

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE November 2, 2022

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, November 2, 2022, 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, Chief Medical Officer, Duke Primary Care
Jennifer Burch, PharmD, CDE, Owner, Central Compounding Center
David Konanc, MD, Neurologist, Raleigh Neurology Associates
Laura Rachal, MD, Pediatric Infectious Diseases Specialist, University of North Carolina Hospitals
Sundhar 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:

Stephanie Craycroft-Andrews, PharmD, BCACP, Sr. Clinical Pharmacist, State Health Plan, Chairperson
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

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 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 August 10 and October 12, 2022 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.

Tier 1 (Brand-over-generic) Strategy

The Chairperson introduced CVS Caremark's Clinical Advisor Heather Renée Jarnigan, RPh, who presented updates to the Tier 1 Strategy, which was first proposed during the August 10 meeting. Since this strategy was first presented to the committee in August, we learned that the Tier 1 strategy will be adding-back generics for Adderall XR, Concerta, and Asacol HD to the formulary effective January 1, 2023. Therefore, the Plan delayed implementation of the Tier 1 Strategy to avoid unnecessary member

disruption between October and January. With the removal of Adderall XR, Concerta, and Asacol HD from the list, the nine branded products to be added to Tier 1 with their generics excluded are the following: ADVAIR DISKUS, MITIGARE, ORACEA, VAGIFEM, VASCEPA CAPSULE 1 GM & 0.5 GM, SOOLANTRA CREAM 1%, UCERIS, NUVARING, and RESTASIS SINGLE DOSE. The committee voted to approve the Tier 1 strategy, with opposition expressed by one committee member.

Formulary Updates

Ms. Jarnigan also presented CVS Caremark's Quarterly Formulary Updates, effective January 1, 2023. This included additions to the formulary, utilization management criteria, drug removals, and tier movements.

Ms. Jarnigan and Dr. Craycroft-Andrews identified nine new molecular entities that were being removed from CVS's New-to-Market block and would be available as covered products, along with utilization management policies that went along with the new products. The new molecular entities being added to the formulary are as follows: GAVRETO, RETEVMO, TIVDAK, DAYVIGO, BESREMI, TEZSPIRE, WINLEVI, ADBRY, and CIBINQO.

The Committee also approved proposed utilization management including SGM and Specialty QL for GAVRETO, RETEVMO, TIVDAK, BESREMI, TEZSPIRE, ADBRY, and CIBINQO; PA and QL for DAYVIGO; ST and QL for WINLEVI.

Dr. Craycroft-Andrews then presented other proposed formulary additions, including formulary add-backs and line extensions. The five medications being added back to the formulary are as follows: AIMOVIG, ALPROLIX, ILUMYA, MULPLETA, and ZYDELIG. The eleven line extensions include: epinephrine INJ 0.15MG, pemetrexed INJ 750 MG and 1000 MG, quetiapine TAB 150 MG, CAPLYTA CAP 10.5 MG and 21 MG, DESCOVY TAB 120-15 MG, INJECTAFER INJ 100/2 ML, ZTILDO PAD 1.8%, IMBRUVICA SUS 70 MG/ML, CALQUENCE TAB 100 MG, PHEBURANE MIS 483/GM, and RYLAZE INJ 10/0.5 ML.

There was no opposition from the Committee members, so the formulary additions and 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 medical necessity to remain on an excluded drug. Ms. Jarnigan then reviewed the following twenty-three products that will be excluded from the formulary starting on the effective date: CONCERTA TAB, ARCALYST, NUCYNTA/NUCYNTA ER, SUBSYS, ALIMTA, SUTENT, VOTRIENT, RUBRACA, MULTAQ, NEXTERONE, EDLUAR, NITYR, TOVIAZ, BENEFIX, IXINITY, RIXUBIS, FIRAZYR, ESBRIET, NUCALA lyophilized (Clinician Administered), FLOVENT DISKUS, ARNUITY ELLIPTA, QVAR REDIHALER, and diclofenac solution 2% (Hyperinflation Exclusion).

All products being removed have therapeutic alternatives or generic equivalents that are covered as preferred products on the Plan's custom formulary. There was no opposition from the Committee members, so these product exclusions were approved as presented.

Ms. Jarnigan then identified two branded products, VELCADE and NARCAN, which will have a change in tier from preferred to non-preferred. There were also fifteen branded products which will have a change in tier from non-preferred to preferred: AKLIEF, ARAZLO, QULIPTA, RHOFAD, RYTARY, SIKLOS,

TWYNEO, DOPTLET, ENDARI, FENSOLVI, ILARIS, INLYTA, LENVIMA, MENOPUR, and NEXAVAR. There was no opposition from the Committee members, so the formulary uptiers 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 February 8, 2023 at 6:30 P.M. via webinar. The meeting was adjourned at approximately 7:45 P.M. (EST).

Stephanie Craycroft-Andrews, Chair