



# Pharmacy & Therapeutics Committee Meeting

*Formulary and Program Updates Effective 07/01/2022*

**May 11, 2022  
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
- Peter Robie, MD
- Phil Seats, RPh
- Sheel Desai Solomon, MD
- Sundhar Ramalingam, MD
- Ghassan Al-Sabbagh, MD
- Laura Rachal, MD

## PLAN STAFF & VENDORS

### State Health Plan

- Stephanie Craycroft-Andrews, PharmD, BCACP
- Sonya Dunn, MPA, BSPH, RN
- Caroline Smart
- Dee Jones

### CVS Caremark

- Renée Jarnigan, RPh

# 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?

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- If not, the minutes will stand approved as is.

# Charter and By-Law Proposals

Copies were distributed prior to the meeting for your review.

- Are there any additions or corrections to the Charter or By-Laws?

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# Formulary Updates – Effective 07/01/2022

## CVS Caremark's Quarterly Formulary Update:

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

## Presented by:

- Stephanie Craycroft-Andrews, PharmD, BCACP, State Health Plan
- Renée Jarnigan, RPh, 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
TAVNEOS CAP 10MG (avacopan)	An adjunctive treatment of severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis in combination with standard therapy including glucocorticoids.	SGM, QL	6
PONVORY TAB 20MG (ponesimod)	An additional option indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.	SGM	6

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Drug	Indication	Criteria for Approval	Tier
AKLIEF CREAM 0.005% (trifarotene)	A 4th generation retinoid indicated for topical treatment of acne in ages 9 and up.	PA	3
CAPLYTA (lumateperone)	Atypical antipsychotic for the treatment of schizophrenia and bipolar depression.	PA in place for atypical antipsychotics	2
EYSUVIS DROPS 0.25% (loteprednol etabonate)	Ocular corticosteroid for short-term treatment of dry eye disease.	PA, QL	3
QULIPTA TAB (atogepant)	Oral CGRP receptor antagonist for preventive treatment of episodic migraine (EM) in adults.	ST w/ QL in place	3
PHEXXI GEL (lactic acid, citric acid and potassium bitartrate)	Prevention of pregnancy as an on-demand method of contraception. Also an ACA preventive services medication.	n/a	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).

Drug	Tier	Drug	Tier
cefazolin inj 2 GM	1	VASOSTRICT SOL	3
fenofibrate micro cap 30MG; 90MG	1	MAYZENT STARTER PAK; 1MG TAB	5
OZEMPIC INJ 8MG/3ML	2	RINVOQ TAB 30MG ER; 45MG ER	5
TRIUMEQ PD TAB	2	TAKHZYRO INJ 300/2ML	5
EPINEPHRINE INJ 1MG/ML	3	PROFILNINE SD INJ (500, 1000, 1500 UNITS)	6
KLOXXADO SPRAY	3	ALPHANINE SD INJ (500, 1000, 1500 UNITS)	6

# 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
AZSTARYS	2
JORNAY PM	2
ZEGALOGUE	2
LUPRON DEPOT INJ 3.75 and 11.25MG *Formulary Add-Back	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
Antineoplastic Agents/ Kinase Inhibitors	AFINITOR	7	everolimus soluble tablet
Antineoplastic Agents/ Kinase Inhibitors	MEKINIST	7	Cotellic (cobimetinib) and Mektovi (binimetinib)
Antineoplastic Agents/ Kinase Inhibitors	TAFINLAR	3	Braftovi (encorafenib) and Zelboraf (vemurafenib)
Cardiovascular/ Antilipemics/ MTP Inhibitors	JUXTAPID	0	Praluent
Gastrointestinal/ Inflammatory Bowel Disease/ Oral Agents	PENTASA	114	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, and Asacol HD (mesalamine delayed-rel tabs)
Gastrointestinal/ Opioid-Induced Constipation	MOVANTIK	75	lubiprostone and Symproic (naldemedine)
Gastrointestinal/ Proton Pump Inhibitors	DEXILANT/ dexlansoprazole	2661	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, and pantoprazole delayed-rel tablet

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Central Nervous System/ Anticonvulsants	KEPPRA (TAB, SOL, INJ, XR)	27	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, Aptiom (eslicarbazepine), Fycompa (perampanel), Oxtellar XR (oxcarbazepine ext-rel), Trokendi XR (topiramate ext-rel), Vimpat (lacosamide), and Xcopri (cenobamate).
Central Nervous System/ Anticonvulsants	LAMICTAL (TAB, CHW, ODT, STARTER KITS, XR)	25	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, Aptiom (eslicarbazepine), Fycompa (perampanel), Oxtellar XR (oxcarbazepine ext-rel), Trokendi XR (topiramate ext-rel), Vimpat (lacosamide), and Xcopri (cenobamate).



# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Central Nervous System/ Attention Deficit Hyperactivity Disorder	QUILLICHEW ER	84	amphetamine-dextroamphetamine mixed salts ext-rel (not including certain NDCs), dexamethylphenidate ext-rel, methylphenidate ext-rel (not including certain NDCs), Azstarys (serdexmethylphenidate-dexamethylphenidate), Jornay PM (methylphenidate ext-rel), Mydayis (amphetamine-dextroamphetamine mixed salts ext-rel), and Vyvanse (lisdexamfetamine).
Central Nervous System/ Attention Deficit Hyperactivity Disorder	QUILLIVANT XR	148	amphetamine-dextroamphetamine mixed salts ext-rel (not including certain NDCs), dexamethylphenidate ext-rel, methylphenidate ext-rel (not including certain NDCs), Azstarys (serdexmethylphenidate-dexamethylphenidate), Jornay PM (methylphenidate ext-rel), Mydayis (amphetamine-dextroamphetamine mixed salts ext-rel), and Vyvanse (lisdexamfetamine).
Endocrine and Metabolic/ Glucose Elevating Agents	GLUCAGEN INJ HYPOKIT	5	Baqsimi (glucagon nasal powder), Gvoke (glucagon subcutaneous solution), and Zegalogue (dasiglucagon)
Endocrine and Metabolic/ Glucose Elevating Agents	GLUCAGON EMERGENCY KIT	14	Baqsimi (glucagon nasal powder), Gvoke (glucagon subcutaneous solution), and Zegalogue (dasiglucagon)
Endocrine and Metabolic/ Miscellaneous	KORLYM	1	Consult Doctor

# Formulary Updates – Product Exclusions

Therapeutic Category	Drug	# Utilizers (6 mo.)	Formulary Preferred Alternatives
Nutritional/Supplements/ Vitamins and Minerals/ Prenatal Vitamins	CITRANATAL VITAMINS	55	generic prenatal vitamins
Respiratory/ Cystic Fibrosis	CAYSTON	3	tobramycin inhalation solution and Bethkis (tobramycin inhalation solution)
Topical/ Dermatology/ Antipsoriatics	DUOBRII	0	calcipotriene ointment or solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), or Bryhali (halobetasol propionate); Enstilar (calcipotriene-betamethasone dipropionate)

# Formulary Updates – Product 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.

Drug	# Utilizers (6 mo)	Alternatives	Tier Change
VALIUM	4	alprazolam, clonazepam, diazepam, lorazepam, and oxazepam	2→3
DESOWEN	0	alclometasone cream 0.05%, alclometasone ointment 0.05%, desonide cream 0.05%, desonide lotion 0.05%, desonide ointment 0.05%, fluocinolone acetonide	2→3

# 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	Tier Change
BRAFTOVI	6→5
COTELLIC	6→5
MEKTOVI	6→5
ZELBORAF	6→5

Drug	Tier Change
APTIOM	3→2
AURYXIA	3→2
TALICIA	3→2
ENSTILAR	3→2

# Formulary Updates – Downtiers

QUESTIONS?

# Summary of Formulary Changes Effective 07/01/22

## NEW MOLECULAR ENTITIES

- 7 new drug products were added to the formulary

## OTHER FORMULARY ADDITIONS

- 16 products were added to the formulary including 1 formulary add-back and 12 line extensions

## UTILIZATION MANAGEMENT

- PA for AKLIEF, CAPLYTA, EYSUVIS
- QL for EYSUVIUS, QULIPTA
- ST for QULIPTA
- SGM for TAVNEOS, PONVORY
- Specialty QL for TAVNEOS

## PRODUCT EXCLUSIONS

- 17 products were excluded impacting 3229 members

## UPTIERS/DOWNTIERS

- 10 products had tier movements



# Meeting Dates for 2022

- Wednesday, February 9, 2022
- Wednesday, May 11, 2022
- **NEXT MEETING: Wednesday, August 10, 2022**
- Wednesday, October 12, 2022