



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



## Pharmacy & Therapeutics Committee February 2016 Meeting Summary

*Board of Trustees Meeting*

May 13, 2016

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*A Division of the Department of State Treasurer*

# Updates to Utilization Management Programs

| Programs  | Update   |
|---|--|
| <b>Juxtapid and Kynamro</b><br>Prior Authorization Policies | New Injectable products for use in familial hypercholesterolemia, with PAs based upon FDA indications, including prior trial of PCSK9 drugs.           |
| <b>Orencia</b> Prior Authorization                          | PA updated consistent with new FDA indications for use in Rheumatoid Arthritis, and exclusion for use in psoriasis.                                    |
| <b>Enbrel</b> Prior Authorization                           | PA updated consistent with new FDA indications for use in undifferentiated spondyloarthropathies and reactive arthritis, with some new exclusions.     |
| <b>Humira</b> Prior Authorization                           | PA updated consistent with new FDA indication for use in hidradenitis suppurativa and spondyloarthropathies, with exclusion in polymyalgia rheumatica. |

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|---|--|
| <b>Odomzo and Erivedge</b> Prior Authorization Policies             | New PAs consistent with FDA indication for use in basal cell carcinoma of skin after all surgical and radiation therapies have been utilized.                              |
| <b>Nucala</b> Prior Authorization Policy                            | New PA consistent with FDA indication for use in severe persistent asthma with an eosinophilic phenotype on maximal maintenance therapy, with several specific exclusions. |
| <b>Stivarga, Lonsurf, and Cotellic</b> Prior Authorization Policies | New PAs for 3 new oncology medications, each with specific FDA approved indications.   |

# Updates to Utilization Management Programs

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|--|---|
| <b>Keveyis</b> Prior Authorization Policies                        | New PA consistent with FDA indications for use in primary hyperkalemic periodic paralysis and related variants.   |
| <b>Daraprim</b> (pyrimethamine tablets) Prior Authorization Policy | New PA for drug indicated in the treatment of toxoplasmosis and malaria, in conjunction with other medications – due to recent dramatic price increase. Policy allows for up to a two-week supply to be dispensed prior to PA approval to avoid delay in therapy. |

# New Drugs for Formulary Consideration

| Drug   | Indication   | Tier Placement |
|--|--|----------------|
| <b>Synjardy</b> (metformin and empaglifloxin tablets)    | Diabetes, Type 2   | 3              |
| <b>Tresiba</b> (insulin degludec injection)              | Diabetes   | 3              |
| <b>Viberzi</b> (elluxadoline tablets)                    | Irritable Bowel Syndrome with diarrhea   | 2              |
| <b>Envarsus XR</b> (tacrolimus extended release tablets) | Kidney transplant rejection prophylaxis  | 3              |
| <b>Vraylar</b> (cariprazine capsules)                    | Atypical antipsychotic for the treatment of schizophrenia and the acute treatment of manic episodes associated with bipolar disorder | 3              |
| <b>Tolak</b> (fluorouracil 4% cream)                     | Actinic keratosis on the face, ears, or scalp  | 3              |
|  |  |                |

# Additional Topics

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- **New Specialty Generic Tier (Tier 4):**

Traditional Tiers: 1 – preferred generics, 2 – preferred brand and high-cost generics, 3 – non-preferred brands

Specialty Tiers: 4 – generic specialty, 5 – preferred brand specialty, 6 – non-preferred specialty

- **Specialty Medication Transition from Medical to Pharmacy Benefit:**

Three phases planned with focus on patient safety, convenience, physician buy-in, and cost savings.