

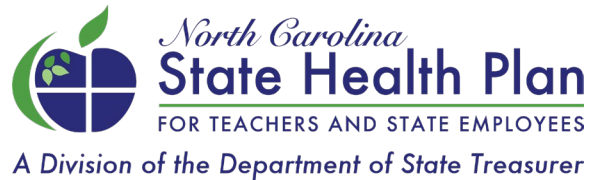


March 3, 2025

6:30PM-8PM

# Pharmacy & Therapeutics Committee Meeting

Formulary and Program Updates  
Effective 5/1/2025



# Roll Call

## P&T COMMITTEE MEMBERS

- David Konanc, MD
- Jennifer Burch, PharmD, CDE
- Peter Robie, MD
- Phil Seats, RPh
- Sheel Desai Solomon, MD
- Sundhar Ramalingam, MD
- Ghassan Al-Sabbagh, MD
- W. Russell Laundon, PharmD, MS, BCPS
- Timothy Ashley, MD, MPH
- Garland Moeller, MD

## PLAN STAFF & VENDORS

### State Health Plan

- Brad Briner, State Treasurer
- Tom Friedman, Executive Director
- Caroline Smart, Deputy Executive Administrator
- Jenny Vogel, PharmD

### CVS Caremark

- Renée Jarnigan, RPh

# Ethics Awareness & Conflict of Interest Reminder

In accordance with the [Recusal Guidelines for Public Servants](#), 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.

# Cordavis Disclosure

*At this meeting the Committee may be presented for consideration information about one or more products co-manufactured and/or distributed by Cordavis. Cordavis is an affiliate of CaremarkPCS Health, L.L.C. (“CVS Caremark”) and so, in accordance with the conflicts of interest provision of the PBM services agreement in place between CVS Caremark and the North Carolina State Health Plan for Teachers and State Employee (the “Plan”), CVS Caremark hereby discloses that, should the Committee/Plan determine to include or continue to include a Cordavis product on the Plan’s formulary, CVS Caremark’s affiliate, Cordavis, will likely derive a direct financial benefit from the inclusion of such product on the formulary.*

Statement provided by CVS Caremark



# Consent Agenda

- Minutes from Previous Committee Meeting
- Bylaw Update

Copies were distributed prior to the meeting for your review.

# Strategic Discussion: Formulary Strategy

## Pharmacy Benefit Cost-Share

Rx Tier	Enhanced 80/20	Base 70/30
Tier 1 – Generics ≤\$150	\$5	\$16
Tier 2 – Preferred Brands & High-Cost Generics	\$30	\$47
Tier 3 – Non-Preferred	Ded/Coins	Ded/Coins
Tier 4 – Low-Cost Generic Specialty	\$100	\$200
Tier 5 – Preferred Specialty	\$250	\$350
Tier 6 – Non-Preferred Specialty	Ded/Coins	Ded/Coins
Preventive Medications	\$0	\$0
Preferred Diabetic Supplies	\$5	\$10
Preferred and Non-Preferred Insulin	\$0	\$0




## 2025 STATE HEALTH PLAN COMPARISON

Active and Non-Medicare Subscribers

PLAN DESIGN FEATURES	Enhanced PPO Plan (80/20)		Base PPO Plan (70/30)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
<b>Coinsurance</b>	20% of eligible expenses after deductible is met	40% of eligible expenses after deductible is met and the difference between the allowed amount and the charge	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible is met and the difference between the allowed amount and the charge
<b>Out-of-Pocket Maximum</b> (Combined Medical and Pharmacy)	\$4,890 Individual \$14,670 Family	\$9,780 Individual \$29,340 Family	\$5,900 Individual \$16,300 Family	\$11,800 Individual \$32,600 Family



