

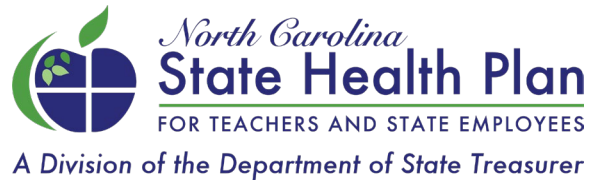


April 29, 2026

6:30PM-8PM

# Pharmacy & Therapeutics Committee Meeting

Formulary and Program Updates  
Effective 7/1/2026



# Roll Call

## P&T COMMITTEE MEMBERS

David Konanc, MD

Jennifer Burch, PharmD, CDE

Ghassan Al-Sabbagh, MD

W. Russell Laundon, PharmD, MS, BCPS

Timothy Ashley, MD, MPH

Garland Moeller, MD

Stephen Hsieh, MD

## PLAN STAFF & VENDORS

### State Health Plan

- Tom Friedman, Executive Director
- Caroline Smart, Deputy Executive Administrator
- Jenny Vogel, PharmD, Sr. Clinical Pharmacist
- Emma Turner, Director of Economics, Finance, & Analysis
- Toni Prine, RPh, Director of Pharmacy Operations, Pharmacy Benefits
- Bryan Allard, Financial Analyst
- Justin Wylie, Web Designer

### CVS Caremark

- Renée Jarnigan, RPh, Clinical Advisor

# 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.

# Cordavis Disclosure

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*At this meeting the Committee may be presented for consideration information about one or more products co-manufactured and/or distributed by Cordavis. Cordavis is an affiliate of CaremarkPCS Health, L.L.C. (“CVS Caremark”) and so, in accordance with the conflicts of interest provision of the PBM services agreement in place between CVS Caremark and the North Carolina State Health Plan for Teachers and State Employee (the “Plan”), CVS Caremark hereby discloses that, should the Committee/Plan determine to include or continue to include a Cordavis product on the Plan’s formulary, CVS Caremark’s affiliate, Cordavis, will likely derive a direct financial benefit from the inclusion of such product on the formulary.*

Statement provided by CVS Caremark



# 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?
- If not, the minutes will stand approved as is.

# Strategic Saving *ENABLES* Strategic Investment



- Rx-OTC drug list
- Generic first strategy
- Biosimilar first strategy
- Future savings initiatives

- Expensive NME drugs
- Gene therapies
- Down-tiering biosimilars

# Proposed Formulary Updates – Effective 7/1/2026

## Quarterly Formulary Updates:

- Formulary Additions (including new molecular entities, biosimilar additions, add backs, and line extensions)
- Utilization Management
- Product Exclusions
- Tier Changes (Downtiers/Uptiers)

## Additional Updates:

- Rx to OTC Drug List
- Utilization Management Optimization

## Presented by:

- Renée Jarnigan, RPh, Clinical Advisor, CVS Health
- Jenny Vogel, PharmD, Sr. Clinical Pharmacist, North Carolina 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	Projected Annual Utilizers	Tier
IBTROZI (taletrectinib) oral capsules	Indicated for the treatment of adult patients with locally advanced or metastatic ROS1-positive non-small cell lung cancer.	SGM QL	~ 1-3	5
TURALIO (pexidartinib) oral capsules	Indicated for the treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) associated with severe morbidity or functional limitations and not amenable to improvement with surgery.	SGM QL	~ 45	5
YUTREPIA (treprostinil) oral inhalation capsules	Indicated for the treatment of pulmonary arterial hypertension (WHO Group 1) to improve exercise ability. The treatment of pulmonary hypertension associated with interstitial lung disease (WHO Group 3) to improve exercise ability.	SGM	~ 120	5

# 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	Projected Annual Utilizers	Tier
ENFLONIA (clesrovimab-cfor) injection	Indicated for the prevention of RSV lower respiratory tract disease in neonates and infants who are born during or entering their first RSV season.	N/A	Variable (all infants born during RSV season are eligible)	3
ENTYVIO (vedolizumab) injection (SubQ/IV)	Indicated in adults for the treatment of: <ul style="list-style-type: none"> <li>• moderately to severely active ulcerative colitis (UC).</li> <li>• moderately to severely active Crohn’s disease (CD).</li> </ul>	SGM QL	~ 1625 (SubQ) ~ 10 (IV)	5 (SubQ) 6 (IV)

