PHARMACY AND THERAPEUTICS (P&T) COMMITTEE  
February 10, 2021

The meeting of the Pharmacy and Therapeutics (P&T) Committee of the North Carolina State Health Plan for Teachers and State Employees (The Plan) was called to order at 6:30 P.M. (EST) on Wednesday, February 10, 2021, via webinar, accessible to the public through the Plan’s website. Quorum was present.

MEMBERS PRESENT:
John Anderson, MD, MPH, Chief Medical Officer, Duke Primary Care
Jennifer Burch, PharmD, CDE, Owner, Central Compounding Center
Joseph Shanahan, MD, Owner, Shanahan Rheumatology & Immunotherapy
Sundhar Ramalingam, MD, Oncologist, Duke Cancer Center
Peter Robie, MD, General Internist, Wake Forest Baptist Community Physicians
Sheel Solomon, MD, Dermatologist, Preston Dermatology and Skin Surgery
Phil Seats, RPh, Retired Pharmacist

MEMBERS ABSENT:
John J. Engemann, MD, Infectious Disease Specialist, Raleigh Infectious Disease Associates, PA
David Konanc, MD, Neurologist, Raleigh Neurology Associates

PLAN & VENDOR STAFF:
Kautook Vyas, PharmD, Senior Pharmacy Consultant, Chairperson
Caroline Smart, Sr. Director, Plan Integration, State Health Plan
Dee Jones, Executive Director, State Health Plan
Natasha Davis, Sr. Pharmacy Benefits Program Manager, State Health Plan
Stephanie Craycroft-Andrews, PharmD, BCACP, Sr. Clinical Pharmacist, State Health Plan
Renee Jarnigan, RPh, Clinical Advisor, CVS Health
Stephanie R. Morrison, PharmD, BCPS, Clinical Advisor, CVS Health

Welcome:
The Chairperson welcomed the Committee members and guests to the webinar and performed roll call. Ms. Smart welcomed and acknowledged new committee members Dr. Solomon and Mr. Seats and new SHP Pharmacist Dr. Craycroft-Andrews. Ms. Smart announced Dr. Vyas’ last meeting and thanked and acknowledged Dr. Vyas for his service to the P & T Committee.

Conflict of Interest
In compliance with the requirements of Chapter 138A-15(e) of the State Government Ethics Act the Chairperson read the NCSHP’s Ethics Awareness & Conflict of Interest Reminder to the P&T Committee members and requested that members who have either an actual or perceived conflict of interest identify the conflict and refrain from discussion and voting in those matters as appropriate. No conflicts of interest were noted.

Formulary Updates:
The Chairperson introduced CVS Caremark’s Clinical Advisors Heather Renee Jarnigan, RPh, & Stephanie Morrison, PharmD, BCPS whom would be presenting CVS Caremark’s Quarterly Formulary
Updates, effective April 1, 2021. This included drug removals and additions to the formulary as well as tier changes and utilization management policies.

Ms. Jarnigan along with Dr. Morrison identified all the new molecular entities that were being removed from CVS’s New-to-Market block and would be available as covered products, along with utilization management policies that went along with the new products, formulary add backs, line extensions, and new formulations of existing formulary products. The medications being added to the formulary are as follows: BRUKINSA, EVRYSDI, ZOKINVY, BPM-PSE-DM SYP 2-30-10, DIFICID SUS, TRELEGY AER ELLIPTA, XERAVA INJ 100MG, CLINIMIX INJ 8/14, CLINIMIX E INJ 8/10, INVEGA SUSTENNA (add-back), RETACRIT INJ 20000UNI, EPCLUSA TAB 200-50MG, HIZENTRA INJ 1GM/5ML, HIZENTRA INJ 2GM/10ML, HIZENTRA SOL 20%, NPLATE INJ 125MCG, FENSOLVI INJ 45MG.

There was no opposition from the Committee members, so the product additions were approved as presented.

The Committee was also presented with line extensions. The line extensions were approved without opposition.

Dr. Morrison reviewed all of the products with updated Utilization Management policy recommendations. The medications with initial prior authorization criteria added were SIVEXTRO and NUZYRA. The medications with quantity limits added were diclofenac topical systems (patches), including FLECTOR DIS 1.3%, LICART DIS 1.3% and their generics.

Ms. Jarnigan then explained that the Plan has a formulary exclusion exception process that is available to support Plan members who, per their provider, have a medical necessity to remain on an excluded drug. Ms. Jarnigan then reviewed the following products that will be excluded from the formulary starting on the effective date: SLYND, HYOSCYAMINE ER TAB, PAROXETINE CAP 7.5MG, LYRICA, TOPIRAMATE ER CAP (generics for QUDEXY XR only), TRAVATAN Z, CYTOMEL, TRIAMCINOLONE OINT 0.05% (including Triamen generic), FOCALIN XR, CLOCORTOLONE TOPICAL CRM, ZOLOFT, NITROFURANTOIN SUSP (NDC 70408023932 only), DESOXIMETASONE OIN 0.05%, YASMIN, ZILEUTON ER, ADDERALL, ULORIC, AZOR, FENOFIBRATE CAPSULE 50MG and 130MG, COZAAR, ZANEX, COREG CR, ELIDEL, HYDROCORTISONE BUTYRATE LOTION, ANDROGEL 1.62% GEL, ADVAIR HFA (only NDCs 00173071522; 00173071622; 00173071722), BREO ELLIPTA (only institutional NDCs 00173085914; 00173088214), MICARDIS, BANZEL SUSP, ZELNORM TAB 6MG, FENOFIBRATE TAB 40MG, MAXALT/MAXALT MLT, HYZAAR, REMODULIN, MICARDIS HCT, BELRAPZO, ZESTORETIC, OSCIMIN SR, SYMAX-SR, and PANTOPRAZOLE DR SUSP.

All products being removed have therapeutic alternatives or generic equivalents that are covered as preferred products on the Plan’s custom formulary.

Ms. Jarnigan identified all the branded products that will be moving to have a change in tier from preferred to non-preferred. They included: ATRIPLA, SYMFI, SYMFI LO, TYKERB, ORAPRED ODT, LEVVID, and DRISDOL.

Adjourn
Dr. Vyas addressed the Committee by thanking them for their service and informed them that the next meeting would be held on May 12, 2021 at 6:30 P.M. via webinar. The meeting was adjourned at approximately 7:40 P.M. (EST).

Kautook Vyas, Chair