



# Pharmacy & Therapeutics Committee Meeting

*Formulary and Program Updates Effective 07/01/2021*

**May 12, 2021  
6:30 – 8:00 PM**



*North Carolina*  
**State Health Plan**  
FOR TEACHERS AND STATE EMPLOYEES  
A Division of the Department of State Treasurer



*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
- John Engemann, MD
- Joseph Shanahan, MD
- Peter Robie, MD
- Phil Seats, RPh
- Sheel Desai Solomon, MD
- Sundhar Ramalingam, MD

## PLAN STAFF & VENDORS

### State Health Plan

- Stephanie Craycroft-Andrews, PharmD, BCACP
- Natasha Davis
- Caroline Smart
- Dee Jones

### CVS Caremark

- Renée Jarnigan, RPh
- Stephanie Morrison, PharmD, BCPS

# Ethics Awareness & Conflict of Interest Reminder

In accordance with the NC State Health Plan for Teachers and State Employees' ethics policy, 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?

# 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 07/01/2021

## CVS Caremark's Quarterly Formulary Update:

- Formulary Additions (New molecular entries, line extensions)
- Product Exclusions
- Tier Changes (Uptier/Downtier)

## Presented by:

- Renée Jarnigan, RPh, Clinical Advisor, CVS Health
- Stephanie Morrison, PharmD, BCPS, Clinical Advisor, CVS Health

# 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
KYNMOBI (apomorphine)	A dopamine agonist indicated for the acute, intermittent treatment of "off" episodes in patients with Parkinson's disease	SGM; Specialty QL	5
PIQRAY (alpelisib)	A phosphoinositide 3-kinase (PI3K) inhibitor indicated in combination with fulvestrant for the treatment of postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, PIK3CA-mutated, advanced or metastatic breast cancer.	SGM; Specialty QL	6

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Drug	Indication	Criteria for Approval	Tier
SARCLISA (isatuximab)	A monoclonal antibody indicated for the treatment of multiple myeloma, in combination with pomalidomide and dexamethasone, in adults who have received at least two prior therapies including lenalidomide and a proteasome inhibitor; Treatment of relapsed or refractory multiple myeloma, in combination with carfilzomib and dexamethasone, for adult patients who have received one to three prior lines of therapy.	SGM	6



# Formulary Updates – New Molecular Entities

QUESTIONS?

# Formulary Updates – Other Formulary 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	Tier	Drug	Tier
Accu-Chek Aviva Plus, Accu-Chek Compact Plus, Accu-Chek Guide, Accu-Chek SmartView blood glucose test strips, monitoring kits	2	ADENOCAINE INJ 40ML	3
CITRANATAL PAK ESSENCE	2	BONJESTA TAB 20-20MG	3
NATESTO	2	DEXMEDETOMIDINE/NACL INJ 20/5ML	3
PROLENSA OPH SOL	2	TRULANCE	3
QSYMIA	2	HEALON DUET/HEALON GV INJ	3

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Drug	Tier	Drug	Tier
KANJINTI	4	MAYZENT PAK STARTER	5
RUXIENCE	4	TRIPTODUR	5
TRAZIMERA	4	XELJANZ SOL 1MG/ML	5
ZIRABEV	4	XTANDI TAB 40MG	5
CUTAQUIG	5	XTANDI TAB 80MG	5
ELOCTATE	5	HETLIOZ LQ SUS 4MG/ML	6
ESPEROCT	5		

# Formulary Updates – Other Formulary 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
Analgesics/ Cox-2 Inhibitors	CELEBREX	15	celecoxib, diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
Analgesics/ Opioid Analgesics	TRAMADOL ER CAPS	11	tramadol (except NDC 52817019610), tramadol ext-rel tablet
Anti-infectives/ Antifungals	CRESEMBA CAP	10	itraconazole
Anti-infectives/ Antifungals	NOXAFIL (TAB/SUSP/INJ)	4	fluconazole, itraconazole
Anti-Infectives/ Antiretroviral Agents/ Protease Inhibitors	APTIVUS	0	Consult doctor
Anti-Infectives/ Antiretroviral Agents/ Protease Inhibitors	INVIRASE	0	atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA
Anti-Infectives/ Antiretroviral Agents/ Protease Inhibitors	LEXIVA	0	atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA
Anti-Infectives/ Antiretroviral Agents/ Protease Inhibitors	VIRACEPT	0	atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Antineoplastic Agents/ Monoclonal Antibodies	RITUXAN	0	RUXIENCE
Antineoplastic Agents/ Monoclonal Antibodies	AVASTIN	1	ZIRABEV
Antineoplastic Agents/ Monoclonal Antibodies	HERCEPTIN/HERCEPTIN HYLECTA	0	KANJINTI, TRAZIMERA
Antineoplastic Agents/ Prostate Cancer/ Luteinizing Hormone- Releasing Hormone (LHRH) Agonists	ZOLADEX	2	ELIGARD, FIRMAGON, ORLISSA
Antineoplastic Agents/ Prostate Cancer/ Luteinizing Hormone- Releasing Hormone (LHRH) Agonists	TRELSTAR MIXJET	0	ELIGARD, FIRMAGON
Cardiovascular/ Antiarrhythmics	NORPACE	0	disopyramide

