

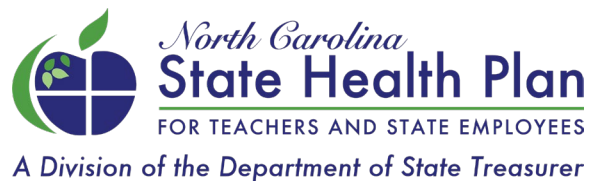


May 14, 2025

6:30PM-8PM

# Pharmacy & Therapeutics Committee Meeting

Formulary and Program Updates  
Effective 7/1/2025



# Roll Call

## P&T COMMITTEE MEMBERS

- David Konanc, MD
- Jennifer Burch, PharmD, CDE
- Peter Robie, MD
- Phil Seats, RPh
- Sundhar Ramalingam, MD
- 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
- Justin Wylie, Web Designer

### 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.

# Transparency Driven Strategy

- Identifying High Cost/Low Value Drugs
- Biosimilar Medications
- Brand-Over-Generic Strategy Reversal

# Brand-Over-Generic Strategy Reversal

- Claims for the brand adjudicate at the generic cost share for members, which is typically the tier that includes low-cost generic alternatives.
- The strategy maintains the generic member copay/coinsurance for the brand product.
- Supports the lowest net cost formulary principle and extends savings to members.

Drug	Change Type	Tier	# Utilizers (6 mo.)
cyclosporine ophth emulsion 0.05%	Addition	NC → Tier 1	5
RESTASIS EMU 0.05% (cyclosporine)	Exclusion	Tier 1 → NC	1669
RESTASIS MultiDose EMU 0.05% (cyclosporine)	Exclusion	Tier 2 → NC	65

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Endocrine and Metabolic/ Diabetic Supplies	<b>OneTouch</b> Test Strips and Supplies	4984	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS

# Formulary Updates – Effective 7/1/2025

## CVS Caremark's Quarterly Formulary Update:

- Formulary Additions (including new molecular entities, biosimilars, and line extensions)
- Utilization Management
- Product Exclusions
- Tier Changes (Brand-Over-Generic Strategy/Downtiers)

## 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>Winrevair</b> (sotatercept-csrk) for injection	Treatment of adults with pulmonary arterial hypertension (PAH, WHO Group 1) to increase exercise capacity, improve WHO functional class (FC) and reduce the risk of clinical worsening events.	SGM, Specialty QL	6
<b>Iqirvo</b> (elafibranor) oral tablet	Treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults who have an inadequate response to UDCA, or as monotherapy in patients unable to tolerate UDCA.	SGM, Specialty QL	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	Tier
<b>Crenessity</b> (crinecerfont) capsules	Adjunctive treatment to glucocorticoid replacement to control androgens in adults and pediatric patients 4 years of age and older with classic congenital adrenal hyperplasia (CAH).	SGM, Specialty QL	6
<b>Gomekli</b> (mirdametinib) capsules	Treatment of adult and pediatric patients 2 years of age and older with neurofibromatosis type 1 (NF1) who have symptomatic plexiform neurofibromas (PN) not amenable to complete resection.	SGM, Specialty QL	6

# Formulary Update- Additions

## Biosimilars

- Proposed additions are biosimilars for the reference brand Stelara

Therapeutic Category	Drug	Tier
Immunologic Agents/ Autoimmune Agents	<b>Pyzchiva</b> (ustekinumab-TTWE) Intravenous and Subcutaneous Inj	5
Immunologic Agents/ Autoimmune Agents	<b>Yesintek</b> (ustekinumab-KFCE) Intravenous and Subcutaneous Inj	5

# 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).

Therapeutic Category	Drug	Tier
Central Nervous System/ Antiseizure Agents	<b>Libervant</b> (diazepam) buccal film	2
Endocrine and Metabolic/ Diabetic Supplies	<b>Safe-T-Pro</b> Lancets	7
Endocrine and Metabolic/ Diabetic Supplies	<b>True Metrix</b> Test Strips and Supplies	7
Immunologic Agents/ Disease-Modifying Anti- Rheumatic Drugs (DMARDs)	<b>Otrexup</b> (methotrexate) subcutaneous injection	5
Respiratory/ Alpha-1 Antitrypsin Deficiency Agents	<b>Aralast NP</b> (alpha-1 proteinase inhibitor [human]) intravenous injection	5
Respiratory/ Alpha-1 Antitrypsin Deficiency Agents	<b>Glassia</b> (alpha-1 proteinase inhibitor [human]) intravenous injection	5

# 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).

Therapeutic Category	Drug	Tier
Antineoplastic Agents/ Antimetabolites	<b>Jylamvo</b> (methotrexate) oral solution	3
Central Nervous System/ Antiparkinsonian Agents	<b>Crexont</b> (carbidopa-levodopa) oral extended-release capsule	3
Gastrointestinal/ Miscellaneous	<b>prucalopride</b> (generic) oral tablet	1
Immunologic Agents/ Vaccines	<b>Vimkunya</b> (Chikungunya Vaccine, Recombinant) injectable	3