# Prior Authorization Request Overview

	 REFORM OPTION	UTILIZATION IMPACT	MEMBER / PROVIDER IMPACT	ADMINISTRATIVE COST IMPACT	RANGE OF OVERALL (SAVINGS) AND COSTS
1	SUSPEND PA: Medical <\$1,000	Minimal Impact	Positive - faster access	Moderate Savings	(\$50K) to +\$325K
2	SUSPEND PA: Off-campus Surgery Procedures <\$5,000	Moderate Impact	Positive - fewer delays, cost-efficient care	High Savings	(\$155K) to +\$135K
→ 3	SUSPEND PA: Rx <\$ 500/month	High Impact	Positive - better adherence	Low Savings	+\$11M to +\$13M
4	Require PA Reviews by Qualified Physicians	Minimal Impact	Positive - more accurate decisions, provider trust	High-cost increase	(\$700K) to +\$875K
5	Rapid Action PA Appeals & Adverse Outcome Reporting	Minimal Impact	Positive - faster issue resolution	Moderate cost increase	(\$100K) to +\$500K
6	Transparency in PA Information Requests	N/A	Neutral	Moderate cost increase	(\$50K) to +\$290K
7	PA Denial & Reversal Tracking for Aetna	N/A	Positive - increase accountability	No or Low-cost increase	\$0 to +\$100K

# Fumarates- Formulary Strategy

Therapeutic Category	Drug	# Utilizers (6 mo.)	Annual cost per member	SHP Recommendation
Central Nervous System/ Multiple Sclerosis Agents	VUMERITY (diroximel fumarate)	118	\$60,500	5 → NC (Formulary Exclusion)
Central Nervous System/ Multiple Sclerosis Agents	dimethyl fumarate	26	\$1,600	4 → 1



# Formulary Updates – Effective 5/1/2025

## CVS Caremark's Quarterly Formulary Update:

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

## Presented by:

- Renée Jarnigan, RPh, Clinical Advisor, CVS Health
- Jenny Vogel, PharmD, State Health Plan

# 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
RYSTIGGO	Treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive.	SGM; Specialty QL	6
SCSEMBLIX	Treatment of adults with newly diagnosed and previously treated Philadelphia chromosome-positive chronic myeloid leukemia in chronic phase with or without the T315I mutation.	SGM; Specialty QL	5
DAXXIFY	The treatment of cervical dystonia in adult patients.	SGM	5

# 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
TRUQAP	Treatment of adult patients with HR-positive, HER2-negative, locally advanced, or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-alteration.	SGM; Specialty QL	5
ITOVEBI	Treatment of endocrine-resistant, PIK3CA-mutated, HR-positive, HER2-negative, advanced breast cancer.	SGM; Specialty QL	6

# Formulary Update- Additions

## 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).

Therapeutic Category	Drug	Tier
Central Nervous System/ Antipsychotics	ABILIFY ASIMTUFII	2
Central Nervous System/ Miscellaneous	VYVGART HYTRULO	5
Hematologic/ Hemophilia A Agents	ALTUVIIIIO	5

# Formulary Update- Additions

## 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).

Therapeutic Category	Drug	Tier
Endocrine and Metabolic/ Antidiabetics, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	ZITUVIO	2
Endocrine and Metabolic/ Antidiabetics/ Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/ Combinations	ZITUVIMET	2
Endocrine and Metabolic/ Antidiabetics/ Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/ Combinations	ZITUVIMET XR	2
Endocrine and Metabolic/ Diabetic Supplies	TWIIST INSULIN PUMP and SUPPLIES	2
Endocrine and Metabolic/ Antidiabetics, Insulin	INSULIN GLARGINE - YFGN	0

# 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).

Therapeutic Category	Drug	Tier
Antineoplastic Agents/ Kinase Inhibitors	LORBRENA	6
Central Nervous System/ Miscellaneous	VYVGART	5
Endocrine and Metabolic/ Central Precocious Puberty	TRIPTODUR	5
Endocrine and Metabolic/ Fertility Regulators	PREGNYL	5
Hematologic/ Hemophilia B Agents	BENEFIX	5

# 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).

Therapeutic Category	Drug	Tier
Anti-Infectives/ Antivirals	PREVYMIS PAK 20MG, 120MG	3
Antineoplastic Agents/ Kinase Inhibitors	AUGTYRO CAP 160MG	5
Antineoplastic Agents/ Miscellaneous	LUMAKRAS TAB 240MG	5
Hematologic/ Hemophilia A Agents	JIVI INJ 4000UNIT	5



