

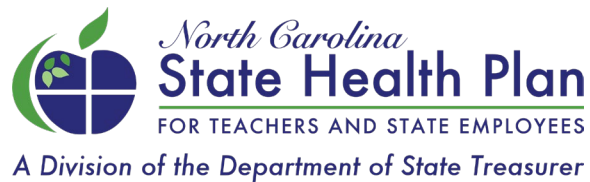


April 29, 2026

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<br>(taletrectinib)<br>oral capsules               | Indicated for the treatment of adult patients with locally advanced or metastatic ROS1-positive non-small cell lung cancer.  | SGM<br>QL             | ~1-3                       | 5    |
| TURALIO<br>(pexidartinib)<br>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<br>QL             | ~45                        | 5    |
| YUTREPIA<br>(treprostinil)<br>oral inhalation<br>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<br>(clesrovimab-cfor)<br>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                   | 3                  |
| ENTYVIO<br>(vedolizumab)<br>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<br>QL             | ~1625 (SubQ)<br>~10 (IV)   | 5 (SubQ)<br>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*<br>(denosumab-dssb)            | Prolia (denosumab) | ~115                       | 5    |
| Endocrine And Metabolic/ Calcium Regulators, Miscellaneous | STOBOCLO Inj 60mg/mL<br>(denosumab-bmwo)            | Prolia (denosumab) | ~10                        | 5    |
| Endocrine and Metabolic/ Calcium Regulators, Miscellaneous | OSENVELT (denosumab-bmwo)<br>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 |
|------------------------------------|---|----------------------------|------|
| 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<br>(hyaluronan)<br>intraarticular injection       | ~175                       | 2    |
| Central Nervous System/<br>Botulinum Toxins | DYSPORT<br>(abobotulinumtoxinA),<br>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/<br>Viscosupplements   | SUPARTZ FX*<br>(sodium hyaluronate)<br>intraarticular injection                     | 7                   | Durolane, Euflexxa, Gelsyn-3   |
| Antineoplastic Agents/<br>Monoclonal Antibodies                         | PERJETA*<br>(pertuzumab) IV injection   | 0                   | Phesgo   |
| Endocrine and Metabolic/<br>Calcium Regulators,<br>Miscellaneous        | PROLIA Inj 60mg/mL<br>(denosumab)   | 177                 | teriparatide, zoledronic acid, Ospomyv (denosumab-dssb), Stoboclo (denosumab-bmwo), and Tymlos (abaloparatide) |
| Endocrine and Metabolic/<br>Calcium Regulators,<br>Miscellaneous        | XGEVA (denosumab) SQ injection  | 3                   | Osenvelt (denosumab-bmwo)  |
| Endocrine and Metabolic/<br>Calcium Regulators,<br>Parathyroid Hormones | FORTEO Inj<br>560mg/2.24mL, 600mg/2.4mL<br>(teriparatide)                           | 5                   | teriparatide, zoledronic acid, Ospomyv (denosumab-dssb), Stoboclo (denosumab-bmwo), and Tymlos (abaloparatide) |
| Hematologic/<br>Hemophilia B Agents                                     | ALPROLIX<br>(coagulation factor IX- recombinant, Fc<br>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/<br>Central Muscle Relaxant | ZANAFLEX TAB/CAP<br>(tizanidine)      | 520                 | tizanidine tab/cap                                  |
| Nasal Steroids  | XHANCE<br>(fluticasone intranasal)    | 60                  | fluticasone prop nasal spray                        |
| Psychotherapeutics and Neurology<br>Agents / combination  | LYBALVI<br>(olanzapine / samidorphan) | 46                  | olanzapine tab/ODT tab                              |
| Topical Corticosteroids                                   | SERNIVO SPRAY<br>(betamethasone emul) | 2                   | betamethasone dp (aug)<br>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/<br>Alkylating Agents      | TEPADINA (thiotepa) Inj                           | 0                 | 5 → 6       |
| Anti-Infectives/ Erythromycins/<br>Macrolides    | DIFICID (fidaxomicin) Sus, 200mg                  | 23                | 2 → 3       |
| Central Nervous System/<br>Antiseizure Agents    | APTIOM (eslicarbazepine) oral tablet              | 6                 | 2 → 3       |
| Central Nervous System/<br>Antiseizure Agents    | FYCOMPA (perampanel) oral suspension, oral tablet | 14                | 2 → 3       |
| Endocrine and Metabolic/<br>Fertility Regulators | MENOPUR (menotropins) SQ injection                | 2                 | 5 → 6       |
| Hematologic/<br>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        |  |
|                             | Tripolidine HCL                    |  |
| Sedating Antihistamines     | Diphenhydramine HCL                | Benadryl, Banophen, Allergy Relief Tab   |
| Ethanalamines               | 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:

| Program Name                      |
|-----------------------------------|
| 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

- 19 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


# 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*

