

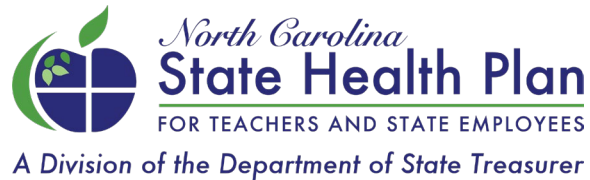


October 22, 2025

6:30PM-8PM

Pharmacy & Therapeutics Committee Meeting

Formulary and Program Updates
Effective 1/1/2026



Roll Call

P&T COMMITTEE MEMBERS

David Konanc, MD

Jennifer Burch, PharmD, CDE

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
- Jenny Vogel, PharmD, Sr. Clinical Pharmacist
- Sonya Dunn, Director Integrated Health Management
- Emma Turner, Director of Economics, Finance, & Analysis
- Bryan Allard, Financial Analyst

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 Conflict of Interest Disclosure

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.

Agenda

- Executive Director Update
- Biosimilar Strategy*
- Formulary Evaluation Framework & Value-Added Therapy
- Pending Additions from August 20, 2025 P&T Committee Meeting*

*requires a recommendation from the P&T Committee



Executive Director Update

Biosimilar Strategy

- Exclusion of reference product (Stelara) and biosimilar product (Pyzchiva- Cordavis)
- Downtiering the clinically equivalent, interchangeable, biosimilar product (Yesintek)
- Yesintek
 - Approved for addition to the formulary at the May 14, 2025 P&T Committee Meeting
 - FDA approved interchangeable designation
 - Interchangeable designation allows for substitution at the pharmacy [N.C.G.S. 90-85.28](#)

Biosimilar Strategy

Drug	Change Type	Utilizers (12 mo.)	SHP Recommendation
Stelara (ustekinumab) Intravenous and Subcutaneous Inj	Exclusion	500	Tier 5 → NC
Pyzchiva (Cordavis) (ustekinumab-ttwe) Intravenous and Subcutaneous Inj	Exclusion	0	Tier 5 → NC
Yesintek (ustekinumab-kfce) Intravenous and Subcutaneous Inj	Downtier	1	Tier 5 → Tier 4

Biosimilar Strategy

Questions?

Forward Process

Proposed Formulary Changes

- Formulary Evaluation Framework
- Value Added Therapy

Proposed Slide with Projected Utilization and Budgetary Impact

Drug	Indication	Criteria for Approval	Tier	Projected Annual Utilizers	Budgetary Impact

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	Projected Annual Utilizers
EMBLAVEO (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.	Custom PA	3	Minimal
FRUZAQLA (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	~ 35

Formulary Updates – Additions

Questions?

Summary of Formulary Changes Effective 1/1/2026

BIOSIMILAR STRATEGY

- 2 products were excluded
- 1 product was downtiered

NEW MOLECULAR ENTITIES

- 2 new drug products were added to the formulary

UTILIZATION MANAGEMENT

- SGM/Specialty QL for FRUZAQLA
- Custom PA for EMBLAVEO

New Business?

Upcoming Meeting Dates for 2026

- TBD



Thank You.

