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
October 11, 2023

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, October 11, 2023, 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
John Anderson, MD, MPH, Associate Professor, Duke Family Medicine and Community Health
Jennifer Burch, PharmD, CDE, Owner, Central Compounding Center
David Konanc, MD, Neurologist, Raleigh Neurology Associates
W. Russell Laundon, PharmD, Pharmacist, Director of Pharmacy Integration, UNC Health Care
Peter Robie, MD, General Internist, Wake Forest Baptist Community Physicians
Phil Seats, RPh, Retired Pharmacist
Sheel Solomon, MD, Dermatologist, Preston Dermatology and Skin Surgery

MEMBERS ABSENT:
Sundar Ramalingam, MD, Oncologist, Duke Cancer Center
Laura Rachal, MD, Pediatric Infectious Diseases Specialist, University of North Carolina Hospitals

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
Sonya Dunn, MPA, BSPH, RN, Sr. Pharmacy Benefits Program Manager, 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 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 9, 2023 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.

Formulary Updates

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: XACDURO, XENPOZYME, SOGROYA, LITFULO, and VEOPOZ.

The Committee also approved proposed utilization management for the new entities including SGM for XENPOZYME, SGM and Specialty QL for SOGROYA and LITFULO.

Sam Watts addressed the proposed formulary addition of MOUNJARO to the Committee and thanked committee members for holding the vote from August 2023 until today's meeting to allow time for additional review of MOUNJARO and the GLP-1 medications.

Ms. Jarnigan then presented CVS Caremark's Quarterly Formulary Updates, effective January 1, 2024. This included additions to the formulary, utilization management criteria, drug removals, and tier movements.

Ms. Jarnigan presented proposed formulary additions including add backs. The fourteen formulary additions are as follows: budesonide-formoterol aer inh, MOUNJARO, AIRSUPRA, BEYFORTUS, LYVISPAH, ADALIMUMAB-ADAZ, AVSOLA, BYOOVIZ, CIMERLI, HERZUMA, HYRIMOZ, LUMRYZE, OGIVRI, and TADLIQ. The seven add backs are as follows: fluticasone/salmeterol aer pwd; wixela inhub, fluticasone/salmeterol inh, MULTAQ, LANTUS, DULERA, HUMATROPE, and FOLLISTIM AQ.

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

Ms. Jarnigan presented an update to the Antidiabetic GLP-1/GIP-GLP-1 Smart Logic PA. The Utilization Management edit excludes previous use of a GLP-1 agent alone as part of logic that allows for bypassing PA. The intent is to prevent off-label use of a GLP-1/GIP-GLP-1 agent with prior off-label use of a GLP-1 product in history before the PA with Smart Logic was implemented originally on 8/1/2023.

Dr. Anderson requested clarification on the update and was satisfied with the response from Ms. Jarnigan Additionally, Sam Watts clarified it is not the intent of the State Health Plan to prevent physicians from prescribing GLP-1/GIP-GLP-1 medications for patients with diabetes. The update is to prevent off-label use for weight loss.

There was no opposition from the Committee members, so the Utilization Management addition was 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 thirty six products that will be excluded from the formulary starting on the effective date: XTAMPZA ER, EDURANT*, INTELENCE, KALETRA, NORVIR, PREZISTA*, REYATAZ*, IRESSA, JAKAFI*, KANJINTI, LORBRENA*, NEXAVAR, TRAZIMERA, WELLBUTRIN XL, MYOBLOC, AIMOVIG, COPAXONE INJ 20MG/ML, XYREM, BASAGLAR, LEVEMIR, TRIPTODUR*, CETROTIDE*, GENOTROPIN, GONAL-F*, RELISTOR, AMJEVITA, HYQVIA, EPIPEN, EPIPEN JR, epinephrine inj (Mylan, Teva generics), ADVAIR DISKUS, ADVAIR HFA, SYMBICORT, RETIN-A MICRO, ARAZLO, LUCENTIS, EYLEA*, isotretinoin 25mg cap, and isotretinoin 35mg cap. Prior use exemptions will be provided to members currently utilizing treatments or specific formulations of treatments indicated by an *, 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. There was no opposition from the Committee members, so these product exclusions were approved as presented.

Tier 4 (Specialty Brand-Over-Generic) Strategy

Ms. Jarnigan presented the Tier 4 Specialty brand-over-generic strategy, in which one branded specialty product was proposed for placement in Tier 4, with its generics 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 4 cost share at point-of-service without requiring a new prescription. The one branded product to be added to Tier 4 is GANIRELIX with the generics ganirelix and fyremadel excluded.

There was no opposition from the Committee members, so the Tier 4 Brand-Over-Generic Strategy was approved as presented.

Formulary Updates (continued)
Ms. Jarnigan then identified seven branded products, DYSPORT, XEOMIN, OPZELURA, KRAZATI, LUMAKRAS, PHEBURANE and BESREMI, which will have a change in tier from non-preferred to preferred. Additionally, Ms. Jarnigan presented ten branded products, ANAPROX DS, NORPACE CR, LANCETS other than ACCU-CHEK or ONETOUCH, ANASPAZ, TEXACORT SOL 2.5%, DERMA-SMOOTH OIL, RHOFADE, EVOTAZ, PREZCOBIX and ILARIS, 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.

Adjourn
The Chairperson addressed the Committee by thanking them for their service and informed them that the next meeting would be held on February 21, 2024 at 6:30 P.M. via webinar. The meeting was adjourned at approximately 7:50 P.M. (EST)

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Jenny Vogel, Chair