



**Department of Vermont Health Access
Pharmacy Benefit Management Program
DUR Board Meeting Minutes: 11/06/2012**

Board Members:

Present:

Joseph Lasek, MD, Chair
Jeanne Greenblatt, MD
Mario Sarafini, DO

Gary Starecheski, RPh
Amanda Kennedy, PharmD
James Marmar, RPh

Jaskanwar Batra, MD
Halle Sobel, MD
Janet Farina, RPh

Absent:

Kim Ladue, NP

Mark Pasanen, MD

Staff:

Diane Neal, RPh, Catamaran
Stacey Baker, DVHA
Jennifer Egelhof, DVHA

Nancy Miner, Catamaran
Mary Beth Bizzari, RPh, DVHA
Melissa Guiles, DVHA

Michelle Sirois, Catamaran
Nancy Hogue, PharmD, DVHA
Abirami Murugavel, Intern, DVHA

Guests:

Mario Carnovale, Novartis
Carl Pepe, GSK
Barry Patel, GSK

Thomas Currier, Purdue
Rita Baglini, APS/VCCI
Randy Pratico, Wilcox Pharmacy

Keith Osburn, Sepracor
Jacqueline Buckley, Vertex
Vijay Anne, Reckitt Benckiser

Joseph Lasek, MD, Chair, called the meeting to order at 6:37 p.m. at the DUR Board meeting site in Williston.

1. Executive Session:

- An executive session was held from 6:00 until 6:30 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 September 2012 meeting minutes were accepted as printed.

Public Comment: No public comment.

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

- Introductions were made of three new DUR Board members and the pharmacy intern from the Albany School of Pharmacy, Colchester campus.
- DVHA is currently searching for a replacement Medical Director, as well as, a Chief Medical Officer.
- ePrescribing with Surescripts went live on November 1st. Prescribers will now have access to eligibility data, medication history, and formulary alternatives.

4. **Medical Director Update:**

- None this meeting.

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

- **Atypical Antipsychotic Medications – Pediatric Use:** The survey and cover letter was mailed to prescribers of all pediatric patients with claims between June 1 and September 30, 2012. Prescribers will be given until December 10th to return the survey and all current patients will be grandfathered on the present antipsychotic medication. Prior authorization approval criteria for new pediatric (< 18 years old) starts for all Atypical (second generation) Antipsychotic medications was presented based on target symptom and/or diagnosis. A new prior authorization will be required once yearly to give prescribers an opportunity to re-evaluate the need for ongoing therapy. Those atypical antipsychotic medications without FDA approved use in children or literature to support are not listed in the table.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the criteria as presented with the deletion of the target symptom of mood instability and the diagnosis of oppositional defiant disorder.

- **Antipsychotics in Children < 6 years old:** Abirami Murugavel, Pharmacy Intern, Albany College of Pharmacy, presented data on antipsychotic prescription trend, dual therapy, and psychotropic medications in children < 6 years old.

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)

- **90 Day Mandatory Fill Select Maintenance Medications:** Abirami Murugavel, Pharmacy Intern, Albany College of Pharmacy, presented data on an analysis done for Advair[®]. In summary, the program does have net savings from dispensing fees. The savings margin is directly proportional to the number of 90 day supply fills and inversely proportional to the drug cost.

Public Comment: No public comment.

Board Decision: None needed.

- **Suboxone[®]/Buprenorphine (also tablet market withdrawal):** Reckitt Benckiser has announced that they will discontinue the manufacture of Suboxone[®] tablets and will only manufacture Suboxone[®] film due to differences in pediatric exposures being less with the film. There were still 289 patients taking the tablet formulation in September 2012. We will need a plan to address those patients currently on the tablet. It was also recommended that the quantity limit on Suboxone[®] 2/0.5 tablet and film should be reduced from 3.5 per day to 3 per day as splitting is not recommended. An analysis was also done of current prescribers to check whether they had an appropriate X-DEA license required to prescribe Suboxone[®] for opiate addiction – no issues were found.

Public Comment: Vijay Anne, MD, Reckitt Benckiser ~ Provided additional information about tablet discontinuation and pediatric exposure data.

Board Decision: The Board unanimously approved the change in quantity limits.

- Hepatitis C Protease Inhibitors: Deferred to next meeting due to lack of time.

