

Pharmacy & Therapeutics Committee Meeting

Formulary and Program Updates Effective 07/01/2023

**May 10, 2023
6:30 – 8:00 PM**



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
DALE R. FOLWELL, CPA

Roll Call

P&T COMMITTEE MEMBERS

- David Konanc, MD
- Jennifer Burch, PharmD, CDE
- John B. Anderson, MD, MPH
- Peter Robie, MD
- Phil Seats, RPh
- Sheel Desai Solomon, MD
- Sundhar Ramalingam, MD
- Ghassan Al-Sabbagh, MD
- Laura Rachal, MD

PLAN STAFF & VENDORS

State Health Plan

- Stephanie Craycroft-Andrews, PharmD, BCACP
- Jenny Vogel, PharmD
- Sonya Dunn, MPA, BSPH, RN
- Caroline Smart
- Sam Watts

CVS Caremark

- Renée Jarnigan, RPh

Ethics Awareness & Conflict of Interest Reminder

In accordance with the [Recusal Guidelines for Public Servants](#), it is the duty of every member of the Pharmacy & Therapeutics Committee, whether serving in a vote casting or advisory capacity, to avoid both conflicts of interest and appearances of conflict.

Does any Committee member have any known conflict of interest or the appearance of any conflict with respect to any manufacturers of any medication to be discussed at today's meeting?

Or, if during the course of the evaluation process if you identify a conflict of interest or the appearance of a conflict.

If so, please identify the conflict or appearance of conflict and refrain from any undue participation in the particular matter involved

Minutes from Previous Committee Meeting

Instead of reading the minutes, copies were distributed prior to the meeting for your review.

- Are there any additions or corrections to the minutes?

Minutes from Previous Committee Meeting

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- Are there any additions or corrections to the minutes?
- If not, the minutes will stand approved as is.

Coronavirus Updates: PHE End

- The COVID-19 Public Health Emergency (PHE) ends 5/11/2023
- Private insurance companies are no longer required to cover COVID-19 tests
- Access to the vaccines and to Paxlovid remains via the Government supply
- The Plan will continue to provide updates as needed

Formulary Updates – Effective 07/01/2023

CVS Caremark's Quarterly Formulary Update:

- Formulary Additions (including new molecular entries, line extensions, and add-backs)
- Utilization Management
- Product Exclusions
- Tier Changes (Uptier/Downtier)

Presented by:

- Renée Jarnigan, RPh, Clinical Advisor, CVS Health
- Stephanie Craycroft-Andrews, PharmD, BCACP, State Health Plan
- Jenny Vogel, PharmD, State Health Plan

Formulary Updates – New Molecular Entities

Formulary Additions

- These are new formulary medications for the State Health Plan that are eligible for formulary inclusion as the CVS new drug to market block strategy has been satisfied.

Drug	Indication	Criteria for Approval	Tier
ORGOVYX (relugolix)	Treatment of adult patients with advanced prostate cancer.	SGM; Specialty QL	6
VONJO (pacritinib)	Treatment of adults with intermediate or high-risk primary or secondary (post-polycythemia vera or post-essential thrombocythemia) myelofibrosis (MF) with a platelet count below $50 \times 10^9 /L$.	SGM; Specialty QL	6
DAYBUE (trofinetide)	Treatment of Rett syndrome in adults and pediatric patients 2 years of age and older.	SGM; Specialty QL	6

Formulary Updates- Line Extensions

Formulary Additions

- All Drugs, including **line extensions**, new formulations of existing formulary products and add backs (products not new to market that were previously blocked by the Plan and are now added to the formulary).

Drug	Tier
AUSTEDO XR TAB	5
CEFAZOLIN SOL 2GM and 3GM	3
ERLEADA TAB 240MG	5
LUMAKRAS TAB 320MG	6
ORENITRAM TITRATION KITS	5
REBINYN INJ 3000UNIT	5
TAKHZYRO INJ 150MG/ML	5
TEZSPIRE INJ 210MG	5

Formulary Updates- Add-Backs

Formulary Additions

- All Drugs, including line extensions, new formulations of existing formulary products and **add backs** (products not new to market that were previously blocked by the Plan and are now added to the formulary).