# Formulary Update- Biosimilar Additions

## 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).

Therapeutic Category	Biosimilar Drug	Reference Product	Projected Annual Utilizers	Tier
Endocrine And Metabolic/ Calcium Regulators, Miscellaneous	OSPOMYV Inj 60mg/mL* (denosumab-dssb)	Prolia (denosumab)	~ 115	5
Endocrine And Metabolic/ Calcium Regulators, Miscellaneous	STOBOCLO Inj 60mg/mL (denosumab-bmwo)	Prolia (denosumab)	~ 10	5
Endocrine and Metabolic/ Calcium Regulators, Miscellaneous	OSENVELT (denosumab-bmwo) subcutaneous injection	Xgeva (denosumab)	3	5

\*Cordavis labeled biosimilar (contracted with Samsung Bioepis)

# Formulary Updates- Additions

## 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).

Therapeutic Category	Drug	Projected Annual Utilizers	Tier
Antidiabetic (SGLT2)	dapagliflozin	11,500	1
Antidiabetic combination (SGLT2/biguanides)	dapagliflozin/metformin	200	1
Genitourinary/ Miscellaneous	FILSPARI (sparsentan) oral tablet	210-240	5
Immunologic Agents/ Immunoglobulin	XEMBIFY (immune globulin-klhw) SQ injection	250	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).

Therapeutic Category	Drug	Projected Annual Utilizers	Tier
Analgesics/ Viscosupplements	ORTHOVISC (hyaluronan) intraarticular injection	~ 175	2
Central Nervous System/ Botulinum Toxins	DYSPORT (abobotulinumtoxinA), intramuscular injection	20-150	5

# 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).

Therapeutic Category	Drug	Tier
Analgesics/ Gout	KRYSTEXXA Inj 8mg/50mL	6
Antineoplastic Agents/ Miscellaneous	XPOVIO Pak 80mg	6
Cardiovascular/ Miscellaneous	TNKASE Inj 25mg	3
Cardiovascular/ Pulmonary Arterial Hypertension	TYVASO DPI Pow 80mcg, Inst Kit, Main Kit	6
Central Nervous System/ Antipsychotics	VRAYLAR Cap 0.5mg, 0.75mg	2
Central Nervous System/ Miscellaneous	DAYBUE Stix Pow 5000mg, 6000mg, 8000mg	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).

Therapeutic Category	Drug	Tier
Hematologic/ Thrombocytopenia Agents	DOPTELET Spr Cap 10mg	5
Nutritional/ Supplements/ Vitamins	INJECTAFER Inj 1000mg/20mL	3
Respiratory/ Pulmonary Fibrosis Agents	PIRFENIDONE Tab 534mg	4
Respiratory/ Xanthines	THEOPHYLLINE Tab 100mg ER, 200mg ER	1
Topical/ Dermatology, Antipsoriatics	SPEVIGO Inj 300mg/2mL	6
Topical/ Dermatology, Atopic Dermatitis	ZORYVE Cre 0.05%	2

# **Formulary Updates – Additions**

## **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 – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Analgesics/ Viscosupplements	SUPARTZ FX* (sodium hyaluronate) intraarticular injection	7	Durolane, Euflexxa, Gelsyn-3
Antineoplastic Agents/ Monoclonal Antibodies	PERJETA* (pertuzumab) IV injection	0	Phesgo
Endocrine and Metabolic/ Calcium Regulators, Miscellaneous	PROLIA Inj 60mg/mL (denosumab)	177	teriparatide, zoledronic acid, Ospomyv (denosumab-dssb), Stoboclo (denosumab-bmwo), and Tymlos (abaloparatide)
Endocrine and Metabolic/ Calcium Regulators, Miscellaneous	XGEVA (denosumab) SQ injection	3	Osenvelt (denosumab-bmwo)
Endocrine and Metabolic/ Calcium Regulators, Parathyroid Hormones	FORTEO Inj 560mg/2.24mL, 600mg/2.4mL (teriparatide)	5	teriparatide, zoledronic acid, Ospomyv (denosumab-dssb), Stoboclo (denosumab-bmwo), and Tymlos (abaloparatide)
Hematologic/ Hemophilia B Agents	ALPROLIX (coagulation factor IX- recombinant, Fc fusion protein) IV Injection	3	Benefix (coagulation factor IX recombinant) and Rebinyn (coagulation factor IX recombinant glycopegylated)

