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

Pharmacy and Therapeutics Committee
Meeting Summary
August 20, 2013

Dr. Derek Prentice welcomed the committee members, and the committee members introduced themselves to Mona Moon. Sally Morton ensured there were no conflicts of interest for members with any of the items for discussion.

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

- The new generic for Travatan (travoprost) was added as a preferred agent in the Glaucoma step therapy program to include all generics as preferred agents.
- A new branded generic product extended release Desvenlafaxine was added as a non-preferred agent to the Pristiq step therapy program to include all brand SNRIs as non-preferred products.
- The Xeljanz (tofacitinib) step therapy program now requires the use of two biologics first instead of just one since Xeljanz is a non-preferred product.
- The Simponi (golimumab) prior authorization criteria were updated to allow coverage for the new approved FDA indication of moderate to severe ulcerative colitis.
- Due to the integration of the ESI/Medco criteria, the Kineret (anakinra) step therapy program requires a 3 month trial of another biologic first for rheumatoid arthritis, and it must be prescribed by a rheumatologist.
- Generic Atacand (candesartan) was added as a preferred agent in the Angiotensin Receptor Blocker step therapy program and multisource brand Atacand was added to the non-preferred agents.
- Multisource brands, Fosamax and Boniva, were added as non-preferred agents to the Bisphosphonate step therapy program.
- In the Triptan step therapy and quantity limit program, the new product Zecuity (sumatriptan transdermal patch) was added as a non-preferred agent and quantity limits added. Generic zolmatriptan and rizatriptan were added as preferred agents, and brand Zomig and Maxalt are non-preferred agents.
- In order to include all CNS stimulants used for ADHD in the prior authorization criteria, Zenzedi (dextroamphetamine) and Quillivant XR (methylphenidate extended release oral suspension) were added to the program.
- Due to a manufacturer contracting opportunity, Axiron (testosterone topical solution) will be added as a preferred option in the Androgen step therapy program along with Androgel.
- The Antiemetic quantity limits will be revised 1/1/14 to limit coverage to FDA approved dosing.
- In the Interferon prior authorization program, coverage for Pegintron and Pegasys will be added for acute hepatitis C and recurrent hepatitis following liver transplant based on revised treatment guidelines. Also CD4 cell count requirements for the coverage of Intron-A were changed from 400 to > 200.
- In the Hepatitis agent prior authorization program, coverage will be allowed in the post liver transplant setting based on new supporting data.

The committee discussed Specialty pharmacy management under the pharmacy benefit:

- The addition of new prior authorization programs for high-cost specialty medications used for rare diseases was discussed. The recommended new prior authorization programs include Arcalyst (rilonacept SC injection), Chenodal (chenodial tablets), Ilaris (canakinumab SC injection), Korlym (mifepristone tablets), Kuvan (sapropterin tablets), Promacta (eltrombopag) and Xenazine (tetrabenazine) to ensure these high-cost specialty medications are prescribed for the approved indications and the members are followed by a specialist. The committee reviewed the proposed approval criteria and agreed these medications should require prior authorization since there is a risk of them being prescribed for off-label indications, and they should be prescribed by an appropriate specialist. Prior authorization programs will be implemented for these medications January 1, 2014, and current users will be grandfathered.
- The Board approved a Tier 5 for its Traditional pharmacy benefit to include non-preferred specialty medications which may include some Biosimilar specialty medications with a 25% coinsurance up to $150 max per 30 day supply. The committee discussed the implementation of Tier 5 on January 1, 2014. The Plan recommended that all specialty medications will remain in or be placed in the preferred specialty tier (Tier 4) unless they are non-preferred in a step therapy program, there is a generic available for the brand or a Biosimilar is available. All specialty step therapy programs will continue to be reviewed by the committee, and the Biosimilar opportunities will be reviewed when available. The committee agreed with the recommendation and to move the current non-preferred specialty medications (those in step therapy programs or brands that have a generic available) to Tier 5. Affected members will be notified prior to the increased member coinsurance.

The committee also discussed the implementation of placing high-cost generics in Tier 2 as approved by the Board. The Plan recommended that initially only new high-cost (>$150 per 30 day supply) and/or exclusive single source generics be placed in Tier 2 until they become multi-source (available from multiple manufacturers) and the price drops < $150 at which time they would move to Tier 1. The Plan may evaluate high-cost generics due to large inflation currently on the market at a later time for potential placement in Tier 2. The latter would require member notification and P&T review; therefore, the Plan may assess implementation at a later date. The committee agreed with this approach; however, strongly supported moving existing generics with large price increases to Tier 2. The first new high-cost generics will be placed in Tier 2 after October 1, 2013.

Several new prior authorization programs were reviewed and approved:

- Due to the availability of many generic topical acne products, the Plan recommended a generic first step therapy program for topical acne medications, cleansers and combination kits. Dr. Flynn and the committee agreed with the recommendation. The Plan will implement in first quarter 2014.
- Also due to the availability of many generic topical corticosteroids, the Plan recommended a generic first step therapy program for topical corticosteroids. Dr. Flynn and the committee agreed with the recommendation. The Plan will implement in first quarter 2014.

- With the review of another prescription omega-3 fatty acid product (Vascepa), the Plan recommended a prior authorization program for Lovaza and Vascepa to ensure the appropriate use in members with high triglycerides only if the member has tried or is currently receiving another product used for hypertriglyceridemia. The committee agreed with the recommendation since there are so many alternatives to prescription omega-3 fatty acid products. The Plan will implement January 1, 2014.

The committee reviewed the following new drugs for formulary consideration:

- Vascepa (icosapent ethyl capsules) – recommended May Add due to its safety and efficacy for lowering triglycerides; however, over-the-counter fish oil is an alternative. It will remain in Tier 3 and prior authorization criteria implemented.
- Eliquis (apixaban tablets) – recommended May Add due to its similar advantages to other preferred anticoagulants. It will remain in Tier 3.
- Nesina (alogliptin), Kazano (alogliptin/metformin) and Oseni (alogliptin/pioglitazone) – recommended May Add due to comparable efficacy to other DPP-4 inhibitors. They will remain in Tier 3 and non-preferred in the DPP-4 inhibitor step therapy program.