



Pharmacy & Therapeutics Committee Meeting

Formulary and Program Updates Effective 10/1/2024

August 14, 2024
6:30PM – 8PM



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
- W. Russell Laundon, PharmD, MS, BCPS

PLAN STAFF & VENDORS

State Health Plan

- Jenny Vogel, PharmD
- 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?
- If not, the minutes will stand approved as is.

Formulary Updates – Effective 10/1/2024

CVS Caremark's Quarterly Formulary Update:

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

Presented by:

- Renée Jarnigan, RPh, Clinical Advisor, CVS Health
- Jenny Vogel, PharmD, State Health Plan

Formulary Update- 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).

Drug	Therapeutic Category	Tier
CAPVAXIVE (Pneumococcal 21-valent Conjugate Vaccine)	Immunologic Agents/ Vaccines	0
MRESVIA (Respiratory Syncytial Virus Vaccine)	Immunologic Agents/ Vaccines	0
IXCHIQ INJ (chikungunya vaccine, live)	Immunologic Agents/ Vaccines	3

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	Therapeutic Category	Tier
MEKINIST SOL	Antineoplastic Agents/ Kinase Inhibitors	6
TAFINLAR TAB	Antineoplastic Agents/ Kinase Inhibitors	6
VEMLIDY	Anti-infectives/Antivirals	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/ Opioid Analgesics	METHADONE/NACL INJ 5MG/5ML	3
Anti-infectives/ Penicillins	EXTENCILLINE INJ 1200000; EXTENCILLINE INJ 2400000	3
Central Nervous System/ Antiseizure Agents	XCOPRI TAB 25MG	2
Central Nervous System/ Movement Disorders	AUSTEDO XR TAB ER (18MG, 30MG, 36MG, 42MG, 48MG, and TITRATION KIT)	5
Endocrine And Metabolic/ Vasopressins	VASOSTRICT SOL 40UNIT	3

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
VELSIPITY (etrasimod)	Treatment of moderately to severely active ulcerative colitis in adults.	SGM; Specialty QL	5

Formulary Updates – New Molecular Entities

Formulary Additions

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Drug	Indication	Criteria for Approval	Tier
IMDELLTRA (tarlatamab-dlle)	Adult patients with extensive stage small cell lung cancer (ES-SCLC) with disease progression on or after platinum-based chemotherapy	SGM; Specialty QL	6
VANFLYTA (quizartinib)	Vanflyta in combination with standard cytarabine and anthracycline induction and cytarabine consolidation, and as maintenance monotherapy following consolidation chemotherapy, for the treatment of adult patients with newly diagnosed acute myeloid leukemia (AML) that is FLT3 internal tandem duplication (ITD)-positive as detected by an FDA-approved test. COMPENDIAL USE: Relapsed/ Refractory AML	SGM; Specialty QL	6

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
Central Nervous System/ Migraine	TRUDHESA AER	33	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH

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.
- All the following products will be moving from a lower tier to a higher tier.

Therapeutic Category	Drug	# Utilizers (6 mo)	Alternatives	Tier Change
Anti-Infectives/ Antiretroviral Agents	FUZEON INJ	0	Consult physician	5 → 6
Antineoplastic Agents/ Miscellaneous	ZOLINZA CAP	0	Consult physician	5 → 6
Antineoplastic Agents/ Alkylating Agents	LEUKERAN TAB	0	Consult physician	2 → 3
Antineoplastic Agents/ Alkylating Agents	MATULANE CAP	0	Consult physician	2 → 3
Antineoplastic Agents/ Alkylating Agents	MYLERAN TAB	0	Availability of newer treatment options.	2 → 3

Formulary Updates – Uptiers (continued)

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	# Utilizers (6 mo)	Alternatives	Tier Change
Antineoplastic Agents/ Antimetabolites	TABLOID TAB	2	Consult Physician	2 → 3
Anti-Infectives/ Antifungals	VFEND TAB; ORAL SOL	0	voriconazole	2 → 3
Anti-Infectives/ Tetracyclines	VIBRAMYCIN SUS	0	doxycycline hyclate, VIBRAMYCIN CAPSULE	2 → 3
Cardiovascular/ Antiarrhythmics	RYTHMOL SR CAP	0	propafenone, propafenone ER	2 → 3
Cardiovascular/ Beta-Blocker/Diuretic Combinations	ZIAC TAB	1	bisoprolol/hydrochlorothiazide, metoprolol/hydrochlorothiazide	2 → 3

Formulary Updates – Uptiers (continued)

Movement to Non-preferred Status

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- All the following products will be moving from a lower tier to a higher tier.

Therapeutic Category	Drug	# Utilizers (6 mo)	Alternatives	Tier Change
Hematologic/ Anticoagulants	FRAGMIN	0	enoxaparin, fondaparinux	2 → 3
Nutritional/Supplements/ Vitamins	ZEMPLAR CAP	0	calcitriol, doxercalciferol, paricalcitol	2 → 3
Topical/ Dermatology/ Acne	ONEXTON GEL	0	adapalene cream, adapalene gel, adapalene-benzoyl peroxide, benzoyl peroxide foam, gel 8%, clindamycin gel (except NDC 68682046275), clindamycin lotion, clindamycin solution, clindamycin-benzoyl peroxide gel, dapsone, erythromycin, erythromycin-benzoyl peroxide, sulfacetamide lotion, tretinoin cream, gel 0.01%, 0.025%, 0.04%, 0.05%, 0.1%, Akliel (trifarotene), Benzac AC Wash (benzoyl peroxide), Benzamycin (erythromycin-benzoyl peroxide), EPIDUO, TWYNEO, WINLEVI	2 → 3
Topical/ Mouth/Throat/Dental Agents	SALAGEN TAB	0	Pilocarpine	2 → 3

Formulary Updates – Downtiers/Uptiers Questions?

Summary of Formulary Changes Effective 10/1/24

NEW MOLECULAR ENTITIES

- 3 new drug products were added to the formulary

OTHER FORMULARY ADDITIONS

- 11 additional products were added to the formulary

UTILIZATION MANAGEMENT

- SGM/Specialty QL for IMDELLTRA, VANFLYTA, and VELSIPITY

PRODUCT EXCLUSIONS

- 1 product was excluded impacting 33 members

UPTIERS/DOWNTIERS

- 14 products had tier movements

New Business?

Upcoming Meeting Dates for 2024

- Wednesday, October 16, 2024