\*Prior use exemption will be provided to current utilizers.

# Formulary Updates – Product Exclusions (SHP)

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Acne Products / Combination	TWYNEO (benzoyl peroxide / tretinoin)	38	benzoyl peroxide (OTC), tretinoin gel/cream
Antianxiety Agents / Benzodiazepines	LOREEV XR (lorazepam)	17	lorazepam tab
Antibiotic/Macrolide	DIFICID TAB (fidaxomicin)	3	fidaxomicin
Antidiabetics / (SGLT2)	FARXIGA (dapagliflozin)	3929	dapagliflozin
Antidiabetics / (SGLT2)	JARDIANCE (empagliflozin)	7684	dapagliflozin
Antidiabetic combination (SGLT2/Biguanide)	XIGDUO XR (dapagliflozin/metformin)	10	dapagliflozin/metformin
Antidiabetic combination (SGLT2/Biguanide)	SYNJARDY / SYNJARDY XR (empagliflozin/metformin)	184	dapagliflozin/metformin

# Formulary Updates – Product Exclusions (SHP)

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Antihyperlipidemics / combination	NEXLIZET (bempedoic acid / ezetimibe)	182	Nexletol tab (bempedoic acid), ezetimibe tab
Antineoplastics / Antimetabolites	XATMEP (methotrexate)	30	methotrexate tab
Attention Deficit Hyperactivity Disorder Agents	QELBREE (viloxazine)	434	atomoxetine hcl caps, clonidine hcl (adhd) tb12, guanfacine hcl (adhd) tb24
Attention Deficit Hyperactivity Disorder Agents/ Stimulants	AZSTARYS (serdexmethylphenidate / dexmethylphenidate)	500	dexmethylphenidate tab/ER cap, methylphenidate cp24/cpcr/tb24/tbcr, amphetamine- dextroamphetamine cap ER 24hr, lisdexamphetamine dimesylate caps, dextroamphetamine sulfate cp24
Hematopoietic Agents	SIKLOS (hydroxyurea)	8	hydroxyurea caps
Migraine Products / Serotonin agonists	ZEMBRACE SYMTOUCH (sumatriptan)	17	sumatriptan injection/tablet

# Formulary Updates – Product Exclusions (SHP)

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Multiple Sclerosis Agent	COPAXONE INJ (glatiramer acetate)	21	glatiramer acetate
Multiple Sclerosis Agent	GLATOPA INJ (glatiramer acetate)	16	glatiramer acetate
Musculoskeletal Therapy Agent/ Central Muscle Relaxant	ZANAFLEX TAB/CAP (tizanidine)	520	tizanidine tab/cap
Nasal Steroids	XHANCE (fluticasone intranasal)	60	fluticasone prop nasal spray (OTC)
Psychotherapeutics and Neurology Agents / combination	LYBALVI (olanzapine / samidorphan)	46	olanzapine tab/ODT tab
Topical Corticosteroids	SERNIVO SPRAY (betamethasone emul)	2	betamethasone dp (aug) cream/lotion/ointment/gel

# Formulary Updates – Exclusions

## Questions?

# Formulary Updates – Downtiers

## Movement to Preferred Status

- Typically, branded medications that are added as preferred products to provide additional treatment options.
- All the following products will be moving from a higher tier to a lower tier.