# 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
Central Nervous System/ Miscellaneous	<b>Evrysdi</b> (risdiplam) oral tablets	6
Endocrine And Metabolic/ Antidiabetics, Incretin Mimetic Agents	<b>Rybelsus</b> (semaglutide) oral tablets - 1.5mg, 4mg and 9mg	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
Central Nervous System/ Hypnotics	<b>Dayvigo</b> (lemborexant) oral tablet	114	doxepin, eszopiclone, ramelteon, temazepam, zolpidem, zolpidem ext-rel, BELSOMRA, QUVIVIQ
Endocrine and Metabolic/ Androgens	<b>Jatenzo</b> (testosterone undecanoate) oral capsule	93	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, NATESTO
	<b>Xyosted</b> (testosterone enanthate) subcutaneous injection	32	
Endocrine and Metabolic/ Diabetic Supplies	<b>OneTouch</b> Test Strips and Supplies	4984	ACCU-CHEK AVIVA PLUS STRIPS AND KITS, ACCU-CHEK GUIDE STRIPS AND KITS, ACCU-CHEK SMARTVIEW STRIPS AND KITS, TRUE METRIX STRIPS AND KITS
Endocrine and Metabolic/ Menopausal Symptom Agents	<b>Climara Pro</b> (estradiol-levonorgestrel) transdermal patch	126	Combipatch (estradiol-norethindrone).

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Endocrine and Metabolic/ Menopausal Symptom Agents	<b>Divigel</b> (estradiol) transdermal gel	9	estradiol gel and estradiol transdermal patch.
Endocrine and Metabolic/ Menopausal Symptom Agents	<b>Elestrin</b> (estradiol) transdermal gel	4	estradiol gel and estradiol transdermal patch.
Endocrine and Metabolic/ Menopausal Symptom Agents	<b>Evamist</b> (estradiol) transdermal spray	25	estradiol gel and estradiol transdermal patch.
Endocrine and Metabolic/ Menopausal Symptom Agents	<b>Menostar</b> (estradiol) transdermal patch	1	estradiol gel and estradiol transdermal patch.
Endocrine and Metabolic/ Progestins	<b>Endometrin</b> (progesterone) vaginal inserts	8	Crinone

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Gastrointestinal/ Miscellaneous	<b>Ocaliva</b> (obeticholic acid) oral tablet	17	Iqirvo (elafibranor)
Immunologic Agents/ Disease-Modifying Anti-Rheumatic Drugs (DMARDs)	<b>Rasuvo</b> (methotrexate) subcutaneous injection	10	methotrexate injection, methotrexate tablets, and Otrexup (methotrexate)
Immunologic Agents/ Miscellaneous	<b>Synagis*</b> (palivizumab) intramuscular injection	0	Talk to your doctor
Respiratory/ Alpha-1 Antitrypsin Deficiency Agents	<b>Prolastin-C</b> (alpha-1 proteinase inhibitor- [human]) intravenous injection	4	Aralast NP (alpha-1 proteinase inhibitor-[human]), Glassia (alpha-1 proteinase inhibitor-[human]), and Zemaira (alpha-1 proteinase inhibitor-[human]).

# Formulary Updates – Exclusions

## Questions?

# Brand-Over-Generic Strategy Reversal

- Claims for the brand adjudicate at the generic cost share for members, which is typically the tier that includes low-cost generic alternatives.
- The strategy maintains the generic member copay/coinsurance for the brand product.
- Supports the lowest net cost formulary principle and extends savings to members.

Drug	Change Type	Tier	# Utilizers (6 mo.)
ivermectin cream	Addition	NC → 1	0
SOOLANTRA cream	Exclude	1 → NC	314

# 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
Hematologic/ Bleeding Disorders Agents	<b>Wilate</b> (antihemophilic factor/ von Willebrand factor complex [human]) intravenous injection	6 → 5
Immunologic Agents/ Autoimmune Agents (Self-Administered)	<b>Litfulo</b> (ritlecitinib) oral capsule	6 → 5

# Formulary Updates – Brand-Over-Generic Reversal/Downtiers

## Questions?

# Summary of Formulary Changes Effective 7/1/2025

## FORMULARY STRATEGY

### NEW MOLECULAR ENTITIES

- 4 new drug products were added to the formulary

### OTHER FORMULARY ADDITIONS

- 14 additional products were added to the formulary

### UTILIZATION MANAGEMENT

- SGM/Specialty QL for CRENESSITY, WINREVAIR, GOMEKLI, and IQIRVO

### PRODUCT EXCLUSIONS

- 14 products were excluded impacting 5427 members

### BRAND-OVER-GENERIC REVERSAL

- 1 generic product was placed in Tier 1, with the branded product excluded

### UPTIERS/DOWNTIERS

- 2 products had tier movement



# New Business?

# Upcoming Meeting Dates for 2025

- Wednesday, August 20, 2025
- Wednesday, October 22, 2025



# Thank You.

