

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE
August 11, 2021

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, August 11, 2021, via webinar, accessible to the public through the Plan's website. Quorum was present.

MEMBERS PRESENT:

David Konanc, MD, Neurologist, Raleigh Neurology Associates
Jennifer Burch, PharmD, CDE, Owner, Central Compounding Center
Sundhar Ramalingam, MD, Oncologist, Duke Cancer Center
Peter Robie, MD, General Internist, Wake Forest Baptist Community Physicians
Phil Seats, RPh, Retired Pharmacist
John Anderson, MD, MPH, Chief Medical Officer, Duke Primary Care

MEMBERS ABSENT:

John J. Engemann, MD, Infectious Disease Specialist, Raleigh Infectious Disease Associates, PA
Joseph Shanahan, MD, Owner, Shanahan Rheumatology & Immunotherapy
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
Dee Jones, Executive Director, State Health Plan
Sonya Dunn, MPA, BSPH, RN, Sr. Pharmacy Benefits Program Manager, State Health Plan
Renée Jarnigan, RPh, Clinical Advisor, CVS Health
Stephanie R. Morrison, PharmD, BCPS, Clinical Advisor, CVS Health

Welcome

The Chairperson welcomed the Committee members and guests to the webinar and performed roll call.

Conflict of Interest Statement

In compliance with the requirements of Chapter 138A-15(e) of the State Government Ethics Act, the Chairperson read the Plan's Ethics Awareness & Conflict of Interest Reminder to the P&T Committee members and requested that members who have either an actual or perceived conflict of interest identify the conflict and refrain from discussion and voting in those matters as appropriate. No conflicts of interest were noted.

Old Business

The Chairperson asked the P&T Committee members to review the May 12, 2021 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.

The Chairperson also provided an update regarding last meeting's proposal to add Continuous Glucose Monitors (CGMs) to the pharmacy formulary. The proposal was presented to the State Health Plan Board

of Trustees on July 15, 2021. Pending additional cost analysis, an updated proposal will be presented at the next Board meeting for a vote.

Formulary Updates

The Chairperson introduced CVS Caremark's Clinical Advisors Heather Renée Jarnigan, RPh, & Stephanie Morrison, PharmD, BCPS whom would be presenting CVS Caremark's Quarterly Formulary Updates, effective October 1, 2021. This included additions to the formulary, utilization management criteria, drug removals, and tier movements.

Ms. Jarnigan along with Dr. Morrison identified two 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: LUMAKRAS and BREXAFEMME. There was discussion about the potential expense of BREXAFEMME, which would be covered, with quantity limits, for vulvovaginal candidiasis following treatment failure with fluconazole as required by the proposed utilization management criteria. It was suggested that the expense might be unnecessary if, after failing treatment with fluconazole, a yeast culture was required to determine if a more cost-effective generic antifungal agent might be effective before prescribing the new drug BREXAFEMME. Following this discussion, both new molecular entities were approved as presented with one dissenting vote.

Ms. Jarnigan then presented other proposed formulary additions which included formulary add-backs, line extensions, and new formulations of existing formulary products. The medications being added to the formulary are as follows: INGREZZA CAP 60MG, XCOPRI PAK 100-150, SKYRIZI INJ 150MG/ML, TRIKAFTA TAB, WEGOVY INJ, COSENTYX INJ 75MG/0.5, VANCOMYCIN INJ 100GM, AMINOCAPROIC SOL 0.25/ML, and RIASTAP. There was no opposition from the Committee members, so the product additions were approved as presented.

Dr. Morrison then reviewed new Utilization Management policy recommendations, which included prior authorization criteria for coverage of WEGOVY. There was no opposition from the Committee members, so the utilization management criteria 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 products that will be excluded from the formulary starting on the effective date: MELOXICAM CAPSULE, DOXYCYCLINE HYCLATE 100MG DELAYED-RELEASE TABLET, PAROXETINE 37.5MG EXT-REL TAB (NDC 60505367503 only), BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPHATE (brands and generic NDC 7123062002 only), XENICAL, HEPARIN SODIUM IN D5W IV SOLUTION (brands and generics), CALCIPOTRIENE FOAM, HALOG SOLUTION 0.1%, HALOG CREAM 0.1%, HALOG OINTMENT 0.1%, CORDRAN LOTION 0.05%, ULTRAVATE LOTION 0.05%, CORDRAN TAPE, and CORDRAN CREAM. 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 reviewed all LUPRON-DEPOT (non-PED) strengths for final determination of formulary status. As noted in the Committee meeting minutes from May 12, 2021, the Committee previously voted against the removal of LUPRON DEPOT from the formulary due to concerns regarding exclusion of

coverage for prostate cancer. Ms. Jarnigan explained that the strengths used to treat prostate cancer (7.5 mg, 22.5 mg, 30 mg, and 45 mg) were already excluded as of 1/1/2019 (approved by the P&T Committee on 10/23/2018). LUPRON DEPOT strengths for endometriosis or uterine leiomyomata (3.25 mg and 11.25 mg) were the only strengths not already excluded prior to May 2021 meeting. Following a discussion regarding the formulary exclusion exception process available in cases where Plan members have a medical necessity to obtain LUPRON DEPOT for prostate cancer treatment, the Committee voted unanimously to approve exclusion of LUPRON DEPOT INJ 3.75MG and LUPRON DEPOT INJ 11.25MG as presented.

Dr. Morrison identified all the branded products that will have a change in tier from non-specialty to specialty. They included: CHENODAL, FASLODEX, and FULVESTRANT. There was no opposition from the Committee members, so the specialty product movements were approved as presented.

Dr. Morrison identified all the branded products that will have a change in tier from preferred to non-preferred. They included: TRUVADA, BACTRIM, BACTRIM DS, DYMISTA, and AZOPT. There was no opposition from the Committee members, so the formulary uptiers were approved as presented.

Dr. Morrison identified one branded product that will have a change in tier from non-preferred to preferred: TAGRISSO. There was no opposition from the Committee members, so the formulary downtier was approved as presented.

New Formulary Management Strategy- Management of Select Unapproved Products

Ms. Jarnigan presented a new strategy for managing the formulary by excluding coverage of certain legally marketed drugs that lack approval from the U.S. Food and Drug Administration (FDA), provided the drugs have suitable clinical alternatives. Ms. Jarnigan provided examples of covered and non-covered products according to the coverage recommendations developed by CVS Caremark. There was no opposition from the Committee members, so this strategy was approved for implementation effective January 1, 2022.

Adjourn

The Chairperson addressed the Committee by thanking them for their service and informed them that the next meeting would be held on October 13, 2021 at 6:30 P.M. via webinar. The meeting was adjourned at approximately 7:30 P.M. (EST).

Stephanie Craycroft-Andrews

Stephanie Craycroft-Andrews, Chair