PHARMACY AND THERAPEUTICS (P&T) COMMITTEE
May 15, 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, May 15, 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
W. Russell Laundon, PharmD, Pharmacist, Director of Pharmacy Integration, UNC Health Care
Peter Robie, MD, General Internist, Wake Forest Baptist Community Physicians
Phil Seats, RPh, Retired Pharmacist

MEMBERS ABSENT:
Jennifer Burch, PharmD, CDE, Owner, Central Compounding Center
David Konanc, MD, Neurologist, Raleigh Neurology Associates
Sundar Ramalingam, MD, Oncologist, Duke Cancer Center
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
Aaron Vodicka, Assistant General Counsel, 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 Cordavis Conflict of Interest Disclosure Statement was shown and read to the Committee Members. After which, Dr. Robie was introduced and presented to the Committee a supplemental slide presentation consisting of slides 12-18 from the February 21, 2024 P&T Committee Meeting. Dr. Robie expressed his concerns to the Committee Members surrounding the relationship between CVS, their wholly owned subsidiary Cordavis, and the biosimilar medication Hyrimoz. Dr. Robie explained to Committee Members that CVS did not explicitly disclose the details of this relationship to Committee Members at the February 21, 2024 P&T Committee Meeting. Although public announcements were made, Dr. Robie argued this was not sufficient to qualify as a disclosure. As a result of this inaction from CVS, Dr. Robie asked for the following to be answered/provided by CVS: How is this not a conflict of interest? Why did this happen? An apology should be provided from CVS.
Each committee member in attendance was then asked to provide their take on the issue at hand. After which, Ms. Jarnigan read a prepared statement provided by CVS.

CVS Caremark sincerely apologizes for any confusion or concern that may have arisen from our failure to disclose directly to this Committee that Cordavis is an affiliate of CVS Caremark during your consideration of Cordavis' products. We had previously disclosed this affiliation to the State Health Plan but we are now clear on the Plan's expectations and we have taken measures to ensure the relationship between CVS Caremark and Cordavis is always prominently communicated to this Committee prior to the consideration of any of its products. There was no intent to keep our relationship with Cordavis from the Committee and we believe the biosimilar discussion was clinically unbiased. We bring forth proposed changes each quarter that are both principled with respect to clinical appropriateness and low net cost to the Plan and its members. We believe the Cordavis products offer a clinically and financially appropriate option for the State Health Plan, but we, of course, defer to the judgment of this Committee.

Dr. Robie accepted the apology provided by CVS and the meeting continued to the next portion of the presentation.

The Chairperson asked the P&T Committee Members to review the February 21, 2024 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.

Formulary Updates

Ms. Jarnigan then presented CVS Caremark's Quarterly Formulary Updates, effective July 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: XALKORI Oral Pellets, CYCLOPHOSPHAMIDE INJ (500/5ML, 100MG, 200MG), HEMLIBRA INJ 300/2ML and HEMLIBRA SOL 12/0.04, and SPEVIGO INJ 150/1ML.

Ms. Jarnigan and Dr. Vogel identified five 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: ELFABRIO, SKYCLARYS, AUGTYRO, LAMZEDE, and FABHALTA. Dr. Robie requested further clarification including reaching out to the drug manufacturer on the use of SKYCLARYS in patients with cardiomyopathy.

The Committee also approved proposed utilization management for the new entities including SGM for ELFABRIO and LAMZEDE, and SGM and Specialty QL for SKYCLARYS, AUGTYRO, and FABHALTA.

There was no further questions or 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 that VPRIV that will be excluded from the formulary starting on the effective date. VPRIV has therapeutic alternatives that are covered as preferred products on the Plan's custom formulary.

Ms. Jarnigan then identified three branded products, FABRAZYME, GALAFOLD, and RADICAVA ORS which will move from non-preferred to preferred tier status. Additionally, forty-three branded products will have a change in tier from preferred to non-preferred status: MYAMBUTOL, CLEOCIN Oral Capsules, CLEOCIN Pediatric Solution, VANCOCIN Capsule, ALKERAN, ARIMIDEX, AROMASIN, FEMARA, HYDREA, LOTREL, INSPRA, ALDACTONE, CATAPRES TTS transdermal patch, NITRO-DUR transdermal patch, ANAFRANIL, NARDIL, NORPRAMIN, PAMELOR, TROKENDI, LITHOBID, DANTRIUM, PRECOSE, DEPO-PROVERA; DEPO-SQ PROVERA, DIVIGEL, FORTEO, LEVSIN/LEVSIN SL, LOMOTIL, CYTOTEC, ANUSOL-HC Cream 2.5%, CLEOCIN 2% Vaginal Cream, ARIXTRA, PLAQUENIL, ARAVA, IMURAN, OVIDE 0.5% Lotion, SILVADENE, CLOBEX Lotion, CLOBEX Shampoo, LIDODERM 5% Patch and EVOXAC.

Dr. Anderson asked if CVS is confident that the preferred generic medications are cheaper for the Plan than the above forty-three branded medications. Ms. Jarnigan assured Dr. Anderson that hyperinflated generics are routinely checked and this move will provide the Plan with the lowest net cost. There was no additional questions or opposition from the Committee members, so the formulary tier changes were approved as presented.

New Business

Dr. Robie requested that Ms. Jarnigan send the conflict-of-interest apology statement to Dr. Vogel to be then forwarded to all P&T Committee Members. Ms. Jarnigan kindly agreed to do so.

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 7:33 P.M. (EST)

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Jenny Vogel, Chair