T Meeting
Updates to Utilization Management Programs

Programs	Update
Melanoma Medication Prior Authorization	Allow coverage of combination of Mekinist and Tafinlar
Antifungal (Noxafil) Prior Authorization	Include new delayed-release tablet formulation
Pulmonary Hypertension Prior Authorization	Add new medications Opsumit and Adempas to program
Psoriasis (Stelara) Prior Authorization	Add step therapy requiring use of preferred agents first
Proton Pump Inhibitors Step Therapy	Add new medication Esomeprazole strontium and new generic Aciphex (rabeprazole)
Hepatitis C Prior Authorization	Add new medications Sovaldi and Olysio
Angiotensin Receptor Blocker Step Therapy	Add new generic Micardis (telmisartan)

February P&T Meeting
New/Revised Utilization Management Programs Reviewed

Program	Indication	Description	Member Impact	Estimated Projected Savings	P&T Recommendation	Target Implementation Date
Growth Hormones	Growth related disorders	Step Therapy	20	$329,000-$411,000	Yes	TBD
Tetracyclines	Acne	Step Therapy	665	$645,000	Yes	August
Buprenorphine, Buprenorphine/ Naloxone sublingual	Opioid Dependence	Prior Authorization	400	$122,000	Yes	August
Proton Pump Inhibitors	Ulcers GERD	Quantity limits	TBD	TBD	Delete Quantity limits	TBD - will recommend comprehensive PPI coverage strategy at later date

February P&T Meeting
New Drugs for Formulary Consideration

Drug	Indication	Tier Placement
Zubsolv (buprenorphine/naloxone sublingual tablets)	Opioid Dependence	3
Brisdelle (paroxetine capsules)	Menopause associated vasomotor symptoms	3
Khedezla (venlafaxine extended-release tablets)	Major Depressive Disorder	3
Mirvaso (brimonidine topical gel)	Erythema of rosacea	2
Breo Ellipta (fluticasone furoate and vilanterol inhalation powder)	Chronic Obstructive Pulmonary Disease	2

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Pharmacy and Therapeutics Committee
Meeting Summary
February 19, 2014

Tracy Stephenson welcomed the committee members and reviewed the fiscal year 2012-13 vs. 2011-12 pharmacy utilization and financial reports. She also reviewed the 2014 benefit plan breakouts for the Plan membership. Sally Morton ensured there were no conflicts of interest for members with any of the items for discussion.

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

- The Melanoma medication prior authorization program will allow coverage for the combination use of Mekinist (trametinib) and Tafinlar (dabrafenib) per new FDA approval for combination use.
- The Noxafil (posaconazole) prior authorization program now includes the new delayed-release tablet formulation in order to include all dosage formulations in the program. There will also be quantity limits placed on the Noxafil tablets.
- New medications, Opsumit (macitentan) and Adempas (riociguat), were added to the Pulmonary Hypertension prior authorization program in order to include all medications in the program.
- Step therapy requirements were added to the Stelara (ustekinumab) prior authorization program to prefer Enbrel or Humira first line.
- 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.
- The Proton Pump Inhibitor step therapy program now includes the new medication esomeprazole strontium as a non-preferred agent and generic Aciphex (rabeprazole) as a preferred agent. Generic rabeprazole is a Tier 2 generic.
- New specialty medications Sovaldi (sofosbuvir) and Olysio (simeprevir) were added to the Hepatitis C prior authorization program. Dr. Patel and colleagues from his practice reviewed the criteria.
- Generic Micardis (telmisartan) was added as a preferred agent to the Angiotensin Receptor Blocker step therapy program and brand Micardis was moved to a non-preferred agent.

Several new and revised prior authorization programs were reviewed and approved:

- It was recommended to further limit the preferred Growth Hormones in the Growth Hormone step therapy program to two preferred agents instead of three. There are no clinical differences among the products and product choice appears to be based on the delivery device and manufacturer support programs. The committee agreed with the recommendation to limit the preferred agents in this class if it provided financial savings to the Plan. The Plan's formulary management committee will choose the preferred products for the step therapy program. The Plan will implement late summer.
- Based on a local neurologist's feedback on the Anti-narcoleptic agent prior authorization criteria, Dr. Konanc and the committee reviewed the coverage for Multiple Sclerosis related fatigue once again. The committee agreed that coverage should be allowed for Provigil (modafanil) and Nuvigil (armodafanil) for MS related fatigue since fatigue is so common in MS and there are not many other effective treatment options. This coverage allowance will be added immediately.
- The Plan currently has a step therapy program for brand Solodyn and Oracea oral tetracycline products used for acne. The Plan recommended including additional brand and generic extended-release tetracycline products such as Doryx, Monodox and Morgidox in the step therapy program too. Dr. Flynn and the committee agreed with the recommendation. The additions to the program will be implemented in late summer.
- Currently the Plan has a quantity and duration limit for prescription Proton Pump Inhibitors (PPIs) limiting the use to 90 days in 180 days (without an approval) which was implemented in 2004 when there was a question about the long term safety of PPIs. Dr. Patel and the committee reviewed the criteria and agreed that there are many indications that require chronic daily use of a PPI and this policy may not be necessary any longer. The Plan may incorporate the recommendation to discontinue the prescription quantity limits in a comprehensive PPI coverage strategy for 2014/15 factoring in the release of over-the-counter and generic Nexium expected this year.
- With increased concern over prescription drug abuse, the Plan recommended the implementation of a sublingual buprenorphine and buprenorphine/naloxone prior authorization program with quantity limits ensuring appropriate prescribing for opioid dependence. Dr. Bentsen, Dr. Grigg and the committee reviewed possible authorization criteria and agreed that prior authorization was appropriate for these medications to avoid use for chronic pain. The Plan will implement the prior authorization program in August 2014.

The committee reviewed the following new drugs for formulary consideration:

- Zubsolv (buprenorphine/naloxone sublingual tablets) – New formulation of buprenorphine/naloxone. Recommended May Add due to its similar safety and efficacy for treating opioid dependence; however, Suboxone films may be a safer agent to use due to its individual packaging, and it already has the majority of the utilization. Zubsolv will remain in Tier 3 and Suboxone films will move to Tier 2 when the prior authorization program is implemented in order to have a brand product in Tier 2.
- Brisdelle (paroxetine 7.5mg capsules) – First labeled medication for the vasomotor symptoms associated with menopause. Recommended May Add due to its similar efficacy to other pharmacologic alternatives to hormone therapy; however, hormone therapy is the most effective therapy. It will remain in Tier 3.
- Khedezla (desvenlafaxine extended-release tablets) – Third desvenlafaxine product on the market with no apparent advantages over generic products such as venlafaxine or duloxetine and is only approved for Major Depressive Disorder. It is recommended May Add, and it will remain in Tier 3. It will be added as a non-preferred agent in the Serotonin and Norepinephrine reuptake inhibitors (SNRIs) step therapy program.

- Mirvaso (brimonidine 0.33% topical gel) – It has a unique mechanism of action and is the only medication specifically indicated for the reduction of erythema in patients with rosacea. It has a direct effect on erythema and works faster than other agents. Recommended May Add, and it will be in Tier 2.
- Breo Ellipta (fluticasone furoate and vilanterol inhalation powder) – Combination corticosteroid and long-acting beta agonist effective and safe for the treatment of COPD. It is not indicated for asthma. The breath activated device is simple to use and dosed once daily. Recommended May Add and will be in Tier 2.