Drug	Tier
ARANESP	5
bimatoprost ophthalmic solution	1
GENOTROPIN	5
PROCRIT	5
REPATHA	5
ZEMAIRA	5

Formulary Updates – Additions

QUESTIONS?

Utilization Management Policy Review

Antidiabetic GLP-1, GIP-GLP-1 Agonist PA with Logic

Affected Medications:

- Adlyxin, Bydureon, Byetta, Ozempic, Rybelsus, Trulicity, Victoza, Mounjaro

Coverage Criteria:

- a diagnosis of type 2 diabetes mellitus **AND**
- a history of an A1C greater than or equal to 6.5 percent*

OR

- has a history of a 2-hour plasma glucose (PG) greater than or equal to 200 mg/dL during oral glucose tolerance test (OGTT)*

OR

- has a history of symptoms of hyperglycemia (e.g., polyuria, polydipsia, polyphagia) or hyperglycemic crisis and a random plasma glucose greater than or equal to 200 mg/dL*

OR

- has a history of a fasting plasma glucose (FPG) greater than or equal to 126 mg/dL*; **AND**
- fasted for at least 8 hours prior to the fasting plasma glucose (FPG) greater than or equal to 126 mg/dL*

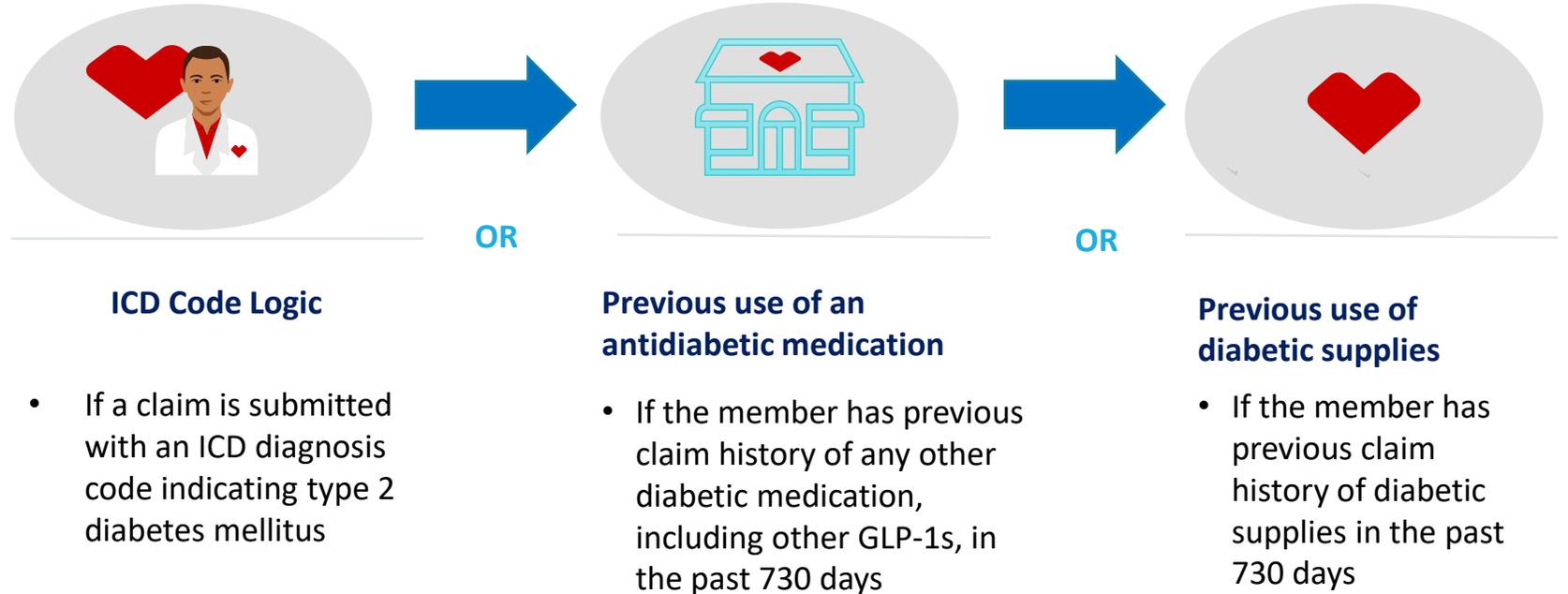
* Chart notes or other documentation supporting this diagnostic are submitted to CVS Health

