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

June 20, 2023: 6:00 – 8:30 p.m.

Board Members Present:

	Andy Miller, RPH		**Lucy Miller, MD**		**Douglas Franzoni, PharmD**
	Joseph Nasca, MD		**Margot Kagan, Pharm D**		**Katharina Cahill, PharmD**
	Mark Pasanen, MD		**Anne Daly, PharmD**		**Claudia Berger, MD**

Board Members Absent:

	Joseph Nasca, MD				

DVHA Staff Present:

	Carrie Germaine		**Lisa Hurteau, PharmD**		
	Taylor Robichaud, PharmD		**Ashley MacWalters**		

Change Healthcare Staff Present:

	Jeffrey Barkin, MD		**Laurie Brady, RPh**		**Mike Ouellette, RPh**

Guests/Members of the Public: Jim Pitt, Beth D'Ambrosio, Adam Denman, Alain Nguyen, Annie Guest, Kristin Chopas, Evie Kinsely, Lindsey Walter, Melissa Abbott, Michael Gitomer, Nikhil Kacker, Pam Storey, Paul Sparks, Robin Desmarais, Steven Patterson, Edward MacMillan, Sejal Patel, Megan Walsh, Tim McSherry, Erin Booth, Joe Ward

- **Executive Session**
- **Introductions and 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/DUR**
  - Introduce: "Triple Therapy": Opioids, Benzodiazepines, and Skeletal Muscle Relaxants
  - Data presentation: Adherence to Heart Failure Medications

- **Clinical Update: Drug Reviews**

Biosimilar Drug Reviews

- Rezvoglar® (interchangeable with Lantus will be reviewed in Hypoglycemics, Insulin TCR)

Full New Drug Reviews

- Ermeza® (levothyroxine) oral solution

  Recommendation:

- Add New sub-category Hypothyroid Agents within Miscellaneous PDL category.
- Add Armour Thyroid tablet, Euthyrox® (levothyroxine) tablet, Levothyroxine tablet, Levoxyl® (levothyroxine) tablet, Liothyronine (compare to Cytomel®) tablet, NP Thyroid® (thyroid) tablet, and Unithroid® (levothyroxine) tablet to preferred.
- Add Cytomel® (liothyronine) tablet, Ermeza™ (levothyroxine) oral solution, Levothyroxine capsule (compare to Tirosint®), Synthroid® (levothyroxine) tablet, Thyquidity™ (levothyroxine) oral solution, Tirosint® (levothyroxine) capsule, Tirosint®-Sol (levothyroxine) oral solution to non-preferred (Note: will grandfather existing users of Tirosint® capsules).

Board Decision:
☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred

- Hemgenix® (etranacogene dezaparvovec-drlb)

Recommendation:
- Add new sub-category Gene Therapy within Hemophilia Treatments PDL category. Note that all products require PA.
- Add Hemgenix® (etranacogene dezaparvovec-drlb) to non-preferred.

Board Decision:
☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred

- Sunlenca® (lenacapavir sodium)

Recommendation:
- Add new sub-category Treatment Resistant Therapies to Antiretroviral Therapy PDL category. Note that all products require PA.
- Add Sunlenca® (lenacapavir sodium) to non-preferred.
- Move Trogarzo® (ibalizumab-uiyk) with QTY LIMIT: 10 vials (2000 mg) x 1 dose then 4 vials (800 mg) every 14 days thereafter to non-preferred.
- Move Rukobia® (fostemsavir) with QTY LIMIT = 2 tablets per day to non-preferred.

Board Decision:
☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred

- Tepezza® (teprotumumab-trbw)

  Recommendation:
  - Add Tepezza® (teprotumumab-trbw) vial for IV infusion to non-preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Tzield® (teplizumab-mzwv)

  Recommendation:
  - Add new sub-category CD3 Monoclonal Antibody to Miscellaneous PDL category. Note that all products require PA.
  - Add Tzield™ (teplizumab-mzwv) vial for IV infusion to non-preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Xelstrym® (dextroamphetamine) patch

  Recommendation:
  - Add Xelstrym™ (dextroamphetamine patch) with QTY LIMIT: 1 patch/day to non-preferred.
  - Add Dyanavel® XR (amphetamine/dextroamphetamine SR) chewable tablet to non-preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Zonisade® (zonisamide)

  Recommendation:
  - Add Topiramate SR 24hr (compare to Trokendi®) capsules with QTY LIMIT: 200 mg = 2 caps/day; all other strengths = 1 cap/day to non-preferred.
  - Add Zonisade™ (zonisamide) suspension to non-preferred.

  Board Decision:

☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred

- **New Managed Therapeutic Drug Classes**
  - None at this time

- **Therapeutic Drug Classes – Periodic Review**
  - Antifungals, Oral

    Recommendation:
    - Add Noxafil ® (posaconazole) DR Powder packets to non-preferred.
    - Add Posaconazole oral suspension (compare to Noxafil®) to non-preferred.

