

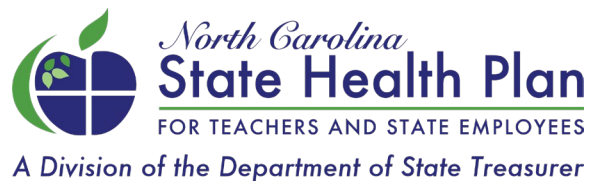


August 20, 2025

6:30PM-8PM

# Pharmacy & Therapeutics Committee Meeting

Formulary and Program Updates  
Effective 10/1/2025



# Roll Call

## P&T COMMITTEE MEMBERS

- David Konanc, MD
- Jennifer Burch, PharmD, CDE
- Peter Robie, MD
- Phil Seats, RPh
- Ghassan Al-Sabbagh, MD
- W. Russell Laundon, PharmD, MS, BCPS
- Timothy Ashley, MD, MPH
- Garland Moeller, MD

## PLAN STAFF & VENDORS

### State Health Plan

- Tom Friedman, Executive Director
- Caroline Smart, Deputy Executive Administrator
- Sonya Dunn, Director Integrated Health Management
- Jenny Vogel, PharmD, Sr. Clinical Pharmacist

### 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.

# 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.

# Formulary Updates – Effective 10/1/2025

## CVS Caremark's Quarterly Formulary Update:

- Formulary Additions (including new molecular entities)
- Utilization Management
- Product Exclusion
- Tier Change (Uptiers)

## Presented by:

- Renée Jarnigan, RPh, Clinical Advisor, CVS Health
- Jenny Vogel, PharmD, Sr. Clinical Pharmacist, 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
<b>FRUZAQLA</b> (fruquitinib) capsules	Treatment of adult patients with metastatic colorectal cancer (mCRC) who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if RAS wild-type and medically appropriate, an anti-EGFR therapy.	SGM Specialty QL	6
<b>NEMLUVIO</b> (nemolizumab-ilto) subcutaneous injection	<ul style="list-style-type: none"><li>· The treatment of adults with prurigo nodularis.</li><li>· The treatment of adults and children 12 years of age and older with moderate-to-severe eczema (atopic dermatitis) in combination with prescription therapies used on the skin (topical) when the eczema is not well controlled by topical therapies alone.</li></ul>	SGM Specialty QL	5

# Formulary Updates – New Molecular Entities

## Formulary Additions

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Drug	Indication	Criteria for Approval	Tier
<b>SYFOVRE</b> (pegcetacoplan) intravitreal injection	Treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).	SGM	6
<b>OJJAARA</b> (mometinib) tablets	Treatment of intermediate or high-risk myelofibrosis (MF), including primary MF or secondary MF [postpolycythemia vera (PV) and post-essential thrombocythemia (ET)], in adults with anemia.	SGM Specialty QL	6
<b>EMBLAVEO</b> (aztreonam/avibactam) intravenous injection	Used in combination with metronidazole, is indicated in patients 18 years and older who have limited or no alternative options for the treatment of complicated intra-abdominal infections (cIAI) including those caused by the following susceptible gram-negative microorganisms: Escherichia coli, Klebsiella pneumoniae, Klebsiella oxytoca, Enterobacter cloacae complex, Citrobacter freundii complex, and Serratia marcescens.	n/a	3

# **Formulary Updates – Additions**

## **Questions?**



# Specialty Guideline Management Update – RA Products

CVS/Caremark continually reviews specialty guideline management criteria for clinically appropriate updates that align with evidence-based medicine and treatment guidelines and to help meet our client's needs.

Products with SGM Criteria Updates		
Cimzia	Kevzara	Remicade and Biosimilars
Enbrel	Kineret	Simponi Aria
Humira	Orencia	Simponi

## Changes to the requirements for rheumatoid arthritis initial coverage:

- Updated lookback for previous biologic/targeted synthetic use to **within the past 120 days**, and
- Updated methotrexate step to **include combination with at least one other conventional synthetic drug** (i.e., hydroxychloroquine and/or sulfasalazine) for at least 3-months at maximum tolerated doses, unless there is a documented intolerable adverse event, or, contraindication to all conventional synthetic drugs, or, moderate to high disease activity.

# **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 – Product Exclusions

Therapeutic Category	Drug	Utilizers (6 mo.)	Formulary Preferred Alternatives
Central Nervous System/ Attention Deficit Hyperactivity Disorder	<b>VYVANSE</b> (lisdexamfetamine) oral capsule, oral chewable tablet	785	amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, <b>lisdexamfetamine</b> , methylphenidate ext-rel, and Azstarys (serdexmethylphenidate-dexamethylphenidate)

# **Formulary Updates – 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.
- The following product will be moving from a lower tier to a higher tier.

Therapeutic Category	Drug	Tier Change	Formulary Preferred Alternatives
Topical/ Dermatology, Antifungals	<b>NAFTIN</b> (naftifine) topical gel	2 → 3	ciclopirox, clotrimazole, econazole, ketoconazole cream 2% and <b>naftifine</b> .

# Formulary Updates – Uptiers

## Questions?

# Summary of Formulary Changes Effective 10/1/2025

## NEW MOLECULAR ENTITIES

- 5 new drug products were added to the formulary

## UTILIZATION MANAGEMENT

- SGM/Specialty QL for FRUZAQLA, OJJAARA and NEMLUVIO
- SGM for SYFOVRE
- SGM update on RA Products

## PRODUCT EXCLUSIONS

- 1 products was excluded impacting 785 members

## UPTIERS

- 1 product had tier movement



# New Business?

# Upcoming Meeting Dates for 2025

- Wednesday, October 22, 2025



# Thank You.