Antidiabetic GLP-1, GIP-GLP-1 Smart Logic Utilization Management

Smart Logic:

- Screens out patients utilizing GLP-1, GIP-GLP-1 medications for diabetes
- Patients meeting any smart logic edits will not be subject to PA to confirm diagnosis of type 2 diabetes
- Two-year lookback enables optimal review of previous claims history of diabetes

The member will bypass PA requirements:



PA: Prior Authorization
GLP: Glucagon-Like Peptide
GIP: Glucose-dependent Insulinotropic Polypeptide

Layered Logic allows for optimal screen out of patients utilizing for diabetes

Formulary Updates – Utilization Management

QUESTIONS?

Formulary Updates – Product Exclusions

Standard Control Formulary – Exclusions

- Removals of certain high-cost drugs such as multisource brands that have lower cost generic alternatives available or other clinically effective lower cost options.
- **Formulary Exclusion Exception Process:**
 - This process is available to support Plan members who, per their provider, have a medical necessity to remain on an excluded drug.
 - There may be circumstances in which the formulary alternatives may not be appropriate for some members. In this case, a member may be approved for the excluded drug with an exception process.
 - An exception is defined as a situation where the member has tried and failed (that is, had an inadequate treatment response or intolerance) to the required number of formulary alternatives; or the member has a documented clinical reason such as an adverse drug reaction or drug contraindication that prevents them from trying the formulary alternatives.
 - If a member's exception is approved that drug will be placed into Tier 3 or Tier 6 and the member will be subject to the applicable cost share.

Formulary Updates – Hyperinflation Exclusions

Therapeutic Category	Drug	# Utilizers	Formulary Preferred Alternatives
Central Nervous System/Anticonvulsants	lamotrigine ER (Camber Pharmaceuticals NDCs Only)	3	other generic NDCs
Gastrointestinal Agents/Ulcer Drugs/Antispasmodics/Anticholinergics/ Misc. Anti-ulcer	sucralfate tab 1GM (Chartwell Rx NDCs only)	63	other generic NDCs
Respiratory Agents/ Cough/ Cold/ Allergy/ Cough/ Cold/ Allergy Combinations	brompheniramine/pseudoephedrine/dextromethorphan SYP 2-30-10 (Chartwell Rx NDCs only)	2	other generic NDCs

Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers	Formulary Preferred Alternatives
Anti-Infectives/ Antivirals/ Hepatitis B Agents	VEMLIDY	41	entecavir, lamivudine, tenofovir disoproxil fumarate
Antineoplastic Agents/ Prostate Cancer/ Luteinizing Hormone-Releasing Hormone (LHRH) Antagonists	FIRMAGON	0	ELIGARD
Cardiovascular/ Antilipemics/ PCSK9 Inhibitors	PRALUENT	979	REPATHA
Central Nervous System/ Antiseizure Agents	DIACOMIT	0	Consult physician
Central Nervous System/ Antiseizure Agents	FINTEPLA	1	clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR
Central Nervous System/ Multiple Sclerosis Agents	AUBAGIO	63	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
Endocrine and Metabolic/ Vasopressin Receptor Antagonists	JYNARQUE	32	Consult physician
Respiratory/ Cystic Fibrosis	BETHKIS	1	tobramycin inhalation solution
Respiratory/ Cystic Fibrosis	KITABIS	1	tobramycin inhalation solution

Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers	Formulary Preferred Alternatives
Cardiovascular/ Antilipemics/ Omega-3 Fatty Acids	LOVAZA	1	omega-3 acid ethyl esters, VASCEPA
Central Nervous System/ Anticonvulsants	BANZEL	4	clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR
Central Nervous System/ Anticonvulsants	VIMPAT	57	generics, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, XCOPRI
Central Nervous System/ Antipsychotics/ Atypicals	LATUDA	468	aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR
Central Nervous System/ Attention Deficit Hyperactivity Disorder	DYANAVEL XR	43	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, VYVANSE
Central Nervous System/ Attention Deficit Hyperactivity Disorder	JORNAY PM	262	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, VYVANSE
Central Nervous System/ Attention Deficit Hyperactivity Disorder	MYDAYIS	277	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, VYVANSE
Endocrine and Metabolic/ Phosphate Binder Agents	REVELA	0	calcium acetate, sevelamer carbonate, AURYXIA, VELPHORO

Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers	Formulary Preferred Alternatives
Endocrine and Metabolic/ Potassium-Removing Agents	LOKELMA	50	VELTASSA
Nutritional/ Supplements/ Vitamins and Minerals	Multivitamins – All BRANDS	0	generic multivitamins
Respiratory/ Steroid Inhalants	FLOVENT HFA	1546*	PULMICORT FLEXHALER (For all members); QVAR REDIHALER (For members 5 years of age and under ONLY)
Topical/ Ophthalmic/ Prostaglandins	LUMIGAN	298	bimatoprost, latanoprost, travoprost, ZIOPTAN
Topical/ Ophthalmic/ Prostaglandins	VYZULTA	116	bimatoprost, latanoprost, travoprost, ZIOPTAN
Topical/ Ophthalmic/ Rho Kinase Inhibitors	RHOPRESSA	90	bimatoprost, latanoprost, travoprost, ZIOPTAN
Topical/ Ophthalmic/ Rho Kinase Inhibitors/ Prostaglandin combinations	ROCKLATAN	105	bimatoprost, latanoprost, travoprost, ZIOPTAN

*Utilizers over five years old; Those 5 years of age and under will receive a prior use exemption and are not included in this total.

Formulary Updates – Product Exclusions

QUESTIONS?

Formulary Updates – Uptiers

Movement to Non-preferred Status

- Typically, branded medications that have readily available generic alternatives, biosimilars or other preferred formulary alternatives in the therapeutic class.
- All the following products will be moving from a lower tier to a higher tier.

Drug	# Utilizers	Alternatives	Tier Change
ANDRODERM	22	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO	2→3
BARACLUDE SOL	0	entecavir, lamivudine, and tenofovir disoproxil fumarate	5→6
CAPLYTA	90	aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR	2→3
PHOSLYRA SOL	1	calcium acetate, sevelamer carbonate, AURYXIA, VELPHORO	2→3

Formulary Updates – Uptiers

QUESTIONS?

Summary of Formulary Changes Effective 04/01/23

NEW MOLECULAR ENTITIES

- 3 new drug products were added to the formulary

OTHER FORMULARY ADDITIONS

- 14 additional products were added to the formulary

UTILIZATION MANAGEMENT

- SGM/Specialty QL for DAYBUE, ORGOVYX, VONJO
- Smart Logic PA for Antidiabetic GLP-1, GIP-GLP-1

PRODUCT EXCLUSIONS

- 27 products were excluded impacting 4503 members

UPTIERS/DOWNTIERS

- 4 products had tier movements

New Business?

Upcoming Meeting Dates for 2023

- Wednesday, August 9, 2023
- Wednesday, October 11, 2023