Therapeutic Category	Drug	Tier Change
Antineoplastic Agents/ Kinase Inhibitors	GOMEKLI (mirdametinib) capsules	6 → 5
Cardiovascular/ Miscellaneous	VYNDAMAX (tafamidis) oral capsules	6 → 5

# 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.

Therapeutic Category	Drug	Current Utilizers	Tier Change
Antineoplastic Agents/ Alkylating Agents	TEPADINA (thiotepa) Inj	0	5 → 6
Anti-Infectives/ Erythromycins/ Macrolides	DIFICID (fidaxomicin) Sus, 200mg	23	2 → 3
Central Nervous System/ Antiseizure Agents	APTIOM (eslicarbazepine) oral tablet	6	2 → 3
Central Nervous System/ Antiseizure Agents	FYCOMPA (perampanel) oral suspension, oral tablet	14	2 → 3
Endocrine and Metabolic/ Fertility Regulators	MENOPUR (menotropins) SQ injection	2	5 → 6
Hematologic/ Platelet Aggregation Inhibitors	BRILINTA (ticagrelor) tab 90mg	155	2 → 3

# Formulary Updates – Downtiers/Uptiers

## Questions?

# Rx-OTC Drug List

## Standard CVS Rx-OTC Equivalents Drug List

- The Rx-OTC Equivalents drug list is a list of prescription (Rx) products that have over-the-counter (OTC) equivalents.
- An OTC equivalent (of an Rx product) has the same active ingredient(s), strength, and route of administration as the Rx product.
- This list is for clients who want to exclude or limit benefit coverage for Rx products that have OTC equivalents.
- Member notification is part of the process when clients elect to implement the Rx-OTC Equivalents drug list
- Maintenance review of all Rx and OTC equivalents within the current CVS Rx-OTC Equivalents List is done on a quarterly basis to ensure that the products listed are available and removes products in which an Rx product or OTC equivalent is no longer available.

# Standard RxOTC Equivalents Drug List

## Plan benefit exclusion for drugs with clinically appropriate equivalents

Rx Name	Formulation	Examples of OTC Equivalents
Loperamide	2 mg capsule	Imodium A-D capsule/tablet, Anti-Diarrheal capsule/tablet
Cimetidine	200 mg tablet	Tagamet HB tablet
Pepcid/famotidine	20 mg tablet	Pepcid AC
meclizine	12.5 mg tablet	meclizine tablet
Antivert	25 mg chewable	meclizine chewable tablet, Dramamine Less Drowsy chewable tablet, Bonine chewable tablet
meclizine	25 mg tablet	meclizine tablet, Dramamine Less Drowsy tablet
Clotrimazole	1% solution	Clotrimazole topical solution
Clotrimazole	1% cream	Lotrimin AF cream, Clotrimazole cream
Hydrocortisone	1% ointment	Cortizone-10 ointment, hydrocortisone ointment
Ala-Cort/Hydrocortisone	1% cream	Cortizone-10, hydrocortisone
ammonium lactate	12% cream	ammonium lactate cream
ammonium lactate	12% lotion	Amlactin lotion, ammonium lactate lotion
diclofenac	1% gel	Voltaren Gel 1%
olopatadine	0.2% solution	Pataday Once Daily Relief eye drops
azelastine	0.2% spray	Astepro Allergy, Children's Astepro Allergy nasal spray
mometasone furoate	50 mcg spray	Nasonex 24 HR Allergy nasal spray
fluticasone propionate	50 mcg spray	Flonase Allergy Relief nasal spray
levocetirizine	5 mg tablet	Xyzal Allergy 24HR tablet

