



Pharmacy & Therapeutics Committee Meeting

Formulary and Program Updates Effective 10/01/2022

**August 10, 2022
6:30 – 8:00 PM**



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer



Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

Roll Call

P&T COMMITTEE MEMBERS

- David Konanc, MD
- Jennifer Burch, PharmD, CDE
- John B. Anderson, MD, MPH
- Peter Robie, MD
- Phil Seats, RPh
- Sheel Desai Solomon, MD
- Sundhar Ramalingam, MD
- Ghassan Al-Sabbagh, MD
- Laura Rachal, MD

PLAN STAFF & VENDORS

State Health Plan

- Stephanie Craycroft-Andrews, PharmD, BCACP
- Sonya Dunn, MPA, BSPH, RN
- Caroline Smart
- Dee Jones

CVS Caremark

- Renée Jarnigan, RPh

Ethics Awareness & Conflict of Interest Reminder

In accordance with the NC State Health Plan for Teachers and State Employees' ethics policy, it is the duty of every member of the Pharmacy & Therapeutics Committee, whether serving in a vote casting or advisory capacity, to avoid both conflicts of interest and appearances of conflict.

Does any Committee member have any known conflict of interest or the appearance of any conflict with respect to any manufacturers of any medication to be discussed at today's meeting?

Or, if during the course of the evaluation process if you identify a conflict of interest or the appearance of a conflict.

If so, please identify the conflict or appearance of conflict and refrain from any undue participation in the particular matter involved

Minutes from Previous Committee Meeting

Instead of reading the minutes, copies were distributed prior to the meeting for your review.

- Are there any additions or corrections to the minutes?

Minutes from Previous Committee Meeting

Instead of reading the minutes, copies were distributed prior to the meeting for your review.

- Are there any additions or corrections to the minutes?
- If not, the minutes will stand approved as is.

Tier 1 (Brand-over-generic) Strategy

- Claims for the brand adjudicate at the Tier 1 cost share for members, which is typically the tier that includes low-cost generic alternatives.
- The Tier 1 Strategy maintains the generic member copay/coinsurance for the brand product.
- The interchange from generic to Brand is made at the pharmacy, does not require a new prescription or create disruption to members or providers.
- Supports the lowest net cost formulary principle and extends savings to members.

Tier 1 (Brand-over-generic) Strategy

Drug	Change Type	Tier	# Utilizers (6 mo.)
ADDERALL XR	Add-Back	NC→1	68
amphetamine/dextroamphetamine ER cap	Exclude	1→NC	6095
ADVAIR DISKUS	Downtier	2→1	138
fluticasone propionate/salmeterol; Wixela	Exclude	2→NC	579
ASACOL HD	Add-Back	NC→1	0
mesalamine ER*	Exclude*	2→NC*	46
CONCERTA	Downtier	3→1	90
methylphenidate ER tab	Exclude	1→NC	3128
MITIGARE	Downtier	3→1	15
colchicine cap	Exclude	2→NC	234
ORACEA	Downtier	3→1	8
doxycycline mono 40mg DR cap	Exclude	2→NC	211

*mesalamine ER will remain at Tier 2 (not excluded) due to supply issues with Asacol HD

Tier 1 (Brand-over-generic) Strategy

Drug	Change Type	Tier	# Utilizers (6 mo.)
VAGIFEM	Downtier	3→1	9
estradiol; Yuvaferm TAB 10MCG	Exclude	1→NC	1184
VASCEPA CAPSULE 1GM	Downtier	2→1	477
icosapent capsule 1GM	Exclude	2→NC	457
SOOLANTRA CREAM 1%	Downtier	2→1	103
ivermectin cream 1%	Exclude	2→NC	148
UCERIS	Downtier	3→1	3
budesonide ER	Exclude	2→NC	0
NUVARING	Add-Back	NC→1	3
EluRyng; etonogestrel/ethinyl estradiol vaginal ring	Exclude	1→NC	1727
RESTASIS SINGLE DOSE	Downtier	2→1	644
cyclosporine (30) ophthalmic emulsion 0.05%	No Change	NC→NC	

Tier 1 (Brand-over-generic) Strategy

QUESTIONS?

Formulary Updates – Effective 10/01/2022

CVS Caremark's Quarterly Formulary Update:

- Formulary Additions (including new molecular entries, line extensions, and add-backs)
- Utilization Management
- Product Exclusions
- Tier Changes (Uptier/Downtier)

Presented by:

- Stephanie Craycroft-Andrews, PharmD, BCACP, State Health Plan
- Renée Jarnigan, RPh, Clinical Advisor, CVS Health

Formulary Updates – New Molecular Entities

Formulary Additions

- These are new formulary medications for the State Health Plan that are eligible for formulary inclusion as the CVS new drug to market block strategy has been satisfied.

Drug	Indication	Criteria for Approval	Tier
EVKEEZA (evinacumab)	Evkeeza is indicated as an adjunct to other low-density lipoprotein-cholesterol (LDL-C) lowering therapies for the treatment of adult and pediatric patients, aged 12 years and older, with homozygous familial hypercholesterolemia (HoFH).	SGM; Specialty QL	6
RADICAVA (endaravone)	Radicava and Radicava ORS are indicated for the treatment of amyotrophic lateral sclerosis (ALS).	SGM; Specialty QL	6
XPOVIO (selinexor)	Xpovio is indicated (1.) in combination with bortezomib and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least one prior therapy; (2.) in combination with dexamethasone for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior therapies and whose disease is refractory to at least two proteasome inhibitors, at least two immunomodulatory agents, and an anti-CD38 monoclonal antibody; (3.) for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, including DLBCL arising from follicular lymphoma, after at least 2 lines of systemic therapy.	SGM; Specialty QL	6

Formulary Updates – New Molecular Entities

Formulary Additions

- These are new formulary medications for the State Health Plan that are eligible for formulary inclusion as the CVS new drug to market block strategy has been satisfied.

