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

STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

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PHARMACY AND THERAPEUTICS (P&T) COMMITTEE
May 15, 2019

The meeting of the Pharmacy and Therapeutics (P&T) Committee of the North Carolina State Health Plan for Teachers and State Employees (The Plan) was called to order at 6:30 P.M. (EST) on Wednesday, May 15, 2019, via webinar, accessible to the public through the Plan's website. Quorum was present.

MEMBERS PRESENT:
Sundhar Ramalingam, MD, Oncologist, Duke Cancer Center
Peter Robie, MD, General Internist, Wake Forest Baptist Community Physicians
Tony Gurley, RPh, JD, Owner/Pharmacy Manager, Glenwood South Pharmacy + Market
Jennifer Burch, PharmD, Owner, Central Compounding Center
John J. Engemann, MD, Infectious Disease Specialist, Raleigh Infectious Disease Associates, PA
Joseph Shanahan, MD, Owner, Shanahan Rheumatology & Immunotherapy
David Konanc, MD, Neurologist, Raleigh Neurology Associates
John Anderson, MD, MPH, Chief Medical Officer, Duke Primary Care

MEMBERS ABSENT:
Matthew K. Flynn, MD, Founder, Family Dermatology

PLAN & VENDOR STAFF:
Carl Antolick III, PharmD, Clinical Pharmacist (Chair), State Health Plan
Tracy Linton, MPH, Sr. Director, Plan Benefits, State Health Plan
Renee Jarnigan, RPh, Clinical Advisor, CVS Health
Stephanie R. Morrison, PharmD, BCPS, Clinical Advisor, CVS Health

Welcome:
The Chairperson welcomed the Committee members and guests to the webinar and performed roll call.

Conflict of Interest
In compliance with the requirements of Chapter 138A-15(e) of the State Government Ethics Act the Chairperson read the NCSHP's Ethics Awareness & Conflict of Interest Reminder to the P&T Committee members and requested that members who have either an actual or perceived conflict of interest identify the conflict and refrain from discussion and voting in those matters as appropriate. No conflicts of interest were noted.

Old Business:
The Chairperson summarized some of the Plan's recent formulary decisions. This includes removing the following products from the formulary: ZYTIGA, EPOGEN, PROCRIT, & Solubiomix's BUTALBITAL/ACETAMINOPHEN 50-300 MG capsules, & DICLOFENAC GEL 1%; moving the following branded products to non-preferred status: ATRALIN GEL 0.05%, COREG CR, ESTRACE VAGINAL CREAM 0.01%, LUZUCREAM 1%, UCERIS, MESTINON TIMESPAN, & TOPICORT; and adopting the following new utilization management criteria: Butalbital Containing Analgesics (Brand/Generics) Policy, Fortamet, Glumetza Policy (Proposed Revisions), Onfi Policy, & Orilissa Policy. All these changes were approved by the Committee during February's meeting and subsequently went into effect April 1, 2019.

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Minutes from Previous P&T Meeting:
The Chairperson asked the P&T Committee members to review the February 2018 P&T meeting minutes, which were distributed prior to the meeting. There were no additions or corrections to the minutes so they were approved as is.

Formulary Updates:
The Chairperson introduced CVS Caremark's Clinical Advisors Heather Renee Jarnigan, RPh, & Stephanie Morrison, PharmD, BCPS whom would be presenting CVS Caremark's Quarterly Formulary Updates, effective July 1, 2019. This included drug removals and additions to the formulary as well as tier changes and utilization management policies.

Ms. Jarnigan began by reviewing the following products that will be excluded from the formulary starting on the effective date: EPIVIR HBV, VEMLIDY, ZARXIO, ZORTRESS, BARACLUDE tablets, HEPSERA, CHORIONIC GONADOTROPIN, NOVAREL, PREGNYL, FULPHILA, GRANIX, CELLCEPT, MYFORTIC, RAPAMUNE, ASTAGRAF XL, ENVARSUS XR, ZORVOLEX, RHEUMATE, FOSTEUM, FOSTEUM PLUS, VASCULERA, FML LIQUIFILM & LACTULOSE (NDC 46600020003010), NAPROXEN (NDC 66100060001805) & ALTABAX. All products being removed have therapeutic alternatives or generic equivalents that are covered as preferred products on the Plan's custom formulary. During the discussions it was noted that there is an exceptions process available for any excluded product if deemed medically necessary. Dr. Robie asked whether there were restrictions on the type of providers whom could prescribe the colony-stimulating factor therapies and it was determined by Ms. Jarnigan that there were not. There was no opposition to the formulary removals from the Committee members, so the changes were approved as presented.

Ms. Jarnigan identified all the branded products that will be moving to a non-preferred status, or up tiered. They included: SAVELLA, RAPAFLO, CANASA, CARAFATE, TENORETIC, & CIALIS (2.5 and 5 mg). All of these products have formulary alternatives that are preferred. There was no opposition from the Committee members so the changes were approved as presented.

Ms. Jarnigan identified all the branded products that will be moving to a preferred status, or down tiered. They include: NEULASTA, EYLEA, LUCENTIS, & V-GO. There was no opposition from the Committee members so the changes were approved as presented.

Ms. Jarnigan identified all the medications that were being removed from CVS's New-to-Market block and would be available as covered products effective July 1, 2019, while Dr. Morrison covered any utilization management policies that went along with the new products. The new medications being added to the formulary are as follows: ELZONRIS, DIACOMIT, UDENYCA, NIVESTYM, CIMDUO, SYMFI LO, SYMFI, ESBRIET, ALYQ, TADALAFIL, VANCOMYCIN, TECENTRIQ, PROGRAF, FEMRING, NOVOLIN, LEUCOVORIN, & SPRAVATO. XEPI was recommended to be added to the formulary, but per Dr. Flynn's assessment that topical antibiotics are not superior to oral treatments in impetigo which was also concurred by Dr. Robie and Dr. Engemann, XEPI was not added to the formulary. There was no other opposition from the Committee members, so the other product additions were approved as presented.

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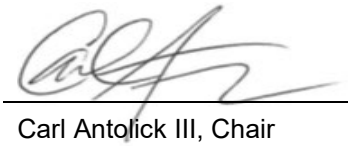
The Committee then reviewed new utilization management policies that were under consideration for adoption. They included: Opioid Policies for Age <19 (effective Oct. 1, 2019) and the Xiidra Policy. Dr. Anderson wanted to confirm the process for obtaining greater than a 3-day supply for an opioid in a child or adolescent if the new Opioid Policy was put into place. Dr. Morrison noted that a Prior Authorization would be required if the member needed more than a 3-day supply. She also noted that the Plan already has a 7-day limit on acute opioid products which would also require a prior authorization to exceed. There was no opposition from the Committee members regarding the policies, so they would be enacted on July 1, 2019 & October 1, 2019 respectfully.

Adjourn

Dr. Antolick addressed the Committee by thanking them for their service and informed them that the next meeting would be held on August 14th at 6:30 P.M. via webinar. The meeting was adjourned at approximately 7:50 P.M. (EST).



Carl Antolick III, Chair