# Rx-OTC Drug List – NCSHP Customization

All strengths and formulation of the following

Drug Class	Rx Name	Ex: OTC Equivalents / Alternatives
Sedating Antihistamines	Brompheniramine maleate	Dimetapp, Flonase night tab, Ala-hist IR
Alkylamines	Chlorpheniramine maleate	
	Dexbrompheniramine maleate	
	Dexchlorpheniramine maleate	
	Triprolidine HCL	
Sedating Antihistamines	Diphenhydramine HCL	Benadryl, Banophen, Allergy Relief Tab
Ethanolamines	Carbinoxamine maleate	
	Clemastine Fumarate	
Non-Sedating Antihistamines	Cetirizine	Zyrtec, Xyzal, Claritin, Allegra
	Levocetirizine	
	Loratidine	
	Fexofenadine	
	Desloratidine	
Ophthalmic Antihistamines	Alcaftadine ophth soln	Lastacaft, Bepreve, Zaditor, Pataday
	Azelastine HCL ophth soln	
	Bepotastine besilate ophth soln	
	Cetirizine HCL ophth soln	
	Cromolyn sodium ophth soln	
	Epinastine HCL ophth soln	
	Ketotifen fumarate ophth soln	
	Lodoxamide tromethamine ophth soln	
	Nedocromil sodium ophth soln	
	Olopatadine HCL ophth soln	
Nasal Antiallergy	Azelastine HCL Nasal Spray	Astepro, Patanase, Nasalcrom
	Olopatadine HCL Nasal Sol	
	Cromolyn sodium nasal aerosol soln	

Drug Class	Rx Name	Ex: OTC Equivalents / Alternatives
Nasal Steroids	Beclomethasone dipropionate monohyd nasal	Flonase sens, Qnasl, Omnaris, Zetonna, Nasacort
	Budesonide nasal susp	
	Ciclesonide nasal aerosol soln	
	Flunisolide nasal soln	
	Fluticasone furoate nasal susp	
	Mometasone furoate nasal	
	Triamcinolone acetonide nasal	
Nasal Agent Combinations	Oxymetazoline HCL w/menthol nasal soln	Afrin methol, Dymista, Ryatris
	Azelastine HCL-fluticasone prop nasal	
	Olopatadine HCL-mometasone furoate nasal susp	
Acne Agents	Benzoyl peroxide	Benzepro, BP gel, Clearasil, PanOxyl
	Adapalene	Differin
	Adapalene/benzoyl peroxide	Differin OTC + PanOxyl, CeraVe, Neutrogena
Other Topical Agents	Lactic acid (ammonium lactate) lotion 5%	Lac-Hydrin, Amlactin
	Hydrocortisone 0.5%	Hydrocortisone 0.5%
Proton Pump Inhibitors	Omeprazole	Prilosec OTC, Nexium OTC, Prevacid OTC
	Esomeprazole	
	Lansoprazole	
	Dexlansoprazole	
	Pantoprazole	
	Rabeprazole	
H2 Antagonists	Cimetidine	Pepcid AC, Tagamet HB, Zantac 360
	Ranitidine	
	Famotidine	
	Nizatidine	

# Utilization Management Efficiency

- CVS Caremark continues utilization management (UM) optimization project initiated in 2024 to reduce overall prior authorization (PA) volume and friction with the PA process.
- Retiring UM criteria is an essential component of this process
- Of the several opportunities that have been identified to advance these initiatives, select criteria associated with high PA volume were reviewed
- The primary focus for retirement of high-volume criteria is geared towards those that offer minimal value relative to member and prescriber burden as well as administrative costs.

- The following select criteria will be retired and removed from utilization effective 7/1/2026:

<b>Program Name</b>
Antiemetic 5-HT3 Post Limit
Anzemet Limit
Granisetron-Sancuso-Sustol Limit
Palonosetron Limit
Ondansetron Products Limit
Ciclopirox Topical Soln 8 percent

# **Rx-OTC Drug List and Utilization Management Efficiency**

## **Questions?**

# Summary of Formulary Changes Effective 7/1/2026

## NEW MOLECULAR ENTITIES

- 5 new drug products were added to the formulary

## OTHER FORMULARY ADDITIONS

- 21 additional products were added to the formulary

## UTILIZATION MANAGEMENT

- SGM/Specialty QL for ENTYVIO, IBTROZI and TURALIO
- SGM for YUTREPIA

## PRODUCT EXCLUSIONS

- 25 products were excluded

## DOWNTIERS

- 2 products had tier movements

## UPTIERS

- 6 products had tier movement

## RX to OTC Drug List

## UTILIZATION MANAGEMENT EFFICIENCY


# New Business?

# Upcoming Meeting Dates for 2026

- **Wednesday, July 29, 2026**
- **Wednesday, September 30, 2026**



# Thank You.



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

