

**PHARMACY AND THERAPEUTICS (P&T) COMMITTEE**  
**MAY 14, 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 Wednesday, May 14, 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  
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:**

Sundar Ramalingam, MD, Oncologist, Duke Cancer Center  
Jennifer Burch, PharmD, CDE, Owner, Central Compounding Center  
Peter Robie, MD, General Internist, Wake Forest Baptist Community Physicians

**PLAN & VENDOR STAFF:**

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  
Emma Turner, Chief Economist, 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.

### *Old Business*

The Chairperson asked the P&T Committee members to review the March 3, 2025 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 introduced a discussion of interest topic regarding Treasurer Briner's idea of transparency driven strategies. Some examples include identifying high cost/low value medications and the swift addition of biosimilar medications to the formulary. Additionally this idea encompasses the reversal of brand-over-generic strategies in favor of providing clinically equivalent generic medications and moving away from a non-rebate driven formulary. Committee members and Plan staff engaged in a robust discussion.

Dr. Vogel then presented a Plan initiated formulary strategy which called for the reversal of a Brand-over-generic strategy, in which one branded product was proposed for exclusion, with its generic being added into Tier 1. The branded product to be removed is RESTASIS EMU/RESTASIS MULTIDOSE EMU with the generic cyclosporine ophthalmic emulsion being added to the formulary in Tier 1. Dr. Vogel explained that this strategy allows members access to the generic product at point-of-service without requiring a new prescription. After much discussion, the committee voted to approve the State Health Plans's recommendation as presented.

Dr. Vogel then provided depth to the CVS proposed exclusion of One Touch Test Strips and Supplies. The Plan advised to approve CVS's recommendation so as to preventatively get in front of a potential situation which may affect member availability of diabetic supplies. Committee members did not engage in a discussion on this topic, so the meeting continued on to the next topic.

### *Formulary Updates*

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

Ms. Jarnigan presented proposed formulary additions and line extensions. The twelve formulary additions are as follows: PYZCHIVA, YESINTEK, LIBERVANT, SAFE-T-PRO LANCETS, TRUE METRIX TEST STRIPS AND SUPPLIES, OTREXUP, ARALAST NP, GLASSIA, JYLAMVO, CREXONT, prucalopride, and VIMKUNYA. The two line extensions are as follows: EVRYSDI ORAL TABLETS and RYBELSUS ORAL TABLETS 1.5MG, 4MG, AND 9MG.

Ms. Jarnigan and Dr. Vogel identified four 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: WINREVAIR, IQIRVO, CRENESSITY, and GOMEKLI.

The Committee also approved proposed utilization management for the new entities including SGM and Specialty QL for WINREVAIR, IQIRVO, CRENESSITY, and GOMEKLI.

There was no opposition from the Committee members, so the formulary additions 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 reviewed that DAYVIGO, JATENZO, XYOSTED, ONE TOUCH TEST STRIPS AND SUPPLIES, CLIMARA PRO, DIVIGEL, ELESTRIN, EVAMIST, MENOSTAR, ENDOMETRIN, OCALIVA, RASUVO, SYNAGIS\*, and PROLASTIN-C 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 presented a Brand-over-generic strategy reversal, in which one branded product was proposed for exclusion, with its generic being added into Tier 1. Ms. Jarnigan explained that this strategy supports the lowest net cost formulary principle and extends savings to members at point-of-service without requiring a new prescription. The one branded product to be removed is SOOLANTRA cream with the generic ivermectin cream being added to the formulary in Tier 1.

Ms. Jarnigan then identified two branded products, WILATE and LITFULO, which will have a change in tier from non-preferred to preferred status.

There was no opposition from the Committee members, so the Brand-Over-Generic Strategy Reversal and tier changes 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 August 20, 2025 at 6:30 P.M. via webinar. The meeting was adjourned at approximately 8:10 P.M. (EST)

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Jenny Vogel, Chair