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Central Nervous System/ Antianxiety/ Benzodiazepines	ATIVAN (IM solution for injection, oral tablet)	4	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Central Nervous System/ Antiparkinsonian Agents	RYTARY CAP	22	carbidopa-levodopa, carbidopa-levodopa ext-rel
Central Nervous System/ Attention Deficit Hyperactivity Disorder	METHYLPHENID TAB ER	224	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexamethylphenidate ext-rel, methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE
Central Nervous System/ Hypnotics/ Nonbenzodiazepines	ZOLPIDEM SUBLINGUAL	7	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA
Central Nervous System/ Musculoskeletal Therapy Agents	CARISOPRODOL TAB 250MG	53	carisoprodol 350 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), chlorzoxazone 500 mg



# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Central Nervous System/ Narcolepsy	PROVIGIL TAB	1	armodafinil, modafinil, SUNOSI
Endocrine and Metabolic/ Central Precocious Puberty	LUPRON DEPOT/LUPRON DEPOT-PED	27	Must use SUPPRELIN LA, TRIPTODUR. MED NECESSITY EXCEPTION ONLY 866-814-5506
Endocrine and Metabolic/ Contraceptives/ Extended Cycle	SEASONIQUE TAB	3	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone- levomefolate, ethinyl estradiol- levonorgestrel, ethinyl estradiol- norethindrone acetate, ethinyl estradiol-norethindrone acetate- iron
Endocrine and Metabolic/ Phenylketonuria Treatment Agents	KUVAN	3	sapropterin
Endocrine and Metabolic/ Progestins/ Oral	PROMETRIUM CAP	1	medroxyprogesterone; progesterone, micronized

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Endocrine and Metabolic/ Thyroid Agents/ Thyroid Supplements	NATURE-THROID TAB	18	levothyroxine, liothyronine, SYNTHROID
Endocrine and Metabolic/ Thyroid Agents/ Thyroid Supplements	WP THYROID TAB	2	levothyroxine, liothyronine, SYNTHROID
Endocrine and Metabolic/ Thyroid Agents/ Thyroid Supplements	WESTHROID TAB	0	levothyroxine, liothyronine, SYNTHROID
Gastrointestinal/ Antispasmodics	CHLORD/CLIDI CAP 5-2.5MG (NDC Specific: 11534019701; 51293069601; 51293069610; 42494040901)	13	dicyclomine
Gastrointestinal/ Antispasmodics	LIBRAX-ORIGI CAP 5-2.5MG	0	dicyclomine
Gastrointestinal/ Miscellaneous	LACTOJEN CAP (NDC Specific 73730010130)	0	Consult doctor

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Gastrointestinal/ Proton Pump Inhibitors	PRILOSEC DR SUSP	7	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT
Genitourinary/ Interstitial Cystitis	ELMIRON CAP	185	Consult doctor
Genitourinary/ Miscellaneous	THIOLA TAB/THIOLA EC	3	Consult doctor
Genitourinary/ Miscellaneous	LITHOSTAT TAB	0	Consult doctor
Hematologic/ Chelating Agents	FERRIPROX	5	deferasirox, deferiprone, deferoxamine
Hematologic/ Chelating Agents	CUPRIMINE	1	penicillamine capsule
Hematologic/ Chelating Agents	SYPRINE	1	trientine
Hematologic/ Chelating Agents	DESFERAL	0	deferasirox, deferiprone, deferoxamine

