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

3200 Atlantic Avenue, Raleigh, NC 27604
Telephone (919) 814-4400 | Fax (919) 855-5817
www.SHPNC.org

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE
April 29, 2026

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, April 29, 2026 via Teams, accessible to the public through the Plan's website. Quorum was present.

MEMBERS PRESENT:
Ghassan Al-Sabbagh, MD, Gastroenterologist/Hepatologist, Gastroenterology & Hepatology Consultants
David Konanc, MD, Neurologist, Raleigh Neurology Associates
W. Russell Laundon, PharmD, Pharmacist, Director of Pharmacy Integration, UNC Health Care
Timothy Ashley, MD, MPH Internal Medicine and Pediatrics, Duke Primary Care, Regional Director
Garland Moeller, MD, Rheumatologist, CarolinaEast Internal Medicine
Stephen Hsieh, MD, Internal Medicine, High Rock Internal Medicine

MEMBERS ABSENT:
Jennifer Burch, PharmD, CDE, Owner, Central Compounding Center

PLAN & VENDOR STAFF:
Caroline Smart, Deputy Executive Administrator, State Health Plan
Jenny Vogel, PharmD, Sr. Clinical Pharmacist, State Health Plan
Toni Prine, RPh, Director of Operations, Pharmacy Benefits, State Health Plan
Emma Turner, Director of Economics, Finance, & Analysis, State Health Plan
Justin Wylie, Web Designer, State Health Plan
Bryan Allard, Financial Analyst, State Health Plan
Renée Jarnigan, RPh, Clinical Advisor, CVS Health

Welcome
The Chairperson welcomed the Committee members and guests to the webinar and performed roll call. Toni Prine, the new Director of Operations, Pharmacy Benefits for the State Health Plan was introduced.

Conflict of Interest Statement
The Chairperson requested that the P&T Committee members review the agenda, which was distributed prior to the meeting, and to disclose any actual or potential conflicts of interest with any item on the agenda. No conflicts of interest were noted.

The Cordavis Conflict of Interest Disclosure Statement was shown and read to the Committee Members as is standard practice when a Cordavis product is presented during a meeting.

3200 Atlantic Avenue, Raleigh, NC 27604
Telephone (919) 814-4400 | Fax (919) 855-5817
www.SHPNC.org

Old Business

The Chairperson asked the P&T Committee members to review the January 28, 2026 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.

Strategic Discussion

Dr. Vogel presented to committee members the fundamental challenges the Plan faces between balancing spending and savings. With the cost of healthcare continually rising, the Plan cannot keep spending without also saving. In order to continue to provide members with high-value, high-cost benefits the Committee will need to make decisions to help offset this cost. Proactive, Plan initiated changes which include the removal of low-value, high-cost items from the formulary will save valuable resources.

Formulary Updates

Ms. Jarnigan presented CVS Caremark's Quarterly Formulary Updates, effective July 1, 2026. This included additions to the formulary, utilization management criteria, product exclusions, and tier movements.

Dr. Vogel and Ms. Jarnigan first identified five new molecular entities that were being removed from CVS's New-to-Market block and would be available as covered products, along with any utilization management policies that went along with the new products. The new molecular entities being added to the formulary are as follows: IBTROZI, TURALIO, YUTREPIA, ENFLONSIA and ENTYVIO.

The proposed utilization management for the new entities include Specialty Guideline Management (SGM) and Specialty Quanity Limits for IBROZI, TURALIO and ENTYVIO. SGM for YUTREPIA.

Ms. Jarnigan presented proposed formulary additions, add backs, and line extensions. The seven formulary additions are as follows: OSPOMYV*, STOBOCLO, OSENVELT, XEMBIFY, FILSPARI, dapagliflozin, and dapagliflozin/metformin. The two add backs are: ORTHOVISC and DYSPORT. The twelve line extensions are as follows: KRYSTEXXA INJ 8MG/50ML, XPOVIO PAK 80MG, TNKASE INJ 25MG, TYVASO DPI POW 80MCG/INST KIT/MAIN KIT, VRAYLAR CAP 0.5MG, 0.75MG, DAYBUE STIX POW 5000MG, 6000MG, 8000MG, DOPTELET SPR CAP 10MG, INJECTAFER INJ 1000MG/20ML, PIRFENIDONE TAB 534MG, THEOPHYLLINE TAB 100MG ER, 200MG ER, SPEVIGO INJ 300MG/2ML, ZORYVE CRE 0.05%. *Cordavis labeled biosimilar (contracted with Samsung Bioepis).

Dr. Moeller expressed opposition to the addition of ORTHOVISC to the formulary. Additionally he advised that the Plan review the entire class of Viscosupplements as they are not recommended in the ACR guidelines and provide no benefit over placebo. Dr. Vogel thanked Dr. Moeller for his clinical

3200 Atlantic Avenue, Raleigh, NC 27604
Telephone (919) 814-4400 | Fax (919) 855-5817
www.SHPNC.org

expertise and offered to both remove ORTHOVISC from CVS's list of proposed additions as well as review the class of Viscosupplements and bring the findings to the next meeting. Dr. Ashley questioned why the projected annual utilizers was much higher for OSPOMYV, the Cordavis labeled biosimilar, compared to STOBOCLO. Dr. Vogel thanked Dr. Ashley for his question and explained that historically the Plan has found CVS to promote the utilization of their biosimilar product over an alternative biosimilar product (Ex. Hyrimoz). For transparency purposes, the Plan acknowledges that projected utilization was factored into the evaluation process and and the Plan confirms its support for the proposed addition.

