

## Department of Vermont Health Access Pharmacy Benefits Management Program DUR Board Meeting Draft Minutes

October 22, 2024: 5:00 - 8:00 p.m.

## **Board Members Present:**

Andy Miller, RPH	Anne Daly, PharmD	Douglas Franzoni, PharmD
Katharina Cahill, PharmD	Bram Starr, MD	Louise Rosales, APRN
Rima Carlson, MD	Julie MacDougall, PharmD	

Board Members Absent: None

## **DVHA Staff Present:**

Carrie Germaine	Lisa Hurteau, PharmD	Ashley MacWalters
Taylor Robichaud,	Michael Rapaport, MD	
PharmD		

## **Change Healthcare Staff Present:**

U	pasana Bhatnagar, M	Mik	e Ouellette	, RPh	Molly	/ Trayah, PharmD
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Guests/Members of the Public: Angela Hathaway, Adam Ferguson, Jigna Bhalla, Chad Bohigian, Cole Wyrough, Corey O'Brien, Dennis Sholler, Kristin DiDesidero, Bryan Dillon, Susan Donnelly, Scott Ebersol, Elena Fernandez, Jai Persico, Jalal Nait Hammoud, James Sharp, Jennifer Golwyn, Richard Junk, Kevin Gaffney, Kim Ahearn, Kristen Chopas, Vincent Lawler, Mark Golick, Timothy McSherry, Nick Boyer, Nicole Pinkerton, Nikhil Kacker, Amy Cunningham, Omer Oziz, Paul Isikwe, Ryan Miller, Matt Sankey, Daniel Shan, Sharmi Patel, Timothy Birner, Tina Hartmann, Nicole Trask, Annie Vong, Megan Walsh, Lindsey Walter, Joseph Ward

- Executive Session
- Introductions
- Approval of DUR Board Minutes
- DVHA Pharmacy Administration Updates
- DVHA Chief Medical Officer Update
- Follow-up Items from Previous Meetings
  - None at this time.
- RetroDUR/Pro DUR
  - None at this time
- Consent Agenda Items
  - None at this time



- Clinical Update: Drug Reviews
  - None at this time
- Therapeutic Drug Classes Periodic Review
  - None at this time
- Review of Newly Developed/Revised Criteria
  - ADHD Medications

Recommendation:

- Move Methylin to non-preferred
- Move Adderall XR to non-preferred
- Move Qelbree to preferred after clinical criteria met

**Board Decision: Approved** 

- Anticonvulsants
   Recommendation:
  - Remove Diastat from PDL

**Board Decision: Approved** 

Pulmonary Agents

Recommendation:

- Add tiotropium bromide to non-preferred
- Add Sandoz labeler to preferred albuterol HFA inhalers
- Remove ProAir Digihaler from PDL
- Remove age criteria from Asmanex HFA

**Board Decision: Approved** 

Anti-diabetics

Recommendation:

- Move Fiasp (insulin aspart) to preferred
- Move Humalog (insulin lispro) Kwikpen U-200 and Novolog (insulin aspart) to non-preferred
- Update non-preferred rapid acting insulin criteria
- Update intermediate-acting insulin criteria
- Move Tresiba (insulin degludec) to non-preferred and update criteria
- Update non-preferred long-acting insulin criteria
- Move Humulin 70/30 (NPH/Regular) insulin to preferred
- Move Rybelsus to preferred, after clinical criteria met
- Move Ozempic to non-preferred



- Update criteria for Adlyxin, Byetta, Bydureon, BCise, Mounjaro
- Move dapaglifozin and Invokana (canagliflozin) to non-preferred
- Move Synjardy XR to preferred
- Move Invokamet to non-preferred

**Board Decision: Approved** 

- Antipsychotics Children < 18 years old Recommendation:
  - Move olanzapine orally disintegrating tablets to preferred

**Board Decision: Approved** 

- Antipsychotics Adults Recommendation:
  - Update Rexulti criteria
  - Move Rykindo to preferred
  - Add Risperidone ER suspension and move Zyprexa Relprevv to nonpreferred with criteria
  - Move olanzapine orally disintegrating tablets to preferred

**Board Decision: Approved** 

- Anti-Hypertensives Recommendation:
  - Move Hemangeol to non-preferred
  - Add Wegovy for MACE reduction to non-preferred

**Board Decision: Approved** 

Cytokines

Recommendation:

- Move adalimumab-adbm to preferred for all categories
- Ankylosing Spondylitis:
  - Add Simponi Aria vial to non-preferred
- Gastrointestinal agents (IBD/Crohns)
  - Move Skyrizi to preferred
  - Add Entyvio subcutaneous to non-preferred
  - o Add Tremfya to non-preferred
- Hidradenitis Suppurativa
  - No additional changes
- Psoriasis
  - o Move Skyrizi to preferred



- Move tazarotene cream, gel and Vtama cream to preferred
- Rheumatoid, Juvenile, and Psoriatic Arthritis
  - o Move Skyrizi to preferred
  - o Move Tyenne to preferred

**Board Decision: Approved** 

- Endometriosis/Uterine Fibroids Agents Recommendation:
  - Move Orilissa to preferred after clinical criteria are met

**Board Decision: Approved** 

- Gastrointestinal Agents Recommendation:
  - Move Docusate enema and Enemeez enema to non-preferred
  - Move Gavilyte-C and Golytely to preferred

**Board Decision: Approved** 

- Hemophilia Treatments Recommendation:
  - Move Altuviiio to preferred
  - Move Advate, Afstyla, Kogenate, and Recombinate to non-preferred

**Board Decision: Approved** 

- Hyperammonia Treatments Recommendation:
  - Move Carbaglu to preferred
  - Move Carglumic Acid to non-preferred

**Board Decision: Approved** 

- Immunologic Therapies for Asthma Recommendation:
  - Add criteria for diagnosis of IgE mediated food allergy to Xolair
  - Add criteria for diagnosis of COPD to Dupixent

**Board Decision: Approved** 

 Dermatological Agents Recommendation:



- Move Opzelura to preferred after clinical criteria are met

**Board Decision: Approved** 

 Movement Disorders Recommendation:

- Move tetrabenazine to preferred

**Board Decision: Approved** 

- Multiple Sclerosis Medications Recommendation:
  - Update Glatiramer, Glatopa criteria

**Board Decision: Approved** 

- Botulinum Toxins Recommendation:
  - Move Botox and Dysport to preferred after clinical criteria are met

**Board Decision: Approved** 

Ophthalmics

Recommendation:

- Move Flarex to non-preferred
- Move Eysuvis to preferred
- Move Acular LS, Flubiprofen, Nevanac to preferred

Board Decision: Approved

- Pulmonary Arterial Hypertension Medications Recommendation:
  - Move Sildenafil suspension to preferred

Board Decision: Approved

- Sickle Cell Disease Therapies Recommendation:
  - Remove Oxbryta from PDL

**Board Decision: Approved** 



- Hypothyroid Agents Recommendation:
  - Move Ermeza to preferred after clinical criteria are met

**Board Decision: Approved** 

- Urinary Antispasmodics Recommendation:
  - Move Toviaz to non-preferred

**Board Decision: Approved** 

- Vaginal Anti-infectives Recommendation:
  - Move Cleocin vaginal cream 2% to preferred
  - Move Xaciato to preferred
  - Move clindamycin vaginal cream 2% to non-preferred

Board Decision: Approved

- General Announcements
  - None at this time.
- Adjourn

8:02 pm