# 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).

Therapeutic Category	Drug	Tier
Immunologic Agents/ Autoimmune Agents	BIMZELX INJ 320MG/2	5
Immunologic Agents/ Autoimmune Agents	TREMFYA INJ 200/2ML (SQ pen)	5
Immunologic Agents/ Autoimmune Agents	TREMFYA INJ 200/20ML (VIAL for IV infusion)	5

# Formulary Updates – Additions

## Questions?

# Autoimmune Indication-Based Management

- Autoimmune therapy class is dynamic
  - High-cost launch pricing
  - Year-over-year inflation
  - Supplemental indications
- Indication based management of this class was a strategy launched by CVS in 2017
- Manages utilization for specific drugs used to treat specific indications rather than managing formulary placement at a therapy class level
- Delivers value in the class and allows providers numerous preferred options for their patients
- Strategy was reviewed by the P&T Committee in November 2017 and implemented by the Plan on 1/1/2018

# Autoimmune Indication-Based Management - Updates

- Indication: Plaque Psoriasis

Primary Preferred	Secondary Preferred	Targeted Products (Formulary Exclusions)
<ul style="list-style-type: none"> <li>• adalimumab-adaz</li> <li>• <b>Bimzelx (bimekizumab-bkzx)</b></li> <li>• Hyrimoz* (adalimumab-adaz)</li> <li>• Otezla (apremilast)</li> <li>• Skyrizi (SC) (risankizumab-rzaa)</li> <li>• Sotyktu (deucravacitinib)</li> <li>• Stelara (SC) (ustekinumab)</li> <li>• Tremfya (SC) (guselkumab)</li> </ul>	<ul style="list-style-type: none"> <li>• Cimzia syringe (certolizumab pegol) (after 2 primary preferred products)</li> </ul>	<ul style="list-style-type: none"> <li>• Abrilada (adalimumab-afzb)</li> <li>• adalimumab-aacf</li> <li>• adalimumab-aaty</li> <li>• adalimumab-adbm</li> <li>• Adalimumab-fkjp</li> <li>• adalimumab-ryvk</li> <li>• Amjevita (adalimumab-atto)</li> <li>• Cosentyx (SC) (secukinumab)</li> <li>• Cyltezo (adalimumab-adbm)</li> <li>• Enbrel (etanercept)</li> <li>• Hadlima (adalimumab-bwvd)</li> <li>• Hulio (adalimumab-fkjp)</li> <li>• Humira* (adalimumab)</li> <li>• Idacio (adalimumab-aacf)</li> <li>• Siliq (brodalumab)</li> <li>• Simlandi (adalimumab-ryvk)</li> <li>• <b>Taltz (ixekizumab)</b></li> <li>• Yuflyma (adalimumab-aaty)</li> <li>• Yusimry (adalimumab-aqvh)</li> </ul>

*\*This product is manufactured by CVS Caremark's affiliate, Cordavis, and should the Committee/Plan determine to include or continue to include this product on the Plan's formulary, Cordavis, will likely derive a direct financial benefit from such inclusion.*

# Autoimmune Indication-Based Management - Updates

- Indication: Hidradenitis Suppurativa

Primary Preferred	Secondary Preferred	Targeted Products (Formulary Exclusions)
<ul style="list-style-type: none"> <li>• adalimumab-adaz</li> <li>• Hyrimoz* (adalimumab-adaz)</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Abrilada (adalimumab-afzb)</li> <li>• adalimumab-aacf</li> <li>• adalimumab-aaty</li> <li>• adalimumab-adbm</li> <li>• Adalimumab-fkjp</li> <li>• adalimumab-ryvk</li> <li>• Amjevita (adalimumab-atto)</li> <li>• Cyltezo (adalimumab-adbm)</li> <li>• Enbrel (etanercept)</li> <li>• Hadlima (adalimumab-bwwd)</li> <li>• Hulio (adalimumab-fkjp)</li> <li>• Humira* (adalimumab)</li> <li>• Idacio (adalimumab-aacf)</li> <li>• Simlandi (adalimumab-ryvk)</li> <li>• Yuflyma (adalimumab-aaty)</li> <li>• Yusimry (adalimumab-aqvh)</li> </ul>

