



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



**Pharmacy and Therapeutics Committee
November 2013 Meeting Summary**

Board of Trustees

January 31, 2014

A Division of the Department of State Treasurer

Pharmacy Benefits

	Description	Traditional 70/30 Plan	Enhanced 80/20 Plan	Consumer-Directed Health Plan
Tier 1	Most cost-effective medications, which includes mostly generic drugs.	\$12 per 30-day supply	\$12 per 30-day supply	15% coinsurance after deductible (in-network)
Tier 2	Preferred brand medications, including some high cost generic drugs and compound drugs.	\$40 per 30-day supply	\$40 per 30-day supply	35% coinsurance after deductible (out-of-network)
Tier 3	All other non-preferred brand drugs for which alternatives are available in lower tiers.	\$64 per 30-day supply	\$64 per 30-day supply	
Tier 4	Preferred Specialty medications which may include some Biosimilar specialty medications.	25% coinsurance up to \$100 per 30-day supply	25% coinsurance up to \$100 per 30-day supply	
Tier 5	Non-preferred Specialty medications which may include some Biosimilar specialty medications.	25% coinsurance up to \$150 per 30-day supply	25% coinsurance up to \$150 per 30-day supply	
ACA Preventive Medications	List of preventive medications required by the Affordable Care Act (ACA) to be covered at 100%.	N/A	\$0 (covered at 100%)	
CDHP Preventive Medications	List of preventive medications used to help prevent and manage certain chronic health conditions.	N/A	N/A	15%, no deductible

For 80/20 and 70/30 Plans, **brand name drugs with a generic equivalent** – Member pays the Tier 1 copay plus the difference between the Plan’s cost of the brand name drug and the Plan’s cost of the generic drug, not to exceed \$100 per 30-day supply of the brand medication.

Pharmacy Utilization Management

- Pharmacy Utilization Management programs apply to **all** pharmacy benefit plans (Traditional 70/30, Enhanced 80/20 and CDHP)
- **Prior Authorization Programs** – patient specific therapeutic review to ensure patient receives the most clinically effective treatment and to ensure appropriate prescribing
- **Quantity Limit Programs** – defined initial benefit allowances and coverage review available for higher quantities
- **Step Therapy Programs** – ensures the Plan preferred medications are used first unless the member has experienced treatment failure or intolerance to preferred agents

Pharmacy and Therapeutics (P&T) Committee

- Advisory panel of practicing physicians and pharmacists independent of the Plan in multiple specialty areas.
- Current specialties represented include Dermatology, Psychiatry, Neurology, Internal Medicine, Ophthalmology, Rheumatology, Infectious Disease, Family Practice, Retail Pharmacy and Managed Care Pharmacy.
- Co-chaired by Plan Medical Director and Clinical Pharmacist.
- Plan Pharmacy and Medical staff also participate.
- Meets quarterly to review clinical information relating to the pharmacy formulary or preferred drug list and policies.

P&T Committee Purpose

- To develop and review the prescription drug formulary and to ensure the formulary is appropriately revised to adapt to the release of new drugs on the market. The Committee does this by reviewing drug products and clinical programs related to their specialty for use by the Plan, and its members.
- The P&T Committee makes recommendations regarding tier placement of drugs on formulary, reviews and approves pharmacy utilization management clinical criteria (e.g., prior approval and quantity limitations), and provides input on other pharmacy issues including addition and deletion of drugs from the preferred drug list.

Plan Formulary Management Process

Pharmacy Benefit Manager (PBM)

- Provides manufacturer contracting information
- Provides clinical reviews & PBM's P&T committee recommendations

P&T Committee

- Reviews new medication clinical information for tier placement and provides recommendations
- Reviews proposed new and revised coverage management programs and provides recommendations

State Health Plan

- Implements preferred drug list and coverage management programs based on P&T recommendations & PBM impact analysis

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Updates to Utilization Management Programs

Programs	Update
Multiple Sclerosis Prior Authorization	Removal of the step therapy requirement for the oral products
Melanoma Prior Authorization	Revision to current program due to the approval of new medications
Pulmonary Hypertension Prior Authorization	Removal of the step therapy requirement for Letairis
Rheumatoid Arthritis (Cimzia) Prior Authorization	Add coverage for newly approved indications
Psoriasis (Stelara) Prior Authorization	Add coverage for newly approved indications
Anti-emetic Quantity Limits	Decision to maintain current limits
Rheumatoid Arthritis (Actemra SQ) Prior Authorization	Include this SQ formulation in the Rheumatoid Arthritis prior authorization program

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New Utilization Management Programs Reviewed

Program	Indication	Description	Member Impact	Estimated Projected Savings	P&T Recommendation	Target Implementation Date
New melanoma specialty medications	Skin Cancer	Prior Authorization	Current members will be grandfathered	N/A	Yes	January
Epinephrine auto-injector	Allergic Reactions	Step Therapy	30	\$336,000	Yes	April
Inhaled corticosteroids	Asthma	Step Therapy	1,175	\$375,000	Yes	April
Rapid and intermediate-acting Insulin	Diabetes	Step Therapy	7,000	\$6 million	Yes	July

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New Drugs for Formulary Consideration

Drug	Indication	Tier Placement
Invokana (canaglifozin tablets)	Diabetes	3
Liptruzet (ezetimibe/atorvastatin tablets)	Hypercholesterolemia	3
Diclegis (doxylamine succinate and pyridoxine hydrochloride delayed-release tablets)	Pregnancy associated nausea and vomiting	3
Fulyzaq (crofelemer delayed-release tablets)	HIV non-infectious diarrhea	3
Uceris (budesonide extended-release tablets)	Ulcerative Colitis	2
Osphena (ospemifene tablets)	Dyspareunia (Painful intercourse)	Plan excludes coverage for sexual dysfunction drugs