



**Department of Vermont Health Access
Pharmacy Benefit Management Program
DUR Board Meeting Minutes: 09/16/2014**

Board Members:

Present:

Joseph Lasek, MD, Chair
James Marmar, RPh

Jaskanwar Batra, MD
Janet Farina, RPh

Gary Starecheski, RPh

Absent:

Mark Pasanen, MD

Amanda Kennedy, PharmD

Kim Ladue, NP

Staff:

Diane Neal, RPh, Catamaran
Scott Strenio, MD, DVHA
Carrie Germaine, DVHA
Jason Pope, DVHA

Michelle Sirois, Catamaran
Mary Beth Bizzari, RPh, DVHA
Stacey Baker, DVHA

Nancy Miner, Catamaran
Nancy Hogue, PharmD, DVHA
Jennifer Egelhof, DVHA

Guests:

Thomas Algozzine, Novartis
Thomas Currier, Purdue
John Mastrianni, Astellas
Kevin Kobylinski, Astellas
Kristen Bruno-Doherty, AstraZeneca

Rita Baglini, APS Healthcare
Christine Dube, MedImmune
Peter Persico, Otsuka
Mark VanWoert, Supernus
Kelly Cowan, Cystic Fibrosis Center

Steve Berardino, Amgen
Olivia Lee, Abbvie
Scott Williams, J&J
Ron Inglesido, AstraZeneca
Mike Ouellette, GHS

Joseph Lasek, MD, Chair, called the meeting to order at 6:15p.m. at the DUR Board meeting site in Williston.

1. Executive Session:

- An executive session was held from 6:00 until 6:15 p.m. to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2).

2. Introductions and Approval of DUR Board Minutes:

- Introductions were made around the table.
- The July, 2014 meeting minutes were accepted as printed.

Public Comment: No public comment.

3. DVHA Pharmacy Administration Updates: Nancy Hogue, PharmD, DVHA

- Update on search for new DUR Board members.
- Information given about the October 6th change of all hydrocodone containing products to DEA Schedule II.

4. Medical Director Update: *Scott Strenio, MD, DVHA*

- None this meeting.

5. Follow-up items from Previous Meeting: *Diane Neal, RPh, Catamaran*

- Muscle Relaxants: The Board was provided a copy of the letter that was mailed to prescribers of skeletal muscle relaxants.

Public Comment: No public comment.

Board Decision: None needed.

- Benzodiazepines: The Board was notified that a letter will be mailed to prescribers, before the next meeting, as notification of the quantity limits on all benzodiazepines and the change of alprazolam and alprazolam ER to prior authorization required.

Public Comment: No public comment.

Board Decision: None needed.

6. RetroDur/Prior Authorization Quality Assurance Analysis: *Diane Neal, RPh, Catamaran*
(Public comment prior to Board action)

- Zolpidem Updated Dose Recommendations QA: Zolpidem Dosing Post FDA Safety Warning: Based on the review of utilization data, it was recommended to continue to have a quantity limit of 1 tablet/day. It was also recommended to consider implementing a prior authorization on all quantities and forms of zolpidem for pediatric members.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation to continue with the existing quantity limit of 1 tablet/day and have decided to defer the pediatric consideration until a later meeting to allow for further research.

7. Clinical Update: Drug Reviews: *Diane Neal, RPh, Catamaran*
(Public comment prior to Board action)

Abbreviated New Drug Reviews:

- Desvenlafax ER (desvenlafaxine fumarate) Extended Release Oral Tablet: It was recommended that Desvenlafax ER be added to the DVHA PDL as prior authorization required with the following approval criteria: The patient has had a documented side effect, allergy, or inadequate response to at least 2 different antidepressants from the SSRI, SNRI, and/or Miscellaneous Antidepressant categories, one of which must be venlafaxine ER capsule (may be preferred or non-preferred) AND the patient has had a documented intolerance with Pristiq.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

Full New Drug Reviews

- Duavee[®] (bazedoxifene/conjugated estrogens) Oral Tablet: It was recommended that Duavee[®] be available without utilization management.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