Drug	Indication	Criteria for Approval	Tier
VOQUEZNA (DUAL PAK - vonoprazan/amoxicillin or TRIPLE PAK- vonoprazan/ amoxicillin/ clarithromycin)	Voquezna is indicated for treatment of H. pylori infection in adults	N/A	3
OPZELURA (ruxolitinib)	Opzelura is indicated for the topical short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised patients 12 years of age and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.	PA w/ QL	3
VIVJOA (oteseconazole)	Vivjoa is indicated to reduce the incidence of recurrent vulvovaginal candidiasis (RVVC) in females with a history of RVVC who are NOT of reproductive potential.	PA w/ QL	3

Formulary Updates – Line Extensions

Formulary Additions

- All Drugs, including line extensions, new formulations of existing formulary products and add backs (products not new to market that were previously blocked by the Plan and are now added to the formulary).

Drug	Tier
NUCALA INJ 40MG/0.4	5
NUCALA INJ 100MG/ML	5
SKYRIZI INJ 150MG/ML	5
SKYRIZI SOL 60MG/ML	5

Drug	Tier
TYVASO DPI POW 16-32MCG	6
LEVETIRACETAM/NAACL SOL 250/50ML	3
DYANAVEL XR CHW	3
TWYNEO CREAM 0.1-3%	3

Formulary Updates – Add-Backs

Formulary Additions

- All Drugs, including line extensions, new formulations of existing formulary products and add backs (products not new to market that were previously blocked by the Plan and are now added to the formulary).

Drug	Tier
CELLCEPT	3
MYFORTIC	3
ASTAGRAF XL	3
ENVARBUS XR	3
ZORTRESS	3
RAPAMUNE	3
LANOXIN 0.0625 MG	3

Formulary Updates – Additions

QUESTIONS?

Utilization Management- Arazlo Lotion 0.045%

Coverage Criteria

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has the diagnosis of acne vulgaris

Utilization Management- Arazlo Lotion 0.045%

QUESTIONS?

Formulary Updates – Product Exclusions

Standard Control Formulary – Exclusions

- Removals of certain high-cost drugs such as multisource brands that have lower cost generic alternatives available or other clinically effective lower cost options.
- **Formulary Exclusion Exception Process:**
 - This process is available to support Plan members who, per their provider, have a medical necessity to remain on an excluded drug.
 - There may be circumstances in which the formulary alternatives may not be appropriate for some members. In this case, a member may be approved for the excluded drug with an exception process.
 - An exception is defined as a situation where the member has tried and failed (that is, had an inadequate treatment response or intolerance) to the required number of formulary alternatives; or the member has a documented clinical reason such as an adverse drug reaction or drug contraindication that prevents them from trying the formulary alternatives.
 - If a member's exception is approved that drug will be placed into Tier 3 or Tier 6 and the member will be subject to the applicable cost share.

Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Endocrine and Metabolic/ Calcium Regulators/ Calcitonins	MIACALCIN INJ	0	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
Gastrointestinal/ Proton Pump Inhibitors	lansoprazole delayed-release ODT tab	182	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, and pantoprazole delayed-rel tablet
Topical/ Dermatology/ Corticosteroids/ High Potency	betamethasone dipropionate oint 0.05%	332	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), and Bryhali (halobetasol propionate lotion 0.01%)
Topical/ Dermatology/ Corticosteroids/ Very High Potency	clobetasol propionate emulsion foam 0.05%; Tovet	55	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, and halobetasol ointment

Formulary Updates – Product Exclusions

QUESTIONS?

Formulary Updates – Non-Specialty to Specialty

Movement to Non-preferred Status

- Typically, branded medications that have readily available generic alternatives, biosimilars or other preferred formulary alternatives in the therapeutic class.
- All the following products will be moving from a lower tier to a higher tier.

Drug	# Utilizers (6 mo)	Alternatives	Tier Change
GLEOSTINE	9		2→5

Formulary Updates – Uptiers

Movement to Non-preferred Status

- Typically, branded medications that have readily available generic alternatives, biosimilars or other preferred formulary alternatives in the therapeutic class.
- All the following products will be moving from a lower tier to a higher tier.

Drug	# Utilizers (6 mo)	Alternatives	Tier Change
PROGRAF	86	tacrolimus	2→3
TRIDESILON CREAM 0.05%	0	generic desonide and many other low potency products available	2→3

Formulary Updates – Uptiers

QUESTIONS?

Summary of Formulary Changes Effective 10/01/22

TIER 1 (BRAND-OVER-GENERIC) STRATEGY

- 12 branded products were placed at Tier 1, with their generics excluded

NEW MOLECULAR ENTITIES

- 6 new drug products were added to the formulary

OTHER FORMULARY ADDITIONS

- 15 additional products were added to the formulary including 7 add-backs and 8 line extensions

UTILIZATION MANAGEMENT

- PA for OPZELURA, VIVJOA, ARAZLO
- QL for OPZELURA, VIVJOA
- SGM & Specialty QL for EVKEEZA, RADICAVA, XPOVIO

PRODUCT EXCLUSIONS

- 4 hyperinflated products were excluded impacting 569 members

UPTIERS/DOWNTIERS

- 3 products had tier movements

Meeting Dates for 2022

- Wednesday, February 9, 2022
- Wednesday, May 11, 2022
- Wednesday, August 10, 2022
- **NEXT MEETING: Wednesday, October 12, 2022**