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

Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE
NOVEMBER 6, 2024

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, November 6, 2024, via webinar, accessible to the public through the Plan's website. Quorum was present.

MEMBERS PRESENT:
John Anderson, MD, MPH, Associate Professor, Duke Family Medicine, and Community Health
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
Sundar Ramalingam, MD, Oncologist, Duke Cancer Center
David Konanc, MD, Neurologist, Raleigh Neurology Associates
Phil Seats, RPh, Retired Pharmacist

MEMBERS ABSENT:
Ghassan Al-Sabbagh, MD, Gastroenterologist/Hepatologist, Gastroenterology & Hepatology Consultants
Sheel Solomon, MD, Dermatologist, Preston Dermatology and Skin Surgery

PLAN & VENDOR STAFF:
Jenny Vogel, PharmD, Sr. Clinical Pharmacist, State Health Plan
Sam Watts, Executive Director, State Health Plan
Caroline Smart, Sr. Director, Plan Integration, State Health Plan
Bryan Allard, Financial Analyst, State Health Plan
Justin Wylie, Web Designer, 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 August 14, 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.

Financial Review
Dr. Vogel explained to the P&T Committee members that the Plan has created a finance team devoted to pharmacy associated spend. The team is working to test new processes and develop a model to implement a comparative cost analysis to formulary changes proposed by our PBM, CVS Caremark.

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

Ms. Jarnigan presented proposed formulary additions, add backs, and line extensions. The five formulary additions are as follows: BRIXADI, CABENUVA, ERVEBO INJ, ASMANEX HFA, and breyna. The four add backs are as follows: KANJINTI, TRAZIMERA, NEXVIAZYME, and MOVANTIK. The fourteen line extensions are as follows: ACTHAR INJ GEL, ADBRY INJ 300/2ML, CYCLOPHOSPHAMIDE INJ 1GM/2ML; CYCLOPHOSPHAMIDE INJ 2GM/4ML, ELFABRIO SOL 5MG/2.5ML, ENTRESTO CAP 6-6MG; ENTRESTO CAP 15-16MG, FASENRA INJ 10MG/0.5, LIVMARLI SOL 19MG/ML, OTEZLA TAB 10/20MG; OTEZLA TAB 20MG, RETEVMO TAB, RINVOQ LQ SOL 1MG/ML, TYVASO DPI, VANCOMYCIN INJ 1.75GM; VANCOMYCIN INJ 2GM, VELTASSA POW 1GM, and ZORYVE CRE 0.15%.

.

Ms. Jarnigan and Dr. Vogel 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 any utilization management policies that went along with the new products. The new molecular entities being added to the formulary are as follows: ZURZUVAE and VORANIGO.

The Committee also approved proposed utilization management for the new entities including SGM and Specialty QL for ZURZUVAE and VORANIGO.

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 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 HERZUMA, VICTOZA and DULERA 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.

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

Tier 1 (Brand-Over-Generic) Strategy

Ms. Jarnigan presented the Tier 1 brand-over-generic strategy, in which one branded product was proposed for placement in Tier 1, with its generic excluded. Ms. Jarnigan explained that this strategy supports the lowest net cost formulary principle and extends savings to members by allowing for certain cost-advantageous brand-name products to adjudicate at the Tier 1 cost share at point-of-service without requiring a new prescription. The one branded product to be added to Tier 1 is SPIRIVA with the generic tiotropium bromide excluded.

Ms. Jarnigan then identified one branded product, PAXLOVID, which will be moved to a higher tier.

There was no opposition from the Committee members, so the Tier 1 Brand-Over-Generic Strategy and tier change 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 February 19, 2025 at 6:30 P.M. via webinar. The meeting was adjourned at approximately 7:15 P.M. (EST)

_____

Jenny Vogel, Chair