





Pharmacy & Therapeutics Committee Meeting

Supplemental Slides

May 15, 2024 6:30PM – 8PM





Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Antineoplastic Agents/ Kinase Inhibitors	IMBRUVICA*	28	BRUKINSA, CALQUENCE
Endocrine and Metabolic/ Phosphate Binder Agents	VELPHORO	47	calcium acetate, sevelamer carbonate, AURYXIA
Immunologic Agents/ Autoimmune Agents (Self-Administered)	HUMIRA	1600	Consult Physician



*Prior Use Exemption will be applied for the 28 current utilizers

Review of 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 Class Preferred Products by Indication

Indication	Primary Preferred Product*	Secondary Preferred Product*
Plaque psoriasis	 adalimumab-adaz Hyrimoz (adalimumab-adaz) Otezla (apremilast) Skyrizi (SC) (risankizumab-rzaa) Sotyktu(deucravacitinib) Stelara (SC) (ustekinumab) Taltz (ixekizumab) Tremfya (guselkumab) 	 Bimzelx (bimekizumab-bkzx) (after 2 primary preferred products) Cimzia syringe (certolizumab pegol) (after 2 primary preferred products)
Ankylosing spondylitis	 adalimumab-adaz Cosentyx (secukinumab) Enbrel (etanercept) Hyrimoz (adalimumab-adaz) Rinvoq (upadacitinib) 	 Cimzia syringe (certolizumab pegol) (after 2 primary preferred products)
Psoriatic arthritis	 adalimumab-adaz Cosentyx (secukinumab) Enbrel (etanercept) Hyrimoz (adalimumab-adaz) Otezla (apremilast) Rinvoq (upadacitinib) Skyrizi (SC) (risankizumab-rzaa) Stelara (SC) (ustekinumab) Tremfya (guselkumab) 	 Cimzia syringe (certolizumab pegol) (after 2 primary preferred products)



Autoimmune Class Preferred Products by Indication

Indication	Primary Preferred Product*	Secondary Preferred Product*
Rheumatoid Arthritis	 adalimumab-adaz Enbrel (etanercept) Hyrimoz (adalimumab-adaz) Kevzara (sarilumab) Orencia (SC)/Orencia ClickJect (abatacept) Rinvoq (upadacitinib) Xeljanz/Xeljanz XR (tofacitinib) 	Cimzia syringe (certolizumab pegol) (after 2 primary preferred products)
Non-Radiographic Axial Spondyloarthritis	 Cimzia syringe (certolizumab pegol) Cosentyx (secukinumab) Rinvoq (upadacitinib) 	None
Crohn's disease	 adalimumab-adaz Hyrimoz (adalimumab-adaz) Rinvoq (upadacitinib) Skyrizi (SC) (risankizumab-rzaa) Stelara (SC) (ustekinumab) 	• Cimzia syringe (certolizumab pegol) (after 2 primary preferred products)
Ulcerative colitis	 adalimumab-adaz Hyrimoz (adalimumab-adaz) Rinvoq (upadacitinib) Stelara (SC) (ustekinumab) Xeljanz/Xeljanz XR (tofacitinib) Zeposia (ozanimod) 	None



We engage with prescribers across multiple touchpoints to help enhance efficiency, lower costs and create better experiences

Behind In the Ongoing In the office the scenes pharmacy basis Engagement in advance of EHR connectivity eases Driving cost savings for payors Delivering ongoing clinical support formulary changes creates administrative burden and and their members using PBM and connects patients with transparency to cost, benefit simplifies patient onboarding capabilities* financial assistance programs design and medication history^{*} • Prescriber messaging for • Prescriber messaging lower-cost covered options for formulary changes EHR connectivity ٠ **Real-time benefits** Copay assistance ♦ CVSHealth.

> We anticipate that over 90% of patients will smoothly transition to a covered product by utilizing CVS Specialty pharmacy in conjunction with our EMR connectivity.





Prescriber outreach enabled with RxChange

For **Providers**



Messages sent to provider's EHR with a clear ask for a change and/or additional information – reducing the need for additional faxes and phone calls Allows them to quickly and easily respond with an 'approve' or 'deny' message from their EHR resulting in higher and faster response rates vs. faxes For Pharmacies



Response is systematically sent back to the requesting pharmacy Client case study Frictionless experience for members and prescribers



adoption of preferred biosimilar over a 45-day period





Functionality available at Specialty, Mail Order, and CVS retail pharmacies Source: CVS Specialty Operations, 2023

RxChange

collaboration that lends itself to better patient outcomes

HUMIRA PEN (2/BOX) 40MG/0,4ML

Inject 40 mg (0.4ML) subcutaneous every other week

Qty: 2 pens

Refills: 6

Substitutions: Y

Date Written 7/31/2023

Last Filled: N/A

Note:

Prescriber's view

RxChange Request: Therapeutic Interchange Request : From: CVS Specialty Sent: August 1, 2023 To: Test Prescriber Select Suggested Medication Test Patient (F) DOB: 2/14/1982 (41 years) HYRIMOZ PEN ~ 40MG/0.4ML (123) 555-1234 (c) 1234 Sunshine Rd Walnut Creek, CA 94565 **Original Medication Provider:** HUMIRA PEN (2/BOX) ~ 40MG/0.4ML Test Prescriber View full Rx Details 1234 Hummingbird Way Walnut Creek, CA 94565 (925)555-4567 (p) DEA: AP8642490 **Notes From Pharmacy Pharmacy:** CVS Specialty Humira no longer covered on patients' insurance. Please 1127 Bryn Mawr Ave Ste A switch to a covered alternative medication Redlands, CA 92374 Approve Denv Replace

Example above does not represent actual EHR screens. Formulary selections are plan specific and determined by payor selections.

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