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

Full New Drug Review:

- Intermezzo[®] (zolpidem tartrate) Sublingual Tablet: It was recommended that Intermezzo[®] be added to the PDL as Prior Authorization required with the following approval criteria: The patient has insomnia characterized by middle-of-the-night awakening followed by difficulty returning to sleep AND the patient has had a documented inadequate response to zolpidem IR. A quantity limit of 1 tab/day (1.75mg women or men) and 1 tab/day (3.5mg approved for men only) is also proposed.

Public Comment: No public comment.

Board Decision: The Board approved the above recommendation with the addition of a trial of zaleplon as well as zolpidem IR and a removal of the quantity limits that are specific to gender. The quantity limit will be one tablet per day all strengths all genders. There was one opposition to the monthly quantity limit of 30 tablets.

- Potiga[®] (ezogabine) Oral Tablet: It was recommended that Potiga[®] be added to the PDL as Prior Authorization required with the following approval criteria: The patient has been started and stabilized on the requested medication OR the diagnosis is adjunctive therapy or partial-onset seizures and the patient has had a documented side effect, allergy, treatment failure/inadequate response or a contraindication to at least TWO preferred anticonvulsants. A quantity limit of 9 tablets/day (50mg) and 3 tablets/day (all other strengths) is proposed.

Public Comment: Barry Patel, Glaxo Smith Kline ~ Highlighted some of the attributes of Potiga[®].

Board Decision: The Board unanimously approved the above recommendation with the addition of the standard language that samples are not adequate for started and stabilized criteria for all drugs in this class.

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

- Inhaled Corticosteroid and Long-Acting β 2-Agonist Combination Products: There were no changes recommended to the current approval criteria for Pulmonary: Corticosteroids/Combinations: Inhaled.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

- Platelet Inhibitors: There were no changes recommended to the current approval criteria for Platelet Inhibitors.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

- Topical Androgens (testosterone): There were no changes recommended to the current approval criteria for Testosterone: Topical.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

9. New Managed Therapeutic Drug Classes:

- Miscellaneous: Makena[®] (also discussion of compounding pharmacies): It was recommended that Makena[®] be added to the PDL as Prior Authorization required with the following approval criteria: The patient is 16 years of age or older AND the patient has a history of singleton spontaneous preterm birth AND the patient is having a singleton (single offspring) pregnancy AND therapy will be started between 16 weeks, 0 days and 20 weeks, 6 days of gestation AND therapy will be continued until week 37 (through 36 weeks, 6 days) of gestation or delivery. It is also recommended that there be modifications to the Compounded Products Guidelines to remove the exception for the compounded 17 a-hydroxyprogesterone caproate. Compounded products for products that are commercially available will not be approved.

Public Comment: Randy Pratico, Wilcox Pharmacy ~ Comments regarding the compounded 17 a-hydroxyprogesterone caproate

Board Decision: The Board unanimously approved the above recommendations.

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

Diane Neal, RPh, Catamaran

- Incretin Mimetics: It was recommended that Victoza[®] be moved to a preferred status on the PDL after clinical criteria are met. Clinical criteria and quantity limits shall remain the same. This would be effective on 1/1/2013.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendations.

- Short Acting β 2-Agonist Inhalers: It was recommended that Proair[®] HFA (albuterol) and Proventil[®] HFA (albuterol) be moved to a preferred status on the PDL. This would be effective 1/1/2013.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendations and would like to have further discussion about whether to have approval criteria for inhalers with dose counters.

- Statins: It was recommended that atorvastatin be moved to a preferred status on the PDL after criteria has been met and that Lipitor would move to prior authorization required with the following approval criteria: The patient has had a documented side effect, allergy, or contraindication to generic

simvastatin OR The patient has had an inadequate response to a six week trial of simvastatin 40mg or requires LDL reduction of $\geq 45\%$ AND if the request is for Lipitor[®], the patient has also had a documented intolerance to generic atorvastatin. This change would go into effect 1/1/2013. In the interim (prior to 1/1/2013), only the change from preferring brand before generic after PA to preferring generic before brand after PA will be implemented (continue with step through simvastatin and Crestor[®]).

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendations.

11. General Announcements *Diane Neal, RPh, Catamaran*

FDA Safety Alerts

Deferred until next meeting due to time.

12. Adjourn: Meeting adjourned at 8:45 p.m.

Next DUR Board Meeting

Tuesday, December 11, 2012

6:30 – 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.