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

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PHARMACY AND THERAPEUTICS (P&T) COMMITTEE
MARCH 3, 2025

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 Monday, March 3, 2025, via webinar, accessible to the public through the Plan's website. Quorum was present.

MEMBERS PRESENT:
Ghassan Al-Sabbagh, MD, Gastroenterologist/Hepatologist, Gastroenterology & Hepatology Consultants
Peter Robie, MD, General Internist, Wake Forest Baptist Community Physicians
Jennifer Burch, PharmD, CDE, Owner, Central Compounding Center
W. Russell Laundon, PharmD, Pharmacist, Director of Pharmacy Integration, UNC Health Care
David Konanc, MD, Neurologist, Raleigh Neurology Associates
Phil Seats, RPh, Retired Pharmacist
Timothy Ashley MD, MPH Internal Medicine and Pediatrics, Duke Primary Care, Regional Director
Garland Moeller MD, Rheumatologist, CarolinaEast Internal Medicine

MEMBERS ABSENT:
Sheel Solomon, MD, Dermatologist, Preston Dermatology and Skin Surgery
Sundar Ramalingam, MD, Oncologist, Duke Cancer Center

PLAN & VENDOR STAFF:
Brad Briner, State Treasurer
Tom Friedman, Executive Director, State Health Plan
Caroline Smart, Deputy Executive Administrator, State Health Plan
Jenny Vogel, PharmD, Sr. Clinical Pharmacist, 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.

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.

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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 at a meeting.

Old Business

The Chairperson asked the P&T Committee members to review the November 6, 2024 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 asked the P&T Committee members to review the proposed update to the Bylaws, which were distributed prior to the meeting. Without objection the Bylaws were approved as is.

Strategic Discussion

Dr. Vogel introduced a discussion of interest to the Plan about manufacturer coupon cards undercutting formulary strategy. Committee members and Plan staff engaged in a robust discussion. One suggestion was to provide members high cost medications at lower copays, so the copay would more closely resemble the low copays created as a result of manufacturer coupon cards. Another suggestion was to utilize the scale of member enrollment to negotiate with pharmaceutical manufacturers and Pharmacy Benefit Managers to obtain lower drug costs. The Plan recognized that we would be seeking novel and creative ideas in the near future as we work diligently to narrow the impending deficit.

Dr. Vogel solicited committee members opinions about a request from a Board of Trustees member to suspend all prior authorizations on medications less than $500. Committee members were provided with the potential cost associated with this decision as well as data on the classes of medications associated with prior authorizations costing less than $500. Much discussion ensued. The general consensus was that while the removal of prior authorizations under $500 per month may make things easier, Committee members agreed that prior authorizations serve a purpose and an arbitrary financial threshold should not be a determinate for requirement. A suggestion was made for the Plan to consider implementing a “Gold Card Status” for the subset of providers who overwhelmingly provide good clinical practice (as determined by a minimum 90% success rate on prior authorizations).

Dr. Vogel presented a formulary strategy which would exclude a high cost brand, Vumerity, and downtier a lower cost bioequivalent generic, dimethyl fumarate. Committee members were provided with clinical and financial material prior to the meeting for review. After a robust discussion, the committee voted to approve the state health plans’s recommendation as presented.

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Formulary Updates

Ms. Jarnigan began by presenting CVS Caremark's Quarterly Formulary Updates, effective May 1, 2025. This included additions to the formulary, utilization management criteria, product exclusions, and tier movements.

Ms. Jarnigan presented proposed formulary additions, add backs, and line extensions. The eight formulary additions are as follows: ABILIFY ASIMTUFII, VYVGART HYTRULO, ALTUVIIIO, ZITUVIO, ZITUVIMET, ZITUVIMET XR, TWIIST INSULIN PUMP and SUPPLIES, and INSULIN GLARGINE-YFGN. The five add backs are as follows: LORBRENA, VYVGART, TRIPTODUR, PREGNYL, and BENEFIX. The seven line extensions are as follows: PREVYMIS PAK 20MG, 120MG, AUGTYRO CAP 160MG, LUMAKRAS TAB 240MG, JIVI INJ 4000UNIT, BIMZELX INJ 320/2ML, TREMFYA INJ 200/2ML (SQ PEN), and TREMFYA 200/20ML (VIAL FOR IV INFUSION).

Ms. Jarnigan and Dr. Vogel 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: RYSTIGGO, SCEMBLIX, DAXXIFY, TRUQAP and ITOVEBI.

The Committee also approved proposed utilization management for the new entities including SGM FOR DAXXIFY and SGM and Specialty QL for RYSTIGGO, SCEMBLIX, TRUQAP and ITOVEBI.

There was no opposition from the Committee members, so the formulary additions, add backs, and line extensions with any associated utilization management were approved as presented.

Ms. Jarnigan presented a review of Autoimmune Indication-Based Management which was reviewed by the Plan's P&T Committee and originally implemented on 1/1/2018. Proposed updates include: Plaque Psoriasis (BIMZELX – Primary Preferred, TALTZ- Exclusion), Hidradenitis Suppurativa, Psoriatic Arthritis (BIMZELX- Secondary Preferred), Ulcerative Colitis (TREMFYA – Primary Preferred), Alopecia Areata. Dr. Moeller made a recommendation to research the price difference between OLUMIANT and LITFULO for the treatment of Alopecia Areata. Ms. Jarnigan stated this was the lowest net cost for the Plan, but would look into this request further. Dr. Vogel acknowledged this request and stated the Plan would also perform an anylysis and would provide committee members with the results. Dr. Robie then voiced a concern about voting on the update for Alopecia Areata. Ms. Jarnigan assured Dr. Robie that this was only a technical update to add the indication of Alopecia Areata to the Autoimmune Indication-Based Management Program.

Without further opposition from Committee members, the utilization management update for Autoimmune Indication-Based Management was approved as presented.

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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 that SPRYCEL, COTELLIC*, ZELBORAF*, FLUOXETINE TABLET 60MG, DYSPORT, V-GO INSULIN INFUSION PUMP*, OVIDREL*, SOLIRIS*, ULTOMIRIS*, TALTZ, and RHOFADE will be excluded from the formulary starting on the effective date. Each of these medications have therapeutic alternatives that are covered as preferred products on the Plan's custom formulary. *Prior use exemptions will be provided to members currently utilizing treatments indicated by an *; these members will not need to change medications or go through the exceptions process to continue their current medication.

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

Ms. Jarnigan then identified one branded product, CORLANOR, which will have a change in tier from preferred to non-preferred status. Additionally, four branded products, PIQRAY, MEKINIST, TAFINLAR, and BRIVIACT will have a change in tier from non-preferred to preferred status. Ms. Jarnigan pointed out that LITFULO was indeed proposed to move tiers during this presentation. As per the earlier conversation surrounding this topic, Dr. Robie recommended this decision be moved to the next meeting to enable further research.

There was no additional opposition from the Committee members, so the formulary tier changes (absent LITFULO) were 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 May 14, 2025 at 6:30 P.M. via webinar. The meeting was adjourned at approximately 8:15 P.M. (EST)

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Jenny Vogel, Chair