



Pharmacy & Therapeutics Committee Meeting

Formulary and Program Updates Effective 1/1/2025

November 6, 2024
6:30PM – 8PM



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
- W. Russell Laundon, PharmD, MS, BCPS

PLAN STAFF & VENDORS

State Health Plan

- Jenny Vogel, PharmD
- Caroline Smart
- Sam Watts

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

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.

Financial Review Process

- Finance team
 - Chief Economist, Financial Analyst
- Analyzing pharmacoepidemiologic data
 - Estimating potential utilization
- Identifying therapeutic alternatives
 - Comparative budget impact

Formulary Updates – Effective 1/1/2025

CVS Caremark's Quarterly Formulary Update:

- Formulary Additions (including new molecular entities, line extensions, and add-backs)
- Utilization Management
- Product Exclusions
- Tier Changes (Brand-Over-Generic Strategy/Uptiers)

Presented by:

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

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
Analgesics/ Opioid Partial Agonists	BRIXADI	3
Anti-Infectives/ Antiretroviral Combination Agents	CABENUVA	6
Immunologic Agents/ Vaccines	ERVEBO INJ	3
Respiratory/ Steroid Inhalants	ASMANEX HFA	2
Respiratory/ Steroid/Beta-Agonist Combinations	breynd	1

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/ Biosimilars	KANJINTI (trastuzumab-anns)	5
Antineoplastic Agents/ Biosimilars	TRAZIMERA (trastuzumab-qyyp)	5
Endocrine and Metabolic/ Enzyme Replacements	NEXVIAZYME	5
Gastrointestinal/ Miscellaneous	MOVANTIK	2

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/ Miscellaneous	VANCOMYCIN INJ 1.75GM; VANCOMYCIN INJ 2GM	3
Antineoplastic Agents/ Alkylating Agents	CYCLOPHOSPHAMIDE INJ 1GM/2ML; CYCLOPHOSPHAMIDE INJ 2GM/4ML	3
Antineoplastic Agents/ Kinase Inhibitors	RETEVMO TAB	5
Cardiovascular/ Heart Failure	ENTRESTO CAP 6-6MG; ENTRESTO CAP 15-16MG	2
Cardiovascular/ Pulmonary Arterial Hypertension	TYVASO DPI	6

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
Endocrine and Metabolic/ Enzyme Replacements	ELFABRIO SOL 5MG/2.5ML	5
Endocrine and Metabolic/ Miscellaneous	ACTHAR INJ GEL	6
Endocrine and Metabolic/ Potassium-Removing Agents	VELTASSA POW 1GM	2
Gastrointestinal/ Miscellaneous	LIVMARLI SOL 19MG/ML	6

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).

Immunologic Agents/ Autoimmune Agents (Self-Administered)	OTEZLA TAB 10/20MG, OTEZLA 20MG	5
Immunologic Agents/ Autoimmune Agents (Self-Administered)	RINVOQ LQ SOL 1MG/ML	5
Respiratory/ Severe Asthma Agents	FASENRA INJ 10MG/0.5	5
Topical/ Dermatology, Atopic Dermatitis	ADBRY INJ 300/2ML	5
Topical/ Dermatology/ Antipsoriatics	ZORYVE CRE 0.15%	2

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
ZURZUVAE (zuranolone)	Treatment of postpartum depression (PPD) in adults.	SGM; Specialty QL	6
VORANIGO (vorasidenib)	Adult and pediatric patients 12 years and older with Grade 2 astrocytoma or oligodendroglioma with a susceptible IDH1 or IDH2 mutation, following surgery including biopsy, sub-total resection, or gross total resection.	SGM; Specialty QL	6

Formulary Updates – Additions 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/ Biosimilars	HERZUMA (trastuzumab-pkrb)	0	KANJINTI; TRAZIMERA
Endocrine and Metabolic/ Antidiabetics, Incretin Mimetic Agents	VICTOZA	493	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY
Respiratory/ Steroid/Beta-Agonist Combinations	DULERA	54	budesonide-formoterol, fluticasone- salmeterol (except certain NDCs), breyna, Wixela Inhub, BREQ ELLIPTA (except certain NDCs)

Formulary Updates – Exclusions Questions?

Brand-Over-Generic Strategy

- Claims for the brand adjudicate at the generic cost share for members, which is typically the tier that includes low-cost generic alternatives.
- The strategy maintains the generic member copay/coinsurance for the brand product.
- Supports the lowest net cost formulary principle and extends savings to members.

Drug	Change Type	Tier	# Utilizers (6 mo.)
SPIRIVA	Downtier	2 → 1	70
tiotropium bromide	Exclude	2 → NC	94

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
Antiviral Combinations	PAXLOVID	2 → 3

Formulary Updates – Brand Over Generic Strategy/Uptiers Questions?

Summary of Formulary Changes Effective 1/1/2025

NEW MOLECULAR ENTITIES

- 2 new drug products were added to the formulary

OTHER FORMULARY ADDITIONS

- 23 additional products were added to the formulary

UTILIZATION MANAGEMENT

- SGM/Specialty QL for ZURZUVAE and VORANIGO

PRODUCT EXCLUSIONS

- 3 products were excluded impacting 547 members

TIER 1 (BRAND-OVER-GENERIC) STRATEGY

- 1 branded product was placed in Tier 1, with the generic product excluded

UPTIER

- 1 product had tier movement

New Business?

Upcoming Meeting Dates for 2025

- Wednesday, February 19, 2025