- Hetlioz[®] (tasimelteon) Oral Capsule: It was recommended that Hetlioz[®] be added to the DVHA PDL as prior authorization required with the following approval criteria: The patient has documentation of Non-24-Hour Sleep-Wake Disorder (Non-24) AND the patient has documentation of total blindness AND the patient has had a documented side effect, allergy, or treatment failure with at least one OTC melatonin product and Rozerem[®]. A quantity limit of 1 capsule per day, as well as, a maximum days' supply of 30 per fill was proposed.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

- Orenitram[®] (treprostinil) ER Oral Tablet: It was recommended that Orenitram[®] be added to the DVHA PDL as preferred. A maximum 30 days' supply per fill was proposed.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

- Otezla[®] (apremilast) Oral Tablet: It was recommended that Otezla[®] be added to the DVHA PDL as prior authorization required with the following approval criteria: The patient has a diagnosis of psoriatic arthritis AND the patient is 18 years of age or older AND the patient has had inadequate response to, intolerance to, or contraindication to methotrexate. A quantity limit of 2 tablets per day, as well as, a maximum days' supply of 30 per fill was proposed.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

8. Therapeutic Drug Classes – Periodic Review: Diane Neal, RPh, Catamaran (Public comment prior to Board action)

- None

9. Clinical Update: New/Updated Clinical Guidelines: Diane Neal, RPh, Catamaran

(Public comment prior to Board action)

- Synagis[®] (see below)

10. New Managed Therapeutic Drug Classes:

- None

11. Review of Newly Developed/Revised Clinical Coverage Criteria and/or Preferred Products:

Diane Neal, RPh, Catamaran

- Pulmonary: Synagis®: New AAP Guidelines: It was recommended that the clinical criteria for Synagis be updated to align with the new AAP guidelines.

Public Comment: Chris Dube, MedImmune ~ Highlighted some of the attributes of Synagis®.

Board Decision: The Board unanimously approved the above recommendation.

Updates to be implemented 1/1/2015

- Anti-emetics: NK1 Antagonists: It was recommended that an automated step for look-back for a generic ondansetron trial be added for Emend. Also, it was recommended to remove the requirement for prescribing by an Oncology prescriber.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

- Anti-infectives: Antibiotics: Cephalosporins: It was recommended that Suprax tablet and suspension move from preferred to PA required.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

- Cystic Fibrosis: Medications: It was recommended that Bethkis become the preferred tobramycin inhaled product after clinical criteria are met.

Public Comment: Kelly Cowan, Cystic Fibrosis Center & Families ~ Medication coverage for cystic fibrosis.

Board Decision: The Board unanimously approved the above recommendation.

- Dermatological Agents: Scabicides and Pediculocides: It was recommended that the approval criteria for Natroba® be changed to the following: The patient has had a documented side effect or allergy to OTC permethrin and piperonyl butoxide and pyrethrins or treatment failure with one treatment of OTC permethrin or piperonyl butoxide and pyrethrins.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

- Gastrointestinal: Inflammatory Bowel Agents (Oral/Rectal): It was recommended that Pentasa® move to prior authorization required with the following approval criteria: The patient has been started

and stabilized on the requested product OR the patient has had a documented side effect, allergy, or treatment failure with two preferred oral mesalamine products. Current users will be grandfathered.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

- Hepatitis C Agents: It was recommended that Peg-Intron become the preferred pegylated interferon product after clinical criteria are met.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

- Otic: Anti-infectives: It was recommended that Ciprodex moves to PA required if the patient is > 12 years old.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

- Testosterone: Topical: Deferred until next meeting.
- Vitamins: Prenatal Vitamins: A new product line of prenatal vitamins will become preferred. It is hoped that this will alleviate the ongoing problem with preferred products being in short supply.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

12. General Announcements:

FDA Safety Alerts

- None

12. Adjourn: Meeting adjourned at 7:33 p.m.

Next DUR Board Meeting

Tuesday, October 28, 2014

6:15 – 8:30 p.m.*

HP Building, DVHA Conference Room

312 Hurricane Lane, Williston, VT

(Entrance is in the rear of the building)

* The Board meeting will begin at 6:00 p.m. and the Board will vote to adjourn to Executive Session to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2). The Executive Session is closed to the public.