PHARMACY AND THERAPEUTICS (P&T) COMMITTEE
February 21, 2024

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, February 21, 2024, via webinar, accessible to the public through the Plan's website. Quorum was present.

MEMBERS PRESENT:
Ghassan Al-Sabbagh, MD, Gastroenterologist/Hepatologist, Gastroenterology & Hepatology Consultants
John Anderson, MD, MPH, Associate Professor, Duke Family Medicine and Community Health
Jennifer Burch, PharmD, CDE, Owner, Central Compounding Center
David Konanc, MD, Neurologist, Raleigh Neurology Associates
W. Russell Laundon, PharmD, Pharmacist, Director of Pharmacy Integration, UNC Health Care
Sundar Ramalingam, MD, Oncologist, Duke Cancer Center
Peter Robie, MD, General Internist, Wake Forest Baptist Community Physicians
Phil Seats, RPh, Retired Pharmacist

MEMBERS ABSENT:
Sheel Solomon, MD, Dermatologist, Preston Dermatology and Skin Surgery

PLAN & VENDOR STAFF:
Jenny Vogel, PharmD, Sr. Clinical Pharmacist, State Health Plan
Sam Watts, Executive Director, State Health Plan
Caroline Smart, Sr. Director, Plan Integration, State Health Plan
Sonya Dunn, MPA, BSPH, RN, Sr. Pharmacy Benefits Program Manager, State Health Plan
Renée Jarnigan, RPh, Clinical Advisor, CVS Health
Brian Hermreck, Lead Director, Strategic Accounts, CVS Health

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

Conflict of Interest Statement
The Chairperson requested that the P&T Committee members review the agenda, which was distributed prior to the meeting, and to disclose any actual or potential conflicts of interest with any item on the agenda. No conflicts of interest were noted.

Old Business
The Chairperson asked the P&T Committee members to review the October 11, 2023 P&T Committee Meeting minutes, which were distributed prior to the meeting. There were no additions or corrections to the minutes, so they were approved as is.

Mr. Watts provided a brief recap of the January 2024 Board of Trustees decision regarding a benefit exclusion beginning 4/1/2024 for all members, including previously grandfathered members, for GLP-1 and GIP-GLP-1 medications used for the purpose of weight loss. Mr. Watts also described the existing benefit exceptions process available for members and encouraged committee members to provide input on this topic. Ms. Smart provided some additional discussion and clarification with this process, explaining specifically the differences between benefit exceptions and formulary exceptions.

Dr. Konanc expressed concern about system interfaces and vendor integration regarding visibility with prior authorization requirements. Ms. Jarnigan said she would relay Dr. Konanc's concerns to CVS and also explained that CVS does offer some visibility to providers but does not include specific prior authorization criteria.

Formulary Updates

Ms. Jarnigan then presented CVS Caremark's Quarterly Formulary Updates, effective April 1, 2024. This included additions to the formulary, utilization management criteria, product exclusions, and tier movements.

Ms. Jarnigan presented proposed formulary additions including line extensions. The four formulary additions are as follows: VITLIPID N INJ (ADULT and INFANT), APRETUDE, FYARRO and IMJUDO INJ (25/1.25 and 300/15). The eight line extensions are as follows: BREO ELLIPTA INH 50/25MCG, ZENPEP CAP 60000 UNT, ZORYVE MIS 0.3% (foam), BOSULIF CAP (50MG and 100MG), COSENTYX INJ 300/2ML, ROZLYTREK PAK 50MG, ZEMAIRA INJ (4000MG and 5000MG) and KALYDECO GRA 5.8MG. Mr. Watts asked Ms. Jarnigan if CVS co-owned any of the medications. Ms. Jarnigan stated that CVS did not co-own any of the medications on the slide.

Ms. Jarnigan and Dr. Vogel identified six new molecular entities that were being removed from CVS's New-to-Market block and would be available as covered products, along with any utilization management policies that went along with the new products. The new molecular entities being added to the formulary are as follows: BIMZELX, SPEVIGO, IWILFIN, KIMMTRAK, ELAHERE, and PADCEV.

