



North Carolina Department of Health and Human Services

Pat McCrory
Governor

Richard O. Brajer
Secretary

Dave Richard
Deputy Secretary for Medical Assistance

October 1, 2015

Richard Brajer
Secretary
N.C. Department of Health and Human Services
101 Blair Drive
Raleigh, NC 27603

Dear Secretary Brajer:

On behalf of the North Carolina Department of Health and Human Services Medicaid Preferred Drug List Review Panel, I am pleased to present to you our annual recommendations for the North Carolina Medicaid and Health Choice Preferred Drug List (PDL). The following recommendations are from clinical reviews completed September 16, 2015. Upon your approval, the PDL will be effective November 1, 2015.

The panel reviewed drug classes on the proposed PDL that were reviewed and recommended by the Pharmacy and Therapeutics committee and the North Carolina Physician Advisory Group. The panel reviewed each drug class to determine preferred or non-preferred status. Decisions considered evidence-based clinical data available for each drug class, written comments received during two 45-day comment periods and public comments received during the panel meeting. The public comment period was June 19, 2015 to August 3, 2015.

RECOMMENDATIONS

The panel recommended approval of the proposed North Carolina Medicaid and Health Choice Preferred Drug List with associated prior authorization criteria as posted during the public comment periods with the following changes:

1. IMMUNOMODULATORS, SYSTEMIC

The panel approves the PDL proposal for IMMUNOMODULATORS, SYSTEMIC with the following request:

- A motion was made for the pharmacy and therapeutics committee to consider criteria for the use of other products to be used for plaque psoriasis that have different mechanisms of action than brands Enbrel® or Humira®.

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2. LONG ACTING NARCOTIC ANALGESICS

The panel approves the PDL proposal for LONG ACTING NARCOTIC ANALGESICS with the following change:

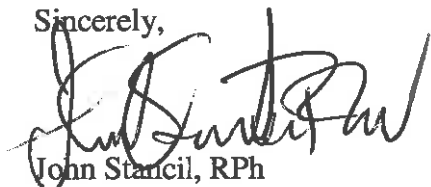
- Move brand OxyContin® to be a preferred product. This was because currently the only products on the preferred side are morphine products and OxyContin® now has abuse-deterrent technologies. DMA is to monitor the usage of OxyContin®.
- A motion was approved for the pharmacy and therapeutics committee to look at criteria to allow easier access to brand Butrans® for patients at high risk for opioid abuse.

3. ULCERATIVE COLITIS AGENTS (rectal)

The panel approves the PDL proposal for ULCERATIVE COLITIS AGENTS (rectal) with the following change:

- Allow for trial and failure of 1 preferred product (versus 2 preferred products) before a non-preferred can be used. This was done because both preferred products are mesalmine products.

Sincerely,



John Stancil, RPh

Pharmacy Director, Division of Medical Assistance

cc: Dr. Jonathan Weston, Representative for the Old North State Medical Society
Dr. Erin Dalton, Representative for the North Carolina Association of Pharmacists
Dr. Paul Bush, Representative for Hospital-Based Pharmacy
Dr. Larry Greenblatt, Representative for Community Care of North Carolina
Dr. Ted Zarzar, Representative for the North Carolina Psychiatric Association
Dr. Beat Steiner, Representative for the Physician Advisory Group, Pharmacy and Therapeutics Committee
Dr. Andreas Maetzel, Representative for Research-Based Pharmaceutical Companies
Dr. Steve Wegner, Representative for the North Carolina Pediatric Society
Dr. Robert (Chuck) Rich, Representative for the North Carolina Academy of Family Physicians
Dr. Byron Hoffman, Representative for the North Carolina Chapter of the American College of Physicians
Dave Richard, Deputy Secretary for Medical Assistance
Dr. Nancy Henley, Chief Medical Officer, Division of Medical Assistance