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# Autoimmune Indication-Based Management - Updates

- Indication: Psoriatic Arthritis

Primary Preferred	Secondary Preferred	Targeted Products (Formulary Exclusions)
<ul style="list-style-type: none"> <li>• adalimumab-adaz</li> <li>• Cosentyx (SC) (secukinumab)</li> <li>• Enbrel (entanercept)</li> <li>• Hyrimoz* (adalimumab-adaz)</li> <li>• Otezla (apremilast)</li> <li>• Rinvoq (upadacitinib)</li> <li>• Skyrizi (SC) (risankizumab-rzaa)</li> <li>• Stelara (SC) (ustekinumab)</li> <li>• Tremfya (SC) (guselkumab)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Bimzelx (bimekizumab-bkzx) (after 2 primary preferred products)</b></li> <li>• Cimzia syringe (certolizumab pegol) (after 2 primary preferred products)</li> </ul>	<ul style="list-style-type: none"> <li>• Abrilada (adalimumab-afzb)</li> <li>• adalimumab-aacf</li> <li>• adalimumab-aaty</li> <li>• adalimumab-adbm</li> <li>• Adalimumab-fkjp</li> <li>• adalimumab-ryvk</li> <li>• Amjevita (adalimumab-atto)</li> <li>• Cyltezo (adalimumab-adbm)</li> <li>• Hadlima (adalimumab-bwwd)</li> <li>• Hulio (adalimumab-fkjp)</li> <li>• Humira* (adalimumab)</li> <li>• Idacio (adalimumab-aacf)</li> <li>• Orencia (SC)/Orencia Clickjet (abatcept)</li> <li>• Simlandi (adalimumab-ryvk)</li> <li>• Simponi (golimumab)</li> <li>• Taltz (ixekizumab)</li> <li>• Xeljanz/Xeljanz XR (tofacitinib)</li> <li>• Yuflyma (adalimumab-aaty)</li> <li>• Yusimry (adalimumab-aqvh)</li> </ul>

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# Autoimmune Indication-Based Management - Updates

- Indication: Ulcerative Colitis

Primary Preferred	Secondary Preferred	Targeted Products (Formulary Exclusions)
<ul style="list-style-type: none"> <li>• adalimumab-adaz</li> <li>• Hyrimoz* (adalimumab-adaz)</li> <li>• Rinvoq (upadacitinib)</li> <li>• Skyrizi (SC) (risankizumab-rzaa)</li> <li>• Stelara (SC) (Ustekinumab)</li> <li>• <b>Tremfya (SC) (guselkumab)</b></li> <li>• Velsipity (etrasimod)</li> <li>• Xeljanz/Xeljanz XR (tofacitinib)</li> <li>• Zeposia (ozanimod)</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Abrilada (adalimumab-afzb)</li> <li>• adalimumab-aacf</li> <li>• adalimumab-aaty</li> <li>• adalimumab-adbm</li> <li>• Adalimumab-fjkg</li> <li>• adalimumab-ryvk</li> <li>• Amjevita (adalimumab-atto)</li> <li>• Cyltezo (adalimumab-adbm)</li> <li>• Entyvio (SC) (vedolizumab)</li> <li>• Hadlima (adalimumab-bwwd)</li> <li>• Hulio (adalimumab-fkjp)</li> <li>• Humira* (adalimumab)</li> <li>• Idacio (adalimumab-aacf)</li> <li>• Omvoh (SC) (mirikizumab-mrkz)</li> <li>• Simlandi (adalimumab-ryvk)</li> <li>• Simponi (golimumab)</li> <li>• Yuflyma (adalimumab-aaty)</li> <li>• Yusimry (adalimumab-aqvh)</li> </ul>

