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**Pharmacy and Therapeutics Committee
Meeting Summary
February 9, 2010**

The committee welcomed Dr. Matthew Flynn, a dermatologist from Family Dermatology in Raleigh, to the P&T committee. Also two new pharmacy appeals coordinators from BCBSNC joined the meeting, Donna Williams and Nana McLean. Dr. Jack Walker then presented the State Health Plan Strategy- 2011 and Beyond. The Plan's objective is to continue engaging those members who currently have high health risks in disease and case management, while maintaining the health status of those members at low risk. In the next two years, the Plan will be working on a strategy to engage at least 70%-80% of its employees and retirees in healthy lifestyle behaviors. The Plan will recommend new benefit options with wellness incentives. For example, members could qualify for significant benefit cost sharing reductions by having an appropriate "wellness score," completing a periodic preventive screening, having a member-designated primary care physician, adhering to an established treatment plan, not using tobacco products, and maintaining a healthy weight.

Dr. Sally Morton then addressed changes to six of the State Health Plan's pharmacy coverage management rules. The proton pump inhibitor step therapy program will no longer require members using Plavix to use omeprazole and Nexium first due to a drug interaction. Sumavel, a new needleless sumatriptan injectable device for the treatment of migraines, has been added to the Triptan step therapy and quantity limit criteria. Terbinex (combination kit including terbinafine tablets and hydroxypropyl chitosan nail lacquer) for the treatment of onychomycosis will be added to the antifungal prior authorization criteria. For the treatment of rheumatoid arthritis, Simponi (Golimumab) will now require an inadequate response or intolerance to at least one TNF inhibitor prior to coverage, and a new drug, Actemra (Tocilizumab), will be added to the criteria. The nasal steroid step therapy program will remove Nasarel and Nasacort from the criteria and add a therapeutic failure step. Also, brand Pexeva (Paroxetine) will be added to the SSRI step therapy program.

Dr. Matthew Flynn reviewed the formulary status of topical acne products. Differin (Adapalene) is currently non-preferred and is a highly utilized, effective product which is due to become generic this year. Retin A Micro (Tretinoin) is equally effective; however, Differin could be an effective alternative. He recommended that it was appropriate to move Differin to the preferred tier to replace Retin A Micro. The committee agreed with his recommendations.

Dr. Jennifer Burch reviewed the formulary status of Lo Seasonique (Levonorgestrel/Ethinyl Estradiol) and other oral contraceptives. Dr. Burch stated that Lo Seasonique is an extended day contraceptive; however, there are no significant advantages over generic or other preferred agents. Ortho Tri Cyclen Lo has fairly low utilization compared to other generics and preferred agents and does not provide any significant clinical advantages. Dr. Burch recommended Lo Seasonique to be a "May Add", and that Ortho Tri Cyclen Lo was suitable to move to the non-preferred tier. The committee agreed with her recommendations.

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Dr. Sheila Marshall, Dr. John Engemann, Dr. John Anderson, Dr. Andrea Bradford, Dr. Matthew Flynn, Dr. Dorothy Bell, Dr. Jennifer Smith and Dr. Morton reviewed the new medications for formulary consideration. Nuvigil™ (Armodafinil) for narcolepsy, Nucynta® (Tapentadol) for the treatment of acute pain, Effient® (Prasugrel) for the prevention of thrombotic cardiovascular events, Besivance™ (Besifloxacin Ophthalmic suspension) for conjunctivitis, Onglyza™ (Saxagliptin) for diabetes, Rapaflo™ (Silodosin) for benign prostatic hyperplasia, Vimpat® (Lacosamide) for seizures, Savella™ (Milnacipran) for fibromyalgia, Cetraxal® (Ciprofloxacin otic solution) for acute otitis externa, Vectical™ (Calcitriol) for psoriasis, Lamictal® ODT/XR (Lamotrigine orally disintegrating tablets and extended release tablets) for seizures and Exforge HCT® (Amlodipine/valsartan/HCTZ) were considered “may add” medications due to their lack of significant clinical advantages over existing products. Coartem® (Artemether/Lumefantrine) for the treatment of malaria, and Ulesfia® (Benzoyl alcohol lotion 5%) for head lice were considered “must add” medications due to being unique products with improved efficacy and tolerability.

The Plan shared a high utilization program with practitioners that is designed to identify and alert physicians about members that meet criteria indicative of potential misuse or abuse of prescription medications in specific therapeutic categories. If recommended by the treating physician and approved by the Plan, a pharmacy restriction will be implemented to better control future pharmacy utilization concerns. The Plan is working towards a Spring implementation of this program.