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Hematologic/ Chelating Agents	EXJADE	0	deferasirox, deferiprone, deferoxamine
Hematologic/ Chelating Agents	JADENU	0	deferasirox, deferiprone, deferoxamine
Nutritional/Supplements/ Vitamins and Minerals/ Prenatal Vitamins	Prenatal vitamins (all brands, except CITRANATAL)	453	generic prenatal vitamins, CITRANATAL
Respiratory/ Xanthines	THEO-24 CAP ER	7	ipratropium inhalation solution, PERFORMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
Topical/ Dermatology/ Antifungals	LULICONAZOLE CREAM 1%	7	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN
Topical/ Dermatology/ Anti-infective/ Anti-inflammatory Combinations	NEO-SYNALAR	0	desonide or hydrocortisone with gentamicin

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Topical/ Dermatology/ Corticosteroids/ High Potency	HALCINONIDE CREAM 0.1%	8	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
Topical/ Dermatology/ Corticosteroids/ Low Potency	FLURANDRENOLIDE CREAM, LOTION (includes NOLIX)	36	desonide, hydrocortisone
Topical/ Ophthalmic/ Antiallergics	LASTACAFT OPH SOL	24	azelastine, cromolyn sodium, olopatadine
Topical/ Ophthalmic/ Antiallergics	ZERVIAE OPH SOL	5	azelastine, cromolyn sodium, olopatadine
Topical/ Ophthalmic/ Anti- Infective/Anti-Inflammatory Combinations	TOBRADEX ST OPH SUSP	66	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Topical/ Ophthalmic/ Anti-Infectives	CILOXAN OINT and SOL	18	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
Topical/ Ophthalmic/ Anti-Infectives	AZASITE OPH SOL	12	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
Topical/ Ophthalmic/ Anti-Inflammatories/ Nonsteroidal	BROMSITE OPH SOL	34	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
Topical/ Ophthalmic/ Anti-Inflammatories/ Nonsteroidal	NEVANAC OPH SUSP	10	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
Topical/ Ophthalmic/ Anti-Inflammatories/ Nonsteroidal	ACUVAIL OPH SOL	1	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Topical/ Ophthalmic/ Anti-inflammatory/ Steroidal	FML FORTE OPH SUSP	44	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
Topical/ Ophthalmic/ Anti-inflammatory/ Steroidal	FLAREX OPH SUSP	26	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
Topical/ Ophthalmic/ Anti-inflammatory/ Steroidal	PRED MILD OPH SUSP	23	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
Topical/ Ophthalmic/ Anti-inflammatory/ Steroidal	MAXIDEX OPH SUSP	10	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
Topical/ Ophthalmic/ Anti-inflammatory/ Steroidal	FML OPH OINT	0	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
Topical/ Ophthalmic/ Anti-inflammatory/ Steroidal	INVELTYS OPH SUSP	0	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Topical/ Ophthalmic/ Beta-Blockers/ Nonselective	BETIMOL OPH SOL	39	timolol maleate solution, BETOPTIC S



# Formulary Updates – Product Exclusions

QUESTIONS?

# Formulary Updates – Specialty Product Movement

## Products Adding to the Specialty Drug List

- CVS' Pharmaceutical Technology Evaluation Committee reviews products to determine if they meet the criteria to be designated as Specialty Pharmaceuticals
- Rationale for the specialty designation for the following products includes:
  - Treats rare/chronic condition
  - High cost therapy
  - Limited Distribution

Drug	# Utilizers (6 mo)	Tier Change
CUPRIMINE	1	3→NC
DEPEN TITRATAB	0	3→6
D-PENAMINE TAB 125MG	0	3→6
PENICILLAMINE	3	2→4
SYPRINE	1	3→NC
THIOLA/THIOLA EC	3	3→NC
TRIENTINE	1	2→4

# Formulary Updates – Specialty Product Movement

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.

Drug	# Utilizers (6 mo)	Tier Change
KALETRA	0	2→3
FIRAZYR	0	5→6

# Formulary Updates – Uptiers

QUESTIONS?

# 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.

Drug	# Utilizers (6 mo)	Tier Change
LONSURF	n/a	6→5
STIVARGA	n/a	6→5
FIRMAGON	n/a	6→5
SUPPRELIN LA	n/a	6→5
AFSTYLA	n/a	6→5

# Formulary Updates – Downtiers

QUESTIONS?

# Summary of Formulary Changes Effective 07/01/21

## NEW MOLECULAR ENTITIES

- 3 new drug products were added to the formulary

## OTHER FORMULARY ADDITIONS

- 23 products were added to the formulary including formulary add backs and line extensions

## PRODUCT EXCLUSIONS

- 61 products were excluded impacting 1,450 members

## UPTIERS/DOWNTIERS

- 12 products had tier movements



Next meeting: **August 11, 2021**