There was no additional opposition from the Committee members, so the formulary additions, add backs (absent ORTHOVISC), and line extensions with any associated utilization management 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 medically necessary reason to allow coverage of a formulary excluded drug.

Ms. Jarnigan then reviewed the following six products that will be excluded from the formulary starting on the effective date: SUPARTZ FX*, PERJETA*, PROLIA, XGEVA, FORTEO, and ALPROLIX. Prior use exemptions will be provided to members currently utilizing a medication indicated with *, so these members will not need to change medications or go through the exceptions process to continue their current medication. All products being removed have therapeutic alternatives or generic equivalents that are covered as preferred products on the Plan's custom formulary.

Dr. Vogel then reviewed the following sixteen products that will be excluded from the formulary starting on the effective date: TWYNEO, LOREEV XR, FARXIGA, JARDIANCE, XIGDUO XR, SYNJARDY/SYNJARDY XR, DIFICID TAB, NEXLIZET, QELBREE, AZSTARYS, ZEMBRACE SYMTOUCH, COPAXONE INJ, GLATOPA INJ, ZANAFLEX TAB/CAP, LYBALVI, and SERNIVO SPRAY.

There was no opposition from the Committee members, so the formulary exclusions were approved as presented.

Ms. Jarnigan identified two branded products: GOMEKLI and VYNDAMAX which will have a change in tier from non-preferred to preferred. Ms. Jarnigan then identified six branded products:TEPADINA INJ, DIFICID SUS 200MG, APTIOM TAB, FYCOMPA SUSP/TAB, MENOPUR SQ, and BRILINTA TAB 90MG which will have a change in tier from preferred to non-preferred.

There was no opposition from the Committee members, so the formulary tier changes were approved as presented.

3200 Atlantic Avenue, Raleigh, NC 27604
Telephone (919) 814-4400 | Fax (919) 855-5817
www.SHPNC.org

Additional Updates

Ms. Jarnigan presented the Standard CVS Rx-OTC Equivalents Drug List which is a list of prescription (Rx) products that have over-the-counter (OTC) equivalents. This list excludes benefit coverage for Rx products that have OTC equivalents: loperamide 2mg caps, cimetidine 200mg tab, Pepcid/famotidine 20mg tab, meclizine 12.5mg tab/25mg tab, Antivert 25mg chewable, clotrimazole 1% solution/cream, hydrocortisone 1% ointment, Ala-Cort/hydrocortisone 1% cream, ammonium lactate 12% cream/lotion, diclofenac 1% gel, olopatadine 0.2% solution, azelastine 0.2% spray, mometasone furoate 50 mcg spray, fluticasone propionate 50mcg spray, and levocetirizine 5mg tab.

Dr. Vogel then presented the Plan proposed customization to the Rx-OTC Drug List and explained that this change aligns with the benefits outlined in the Plan's Benefits Booklet, which excludes coverage of medications that have a therapeutic alternative available over-the-counter as determined by the Plan. Dr. Moeller, Dr. Al-Sabbagh and Dr. Hsieh opposed the exclusion of the proton pump inhibitors (PPI's : omeprazole, esomeprazole, lansoprazole, dexlansoprazole, pantoprazole and rabeprazole). Dr. Ashley proposed the idea of incorporating a step-therapy option to accommodate members who require prescription PPI's. Dr. Vogel thanked the committee for their input, offered to remove the PPI's from the customized Rx-OTC Drug List at this time, and voiced that she would be in touch with the committee about the possibility of revisiting this topic during a future meeting.

SHP Custom RxOTC Exclusion List: all strengths and formulations of: brompheniramine maleate, chlorpheniramine maleate, dexbrompheniramine maleate, dexchlorpheniramine maleate, triprolidine HCl, diphenhydramine HCl, carbinoxamine maleate, clemastine fumarate, cetirizine, levocetirizine, loratidine, fexofenadine, desloratidine, alcaftadine ophth soln, bepotastine besilate ophth soln, cetirizine HCl ophth soln, cromolyn sodium ophth soln, epinastine HCl ophth soln, ketotifen fumarate ophth soln, lodoxamine tromethamine ophth soln, olopatadine HCl ophth soln, azelastine HCl nasal spray, olopatide HCl nasal sol, cromolyn sodium nasal aerosol soln, beclomethasone dipropionate monohyd nasal, budesonide nasal susp, ciclesonide nasal aerosol soln, flunisolide nasal soln, fluticasone furoate nasal susp, mometasone furoate nasal, triamcinolone acetonide nasal, oxymetazoline HCl w/ menthol nasal sol, azelastine HCl- fluticasone prop nasal, olopatadine HCl-mometasone furoate nasal susp, benzoyl peroxide, adapalene, adapalene/benzoyl peroxide, lactic acid (ammonium lactate) lotion 5%, hydrocortisone 0.5%, cimetidine, ranitidine, famotidine, and nizatidine.

There was no additional opposition from the Committee members, so the CVS Standard with SHP customizations Rx-OTC Drug List (absent PPI's: omeprazole, esomeprazole, lansoprazole, dexlansoprazole, pantoprazole and rabeprazole), was approved as presented.

Adjourn

The Chairperson addressed the Committee by thanking them for their service and informed them that the next meeting would be held on July 29, 2026 at 6:30 P.M. via Teams. The meeting was adjourned at approximately 7:42 P.M. (EST)

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

3200 Atlantic Avenue, Raleigh, NC 27604
Telephone (919) 814-4400 | Fax (919) 855-5817
www.SHPNC.org

Jenny Vogel, Chair