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

Pharmacy and Therapeutics Committee
Meeting Summary
May 14, 2013

Derek Prentice welcomed the committee members, and announced the appointment of Mona Moon as the new Executive Administrator. 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 Forest.

Dr. Sally Morton discussed the following changes to fourteen 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 Orencia SQ step therapy program now only requires the use of Enbrel OR Humira prior to coverage approval in the step therapy program. ESI recommended adding many off-label indications to the coverage for Enbrel and Humira. The committee recommended to maintain the current criteria which only approves for labeled indications and off-label items should be handled on appeal.
- The Topical Diclofenac step therapy program now requires the trial of 2 different NSAIDs and considerations for age and NSAID associated risk factors were added.
- The Dificid (fidaxomicin) prior authorization program now allows coverage for patients treated for C.Difficile associated diarrhea for the first time, if the patient has tried metronidazole or oral vancomycin.
- The new medication Onmel (itraconazole) was added to the Antifungal agent prior authorization program to include all medications indicated for onchomycosis.
- The step therapy program for Oracea (doxycycline) used to treat acne now requires the use of one generically available immediate-release or delayed release doxycycline product.
- Due to the generic availability of the majority of SSRIs used for depression, it was recommended to discontinue the SSRI step therapy program requiring the use of generics first prior to the brand.
- A new medication Rescula (unoprostone) was added to the Glaucoma step therapy program as a non-preferred agent and multisource brands will now be targeted.
- Multisource brands (Flonase and Nasacort AQ) will be added as non-preferred targets in the Nasal Steroid step therapy program.
- Due to the generic and over-the-counter availability of most non-sedating antihistamines (NSA) and Singulair, it was recommended to discontinue the NSA and Singulair step therapy program.
- The Growth Hormone prior authorization criteria have been revised to include many changes to the conditions listed within the covered indications.
- The COX II (Celebrex) prior authorization program added coverage allowances for decreased platelet counts or other coagulation disorders, hypersensitivity to aspirin or NSAIDs and aspirin or NSAID induced asthma. Exclusions were added for use in bariatric surgery and preoperatively, perioperatively or postoperatively.
- The Solodyn (minocycline) step therapy requires the use of one minocycline product first.

- The new Multiple Sclerosis (MS) oral medication Tecfidera was added to the MS prior authorization program. The oral agents used in the treatment of MS (Aubagio, Gilenya and Tecfidera) require the use of 2 interferons first.
- The anti-emetic quantity limits were revised to allow for one year of coverage for all indications.

The committee discussed the Plan's available tobacco cessation resources to help members qualify for premium credits in 2014 for the Enhanced 80/20 PPO Plan and Consumer Directed Health Plan (CDHP) for members. To qualify for the premium credit members must attest to being a non-smoker or participation in a smoking cessation program. The committee agreed with the recommendation to focus on supports offered through the Quitline since there was counseling and nicotine replacement therapy available which has proven to be the most beneficial for sustained smoking cessation rates. Due to the safety concerns with prescription Chantix it was not recommended to reduce the copay on prescription products any further than Tier 2. However, the Plan is clarifying the smoking cessation intervention mandates in the Affordable Care Act (ACA) that must be available in 2014 for the 80/20 and CDHP plans. Since the Plan offers the resources through the Quitline at no charge to members that may satisfy the ACA requirements without having to offer prescription products at no charge as well.

The committee reviewed the following new drugs for formulary consideration:

- Ultresa (pancrealipase delayed-release capsules) – recommended May Add due to similar efficacy to currently preferred products. It will remain in Tier 3.
- Viokace (pancealipase tablets) – recommended Must Add due to it being the only available non-enteric coated product. It will be in Tier 2.
- Prepopik (Sodium picosulfate, magnesium oxide, and anhydrous citric acid oral solution) – recommended May Add due to the equivalent efficacy to other agents; however, has the advantage of better taste and tolerability due to the low volume required. It will remain in Tier 3.
- Linzess (linaclotide capsules) – recommended May Add due to its efficacy in reducing abdominal pain and increasing bowel movements in irritable bowel syndrome with constipation. However, it should be reserved for patients with chronic constipation who have tried other options. It will remain in Tier 3 until a step therapy/prior authorization program can be implemented.
- Rayos (prednisone delayed-release tablets) – recommended Must Not Add since it does not offer any advantages to regular prednisone and should be reserved for adjunctive therapy only if failing DMARD. It will remain in Tier 3.
- Qsymia (phentermine and topiramate extended-release capsules) – recommended May Add due to concerns about long term safety. Effective agent for weight management only if used in combination with diet and exercise. It will remain in Tier 3 with the prior authorization program.
- Tudorza Pressair (aclidinium bromide inhalation powder) – recommended May Add due to its effectiveness in decreasing the moderate to severe exacerbations of COPD. It will be in Tier 2.
- Binosto (alendronate effervescent tablets) – recommended May Add due to similar efficacy and safety to other products. It will remain in Tier 3 and non-preferred agent in the bisphosphonates step therapy program.
- Qnasl (beclomethasone dipropionate nasal aerosol) – recommended a May Add due to similar efficacy to other products. It will remain in Tier 3 and non-preferred agent in the nasal steroid step therapy program.