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

June 21, 2022: 6:00 – 8:30 p.m.

- **Board Members**
  Present: Mark Pasanen, MD, Bill Breen, RPH, Andy Miller, RPH, Douglas Franzoni, PharmD, Renee Mosier, PharmD, Margot Kagan, Pharm D

  Absent: Claudia Berger, MD, Lucy Miller, MD, Joe Nasca, MD

  Staff: Laurie Brady, RPh, Change Healthcare, Lisa Hurteau, PharmD, DVHA, Stacey Baker, DVHA Carrie Germaine, DVHA, Marietta Scholten, DVHA, Laureen Biczak, DO, Change Healthcare

  Guests: Adam Denman (Global Blood Therapeutics), Folger Tuggle (Alnylam Pharmaceuticals), Paul Amato (Viiv Healthcare), Lindsey Walter (Novartis), Taylor Robichaud, Santreis Booze (Global Blood Therapeutics), Beth D'Ambrosio (Novartis), Kristen Chopas (Gilead), Janet R., Lisa Libera (Teva Pharmaceuticals), Steven Patterson (Neurelis), Alain Nguyen (Gilead), Eric Sherr (Viiv Healthcare)

- **Executive Session**

- **Introductions and Approval of DUR Board Minutes**

- **DVHA Pharmacy Administration Updates**

- **Medical Director Update**

- **Follow-up Items from Previous Meetings**
  - None at this time.

- **RetroDUR/DUR**
  - Data presentation: Concurrent Use of GLP-1 Receptor Agonists and DPP-4 Inhibitors
  - Introduce: Metabolic Monitoring for Children and Adolescents on Antipsychotics

- **Clinical Update: Drug Reviews**

  Biosimilar Drug Reviews
  - None at this time.

  Full New Drug Reviews
  - Apretude® (cabotegravir)

    Recommendation: Add new sub-category Pre-exposure Prophylaxis (PrEP). Add Apretude® (cabotegravir extended-release) 600mg/3 mL IM injection, Descovy® (emtricitabine/tenofovir AF) 200mg/25mg tablet, and Emtricitabine/Tenofovir DF

(compare to Truvada®) 200mg/300mg tablet to preferred. Add Truvada® (Emtricitabine/Tenofovir DF) 200mg/300 mg tablet to non-preferred.

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

- Livtencity® (maribavir)

  Recommendation: Add Livtencity® (maribavir) to non-preferred.

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

- Voxzogo® (vosoritide)

  Recommendation: Add new sub-category Achondroplasia Treatments with note that all products require PA. Add Voxzogo® (vosoritide) to non-preferred.

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

- Vuity® (pilocarpine)

  Recommendation: Add new sub-category Presbyopia Agents. Add Vuity® (pilocarpine 1.25% solution) 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**
  - Anticonvulsants (new drug Eprontia® (topiramate solution) included)

Recommendation: Add Eprontia ™ (topiramate) oral solution to non-preferred. Remove Peganone® (ethotoin) tablets. They have been discontinued. Add Lacosamide (compare to Vimpat®) tablets and oral solution to preferred. Move Levetiracetam ER tablets to preferred. Move Topiramate ER sprinkle caps to non-preferred with grandfathering of existing users.

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

- Ophthalmic Antibiotics

  Recommendation: Remove Moxeza® (moxifloxacin 0.5%) (preservative free) solution. It has been discontinued. Add Moxifloxacin 0.5% (compare to Moxeza®) (preservative free) solution to non-preferred.

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

- Ophthalmic Allergic Conjunctivitis

  Recommendation: Add Bepotastine (compare to Bepreve®) to non-preferred.

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

- Ophthalmic Glaucoma Agents

  Recommendation: Add Brimonidine tartrate/timolol maleate (compare to Combigan®) and Travoprost BAK Free (compare to Travatan Z®) to non-preferred.

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

- Ophthalmic Dry Eye Agents

  Recommendation: None at this time.

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

- Ophthalmic Anti-Inflammatory

  Recommendation: Add Difluprednate (compare to Durezol®) to non-preferred.

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

- Stimulants and Related Agents

  Recommendation:

  ADHD and Narcolepsy /Long-Acting Stimulants: Move FOCALIN® XR (dexmethylphenidate SR 24 HRIR/ER, 50:50%) to non-preferred. Add Methylphenidate DR 24HR IR/ER, 40:60% (compare to Aptensio® XR) to non-preferred. Add Relexxii® 72mg (methylphenidate ER OSM) IR/ER, 22:78% to non-preferred.

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

- Sickle Cell Anemia

  Recommendation: Add Oxbryta® 300mg tablets for oral suspension to non-preferred.

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

☐ Deferred

- **Review of Newly-Developed/Revised Criteria**
  - None at this time.

- **General Announcements**

  Selected FDA Safety Alerts
  - None at this time.

- **Adjourn** **8:00 pm**