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Pharmacy & Therapeutics Committee Summary of March and May 2017 Meetings

Board of Trustees Meeting

June 2, 2017

A Division of the Department of State Treasurer

Pharmacy & Therapeutics Committee

- The State Health Plan's P&T Committee held a meeting on:
 - March 21, 2017
 - May 23, 2017
- The committee evaluated proposed updates to the Plan's Closed, Custom Formulary to ensure any changes would provide appropriate drug therapy to meet our members' clinical needs in an effective, efficient, and fiscally responsible manner.
- Topics for consideration included:
 - Drug Removals from the Formulary
 - Drug Additions to the Formulary
 - Drug Tier Changes
 - Drug Utilization Management Criteria

Formulary Removals – Hyperinflated Products

March 2017

- E.E.S.®
- Eryped®
- Macrodantin®
- Betapace®
- Betapace AFR®
- Lanoxin®
- Dyrenium®
- Zonegran®
- Cafergot®
- Miacalcin® injection and spray
- Urozatral®
- Rimso-50®
- Vanoxide-HC®

May 2017

- Fanapt®
- Colazal®
- Bensal HP®
- FML Forte®
- FML Liquifilm®
- FML®
- Minocin®
- Pred Forte®
- Pred Mild®

Formulary Removals – Advanced Control Specialty

March 2017

- None

May 2017

- Berinert®
- Otrexup®

Formulary Additions – New Drugs

March 2017

- Cabometyx®
- Cotellic®
- Emend® suspension
- Lartruvo®
- Kyprolis®
- Impavido®
- Vemlidy®
- Adzenys-ODT®
- QuilliChew ER®
- Onzentra Xsail®
- Zembrace SymTouch®
- Keveyis®
- Exondys 51®
- Belsomra®
- Rayaldee®
- Veltassa®
- Corlanor®
- Linzess®
- Obredon®

May 2017

- Rytary™ (4 strengths)
- vancomycin (6 formulations)
- Dupixent®
- Ocrevus™
- Eucrisa™
- Bavencio®
- Zejula™
- Stamaril®
- Ruconest®
- Namzaric®

Formulary Tier Changes

March 2017

- Non-preferred
 - Nitrostat®
 - Nuvigil®
 - Ortho Tri-Cyclen Lo®
 - Arcapta®
- Preferred
 - Somatuline®
 - Somavert®
 - Corlanor®
 - Climara®
 - Veltassa®
 - Striverdi®

May 2017

- Non-preferred
 - Kaletra®
 - Epzicom®
 - Moviprep®
 - Zetia®
 - Albenza®
- Preferred
 - Cabometyx®
 - Dupixent®
 - Emverm™
 - Multaq®
 - Abilify® Maintenance Injection
 - Belsomra®
 - Onzetra™
 - Zembrace™
 - Horizant®
 - Nuedexta®

Drug Utilization Management Criteria

March 2017

- Revised criteria:
 - ADHD Agents: increased trigger age from 19 to 25
 - Provigil®, and Nuvigil®: added diagnosis of multiple sclerosis fatigue and idiopathic hypersomnia
- Reviewed other criteria based on clinical appropriateness:

May 2017

- Added additional criteria:
 - Glumetza®-Fortamet®: generic step therapy due to cost inflation
 - H.P. Acthar®: indication-based Specialty Guideline Management
- Revised criteria
 - Ocrevus SGM
 - Dupixent SGM
 - Humira SGM
 - Enbrel SGM
 - Topical Antifungals PA
 - Acne Medications PA
 - Retinoids PA
 - Isotretinoin PA
- Reviewed other criteria based on clinical appropriateness:

March 2017 Utilization Management Criteria

Approved SHP UM Criteria

Cabometyx® (cabozantinib) Specialty Guideline Management

Cotellic® (cobimetinib) Specialty Guideline Management

Emend® (aprepitant) Post Limit Prior Authorization, Quantity Limit Criteria

Varubi® (rolapitant) Quantity Limit Criteria

Lartruvo® (olaratumab) Specialty Guideline Management

Kyprolis® (carfilzomib) Specialty Guideline Management

ADHD Agents Quantity Limit and Post Limit Prior Authorization

5-HT1 Agonists Initial Step Therapy, Post Step Therapy Authorization, Quantity Limit, Post Limit Prior Authorization

Exondys 51® (eteplirsen) Specialty Guideline Management

Corlanor® (ivabradine) Initial Prior Authorization

Belsomra® (suvorexant) Initial Prior Authorization, Initial Step Therapy, Post Step Therapy Prior Authorization

Provigil® (modafinil) Initial Prior Authorization

Nuvigil® (armodafinil) Initial Prior Authorization

SABA Oral Inhalation Quantity Limit, Initial Step Therapy, Post Step Therapy Prior Authorization

LABA Oral Inhalation Combinations Quantity Limit

May 2017 Utilization Management Criteria

Approved SHP UM Criteria

Ocrevus (ocrelizumab) Specialty Guideline Management

Dupixent (dupilumab) Specialty Guideline Management

Eucrisa (crisaborole) Initial Step Therapy, Post Step Therapy Prior Authorization, Initial Prior Authorization

Bavencio (avelumab) Specialty Guideline Management

Zejula (niraparib) Specialty Guideline Management

Ruconest (recombinant C1 esterase inhibitor) Specialty Guideline Management

Rasuvo (methotrexate injection) Specialty Guideline Management

Enbrel (etanercept) Specialty Guideline Management

Humira (adalimumab) Specialty Guideline Management

Cinryze (C1 esterase inhibitor) Specialty Guideline Management

H.P. Acthar Gel (repository corticotropin injection) Specialty Guideline Management

Topical Antifungals Initial Prior Authorization

Fortament & Glumetza (metformin ER) Initial Prior Authorization

May 2017 Utilization Management Criteria

Approved SHP UM Criteria

Noxafil (posaconazole) Initial Prior Authorization

Vfend (voriconazole) Initial Prior Authorization

Fortament & Glumetza (metformin ER) Initial Prior Authorization

Saxenda (liraglutide) Initial Prior Authorization

Contrave (naltrexone and bupropion ER) Initial Prior Authorization

Belviq (lorcaserin) Initial Prior Authorization

Antiobesity Agents Initial Prior Authorization

Acne Agents Post Step Therapy Prior Authorization

Differin (adapalene) Initial Prior Authorization

Tazorac (tazarotene) Initial Prior Authorization

Retinoids Initial Prior Authorization

Isotretinoin Initial Prior Authorization

Noxafil (posaconazole) Initial Prior Authorization

Vfend (voriconazole) Initial Prior Authorization

Conclusion

March 2017

- All proposed changes to the Plan's customized formulary were approved by the P&T Committee
- Corrected Implementation Formulary Omissions
 - IV Injectable Drugs
 - Disposable Insulin Devices
 - High Cost Generics

May 2017

- All proposed changes to the Plan's customized formulary were approved by the P&T Committee