    Board Decision:
    ☒ Approved
    ☐ Approved with modifications
    ☐ Not approved
    ☐ Deferred

  - Antifungals, Topical

    Recommendation:
    - Move Jublia® (efinaconazole 10% solution) with QTY LIMIT: 48 weeks treatment, Tavaborole solution with QTY LIMIT: 48 weeks treatment, Econazole 1% Cream, and Butenafine (compare to Mentax®) 1% Cream to preferred.
    - Remove Ciclodan® (ciclopirox) Cream and Oxistat® (oxiconazole) cream from the PDL. They are no longer available.

    Board Decision:
    ☒ Approved
    ☐ Approved with modifications
    ☐ Not approved
    ☐ Deferred
    ☒ None needed

  - Bone Resorption Inhibitors & Related Agents

    Recommendation:
    - Remove Boniva® (ibandronate) tablets and injection from the PDL. They are no longer available.
    - Move Ibandronate with QTY LIMIT: 150 mg = 1 tablet/28 days to preferred.

    Board Decision:

☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred
☐ None needed

- Hypoglycemics, Incretin Mimetics/Enhancers & SGLT2-Inhibitors

Recommendation:

Anti-Diabetics/DPP-4 Inhibitors and Combinations

- Remove clinical criteria for preferred agents.
- Add Alogliptan/metformin (compare to Kazano®) with QTY LIMIT: 1 tab/day and Alogliptin/pioglitazone (compare to Oseni®) with QTY LIMIT: 1 tab/day to non-preferred.
- Move Jentadueto® XR (linagliptan/metformin ER) and Onglyza® (saxagliptin) to preferred.

Anti-Diabetics/GLP-1 Receptor Agonists

- No changes

Anti-Diabetics/SGLT2 Inhibitors and Combinations

- Move Xigduo XR® (dapagliflozin & metformin ER) with QTY LIMIT: 5/1000 mg = 2/day; all other strengths = 1/day to non-preferred.

Board Decision:
☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred
☐None needed

- Hypoglycemics, Insulin

Recommendation:

- Move Insulin Lispro (compare to Humalog®), Toujeo® Max (insulin glargine), and Insulin Aspart Protamine/aspart 70/30 (compare to Novolog Mix 70/30®) to preferred.
- Add Insulin Degludec (compare to Tresiba®), Insulin Glargine (compare to Lantus®), Insulin Glargine-yfgn (compare to Semglee®), and Rezvoglar™ (insulin glargine-aglr) to non-preferred.

Board Decision:
☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred
☐ None needed

- Hypoglycemics, Other

  Recommendation:
  - Move Miglitol to non-preferred.
  - Remove Precose® (acarbose), Fortamet® (metformin ER Osmotic), and Glucotrol® (glipizide) from the PDL. They are no longer available.
  - Move pioglitazone to preferred (clinical criteria no longer apply).

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- Multiple Sclerosis Agents

  Recommendation:
  - Move Aubagio® (teriflunamide) tablet with QTY LIMIT: 1 tablet/day; Maximum 30-day supply per fill to non-preferred. Add Teriflunomide (compare to Aubagio®) with QTY LIMIT: 1 tablet/day; Maximum 30-day supply per fill to preferred.
  - Move Gilenya® (fingolimod) capsule with QTY LIMIT: 1 capsule/day; Maximum 30-day supply per fill to non-preferred. Add Fingolimod capsule (compare to Gilenya®) with QTY LIMIT: 1 capsule/day; Maximum 30-day supply per fill to preferred.
  - Add Briumvi™ (ublituximab-xiiy) to non-preferred.
  - Add Tascenso ODT® (fingolimod) to non-preferred.

  Board Decision:
  ☒ Approved
  ☐ Approved with modifications
  ☐ Not approved
  ☐ Deferred

- **Review of Newly-Developed/Revised Criteria**
  - Continuous Glucose Monitoring

    Recommendation:
    - Add Dexcom G7 to preferred with the following limits: Initial prescription: 1 receiver, 9 sensors; Refill Quantity Limits: 1 sensor every 10 days (maximum of 9 sensors every 90 days).
    - Remove Freestyle Libre Pro 10-day sensors from the PDL. They have been discontinued.

- Add Medtronic 780G Guardian 4 to non-preferred with the following limits: Initial Prescription: 1 transmitter, 5 sensors; Refill Quantity Limits: 1 transmitter every year, 1 sensor every 7 days (maximum of 5 sensors every 35 days)

Board Decision:
☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred

- Opioid Use Disorder Treatment

Recommendation:
- Updates to clinical criteria.

Board Decision:
☐ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred
☒ None needed

- **General Announcements**
  - None at this time
- **Adjourn** **8:25 pm**