The Committee also approved proposed utilization management for the new entities including SGM for ELAHERE, and SGM and Specialty QL for BIMZELX, SPEVIGO, IWILFIN, KIMMTRAK and PADCEV.
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There was no opposition from the Committee members, so the formulary additions and line extensions with any associated utilization management were approved as presented.

Ms. Jarnigan then explained that the Plan has a formulary exclusion exception process that is available to support Plan members who, per their provider, have a medically necessary reason to allow coverage of a formulary excluded drug.

Ms. Jarnigan then reviewed the following three products that will be excluded from the formulary starting on the effective date: IMBRUVICA, VELPHORO, and HUMIRA. Prior use exemptions will be provided to members currently utilizing IMBRUVICA, so these members will not need to change medications or go through the exceptions process to continue their current medication. All products being removed have therapeutic alternatives or generic equivalents that are covered as preferred products on the Plan's custom formulary.

Ms. Jarnigan presented a review of Autoimmune Indication-Based Management which was reviewed by the Plan's P&T Committee and originally implemented on 1/1/2018. Ms. Jarnigan then presented how patient and prescriber outreach would be provided for the proposed formulary exclusion of HUMIRA. CVS has found a frictionless experience for members and prescribers and a 95% adoption of the preferred biosimilar (HYRIMOZ) over a 45-day period.

There was some discussion between committee members about the proposed removal of HUMIRA from the formulary. Dr. Robie expressed concern of a potential conflict of interest given the formulary preferred biosimilar product for HUMIRA is manufactured by Cordavis, a CVS wholly owned subsidiary. Additionally, Dr. Robie stated that historically AbbVie ties rebates to all their products. If one product is removed from the formulary, rebates will be lost across any medications AbbVie produces. Dr. Robie expressed concern that considering this additional rebate loss, this decision may end up costing the Plan money. Ms. Jarnigan and Mr. Hermreck stated they have not heard from AbbVie that additional rebates will be lost because of the formulary exclusion of HUMIRA.

Mr. Seats also brought up concerns that the Plan would not save money and inquired if CVS approached the manufacturer about obtaining a better deal for the Plan. Ms. Jarnigan stated she could not speak to specific financial decisions and stressed that formulary decisions are made with clinical efficacy and safety at the forefront, with the goal of also driving a low net cost. Mr. Watts then stated that CVS provided the Plan a cost analysis which projected removal of HUMIRA would result in a modest positive impact on net cost.

Dr. Vogel provided Plan specific historical information to the Committee members regarding the timeline of HUMIRA biosimilars. Amjevita was approved to the formulary at the February 2023 P&T Committee Meeting in

Formulary Updates cont.

Tier 4 and was then subsequently moved to Tier 6. At the recommendation of CVS, Amjevita was then excluded from the formulary at the October 2023 P&T Committee meeting. Biosimilar products Hyrimoz and adalimumab-adaz were added to the formulary in Tier 5 effective 1/1/2024. Ms. Jarnigan explained that biosimilar medications are branded products and placing them in Tier 5 allows for the lowest net cost for the Plan.

Dr. Laundon stated that in his hospital pharmacy experience, the roll out of oncology biosimilars has been very successful. Dr. Laundon also stated that very few patients required use of the parent medication over the biosimilar product.

After the discussion the committee was asked for a motion to approve the recommendations from CVS. At this time there was no opposition from the Committee members, so these product exclusions were approved as presented.

Ms. Jarnigan then identified four branded products, BIDIL, EVAMIST, PYLERA and ZYCLARA, which will have a change in tier from preferred to non-preferred.

There was no opposition from the Committee members, so the formulary tier changes were approved as presented.

Adjourn

The Chairperson addressed the Committee by thanking them for their service and informed them that the next meeting would be held on May 15, 2024 at 6:30 P.M. via webinar. The meeting was adjourned at approximately 7:55 P.M. (EST)

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Jenny Vogel, Chair