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# Autoimmune Indication-Based Management - Updates

- Indication: Alopecia Areata

Primary Preferred	Secondary Preferred	Targeted Products (Formulary Exclusions)
<ul style="list-style-type: none"><li>• Litfulo (ritlecitinib)</li></ul>	<ul style="list-style-type: none"><li>• None</li></ul>	<ul style="list-style-type: none"><li>• Olumiant (baricitinib)</li></ul>

# Formulary Updates – Utilization Management

## 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
Antineoplastic Agents/ Kinase Inhibitors	SPRYCEL	38	<b>dasatinib</b> , imatinib mesylate, Bosulif (bosutinib) and Scemblix (asciminib).
Antineoplastic Agents/ Kinase Inhibitors	COTELLIC*	1	Mekinist (trametinib) and Mektovi (binimetinib).
Antineoplastic Agents/ Kinase Inhibitors	ZELBORAF*	0	Braftovi (encorafenib) and Tafinlar (dabrafenib).

\*Prior use exemption will be provided to current utilizers.

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Central Nervous System/ Antidepressants	FLUOXETINE TABLET 60MG	0	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for Sarafem]), paroxetine, paroxetine ext-rel (except NDC 60505367503), sertraline, vilazodone, Celexa (citalopram), and Trintellix (vortioxetine).
Central Nervous System/ Botulinum Toxins	DYSPORE	13	DAXXIFY; XEOMIN
Endocrine and Metabolic/ Diabetic Supplies	V-GO INSULIN INFUSION PUMP*	13	OMNIPOD 5/ DASH, TWIIST INSULIN INFUSION PUMP AND SUPPLIES
Endocrine And Metabolic/ Fertility Regulators	OVIDREL*	10	PREGNYL

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Hematologic/ Paroxysmal Nocturnal Hemoglobinuria (PNH) Agents	SOLIRIS*	2	VYVGART, VYVGART HYTRULO
Hematologic/ Paroxysmal Nocturnal Hemoglobinuria (PNH) Agents	ULTOMIRIS*	1	VYVGART, VYVGART HYTRULO
Immunologic Agents/ Autoimmune Agents	TALTZ	250	CONSULT PHYSICIAN – INDICATION Specific
Topical/ Dermatology, Rosacea	RHOFADE	22	azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA

# Formulary Updates – Exclusions

## Questions?



# 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.

Therapeutic Category	Drug	Tier Change
Cardiovascular/ Heart Failure	CORLANOR	2 → 3

# Formulary Updates – Downtiers

## Movement to Preferred Status

- Typically, branded medications that are added as preferred products to provide additional treatment options.
- All the following products will be moving from a higher tier to a lower tier.

Therapeutic Category	Drug	Tier Change
Antineoplastic Agents/ Kinase Inhibitors	PIQRAY	6 → 5
Antineoplastic Agents/ Kinase Inhibitors	MEKINIST	6 → 5
Antineoplastic Agents/ Kinase Inhibitors	TAFINLAR	6 → 5
Central Nervous System/ Antiseizure Agents	BRIVIACT	3 → 2
Immunologic Agents/ Autoimmune Agents	LITFULO	6 → 5

# Formulary Updates – Uptiers/Downtiers

## Questions?

# Summary of Formulary Changes Effective 5/1/2025

## FORMULARY STRATEGY

- Fumarates

## NEW MOLECULAR ENTITIES

- 5 new drug products were added to the formulary

## OTHER FORMULARY ADDITIONS

- 20 additional products were added to the formulary

## UTILIZATION MANAGEMENT

- SGM for DAXXIFY
- SGM/Specialty QL for RYSTIGGO, SCEMBLIX, TRUQAP and ITOVEBI

## PRODUCT EXCLUSIONS

- 11 products were excluded impacting 323 members

## UPTIERS/DOWNTIERS

- 6 products had tier movement


# New Business?

# Upcoming Meeting Dates for 2025

- Wednesday, May 14, 2025
- Wednesday, August 20, 2025
- Wednesday, October 22, 2025



# Thank You.

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

