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

May 9, 2023: 6:00 – 8:30 p.m.

Board Members Present:

	Andy Miller, RPH		**Lucy Miller, MD**		**Douglas Franzoni, PharmD**
	Claudia Berger, MD		**Anne Daly, PharmD**		**Katharina Cahill, PharmD**

Board Members Absent:

	Mark Pasanen, MD		**Joseph Nasca, MD**		**Margot Kagan, Pharm D**

DVHA Staff Present:

	Ashley MacWalters		**Lisa Hurteau, PharmD**		**Stacey Baker**
	Taylor Robichaud, PharmD				

Change Healthcare Staff Present:

	Laureen Biczak, DO		**Laurie Brady, RPh**		**Mike Ouellette, RPh**

Guests/Members of the Public: Alain Nguyen, Nicholas Boyer, Zachariah Thomas, Scott Mills, Timothy McSherry, Megan Walsh, Annie Vong, Kristen Chopas, Dennis Cole, Nicholas Primpas, Joseph Ward, Deep Patel

- **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: Chronic Use of Sedatives/Hypnotics
  - Data presentation: Use of Warfarin with Antibiotics

- **Clinical Update: Drug Reviews**

  Biosimilar Drug Reviews
  - Fylnetra® (pegfilgrastim-pbbk) biosimilar to Neulasta
  - Stimufend® (pegfilgrastim-fpgk) biosimilar to Neulasta

  Recommendation:
  - Add Fylnetra® (pegfilgrastim-pbbk) to non-preferred.
  - Add Stimufend® (pegfilgrastim-fpgk) to non-preferred.

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

Full New Drug Reviews

- Auvelity® (dextromethorphan- bupropion)

  Recommendation:
  - Add Auvelity™ (bupropion/dextromethorphan) with QTY LIMT: 2 tablets/day to non-preferred.
  - Add Vilazodone (compare to Viibryd®) with QTY LIMIT: 1 tablet/day to non-preferred.
  - Move Viibryd® (vilazodone) Tablet (Age ≥ 18 years) with FDA maximum recommended dose 40 mg/day to preferred.

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

- Relyvrio® (sodium phenylbutyrate and taurursodiol)

  Recommendation:
  - Add Relyvrio™ (sodium phenylbutyrate/taurursodiol) powder for suspension with QTY LIMIT: 2 packets/day to non-preferred.

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

- Rolvedon® (eflapegrastim-xnst)

  Recommendation:
  - Add Rolvedon® (eflapegrastim-xnst) to non-preferred.

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

- Ryaltris® (olopatadine hydrochloride and mometasone)

  Recommendation:
  - Add Ryaltris® (olopatadine/mometasone) with QTY LIMIT: 1 bottle (29 gm)/30days to non-preferred.

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

- Xaciato Gel® (clindamycin phosphate)

  Recommendation:
  - Add Xaciato™ (clindamycin vaginal gel 2%) 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**
  - Analgesics: Short Acting Opioids

    Recommendation:
    - Remove Hydrocodone-Acetaminophen solution 10-325 Mg/15ml, Pentazocine w/acetaminophen, and Ultracet® (tramadol w/ acetaminophen) from the PDL. They have been discontinued.
    - Add Tramadol oral solution 5mg/ml to non-preferred.

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

  - Analgesics: Long Acting Opioids

    Recommendation:

- Remove Zohydro ER® (hydrocodone bitartrate) from the PDL. It has been discontinued.

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

- Antipsychotics

Recommendation:
Antipsychotics/Atypical and Combination (Children < 18 years old)

- Remove QTY LIMIT for preferred tablet formulations of aripiprazole and olanzapine aside from highest dosage form to correlate with FDA maximum recommended dose.
- Add Lurasidone (compare to Latuda®) with FDA maximum recommended dose = 80 mg/day to preferred
- Move Quetiapine ER (compare to Seroquel® XR) with FDA maximum recommended dose = 800 mg/day to preferred.
- Move Paliperidone (compare to Invega®) with FDA maximum recommended dose = 12 mg/day to preferred.

Antipsychotics/Atypical and Combination (Adults)

- Remove QTY LIMIT for preferred tablet formulations of aripiprazole and olanzapine aside from highest dosage form to correlate with FDA maximum recommended dose.
- Add Lurasidone (compare to Latuda®) with FDA maximum recommended dose = 160 mg/day to preferred
- Move Quetiapine ER (compare to Seroquel® XR) with FDA maximum recommended dose = 800 mg/day to preferred.
- Move Paliperidone (compare to Invega®) with FDA maximum recommended dose = 12 mg/day to preferred.
- Move Olanzapine intramuscular injection (compare to Zyprexa® IM) with FDA maximum recommended dose = 30 mg/day and Zyprexa® IM (olanzapine intramuscular injection) with FDA maximum recommended dose = 30 mg/day to preferred.

Antipsychotics/Typical

- No changes

Board Decision:
☒ Approved

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

- Epinephrine Autoinjectors

  Recommendation:
  - Add Auvi-Q® Inj 0.1mg, 0.15mg, and 0.3mg to non-preferred.

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

- Hepatitis B

  Recommendation:
  - Remove Epivir-HBV® (lamivudine) and Hepsera® (adefovir dipivoxil) from the PDL. They are no longer available.
  - Add Viread® (tenofovir disoproxil fumarate) powder to non-preferred. Note that the tablet formulation will remain preferred.

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

- Hepatitis C

  Recommendation:
  - Remove Peg-intron/Peg-intron Redipen (peginterferon alfa-2b) and Viekira PAK® (ombitasvir, paritaprevir, ritonavir tablet with dasabuvir tablet) from the PDL. They have been discontinued.
  - Move Pegasys® (peginterferon alfa-2a) with QTY LIMIT: 4 vials or syringes/28 days to preferred.

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

☐ Deferred

- Neuropathic Pain/Fibromyalgia

  Recommendation:
  - Move Savella® (milnacipran) tablet and titration pack with QTY LIMIT: 2 tablets/day to preferred.
  - Add Pregabalin extended release (compare to Lyrica® CR) with FDA maximum recommended dose = 330 mg/day (DPN), 660 MG/day (PHN) to non-preferred.
  - Remove Synera® (lidocaine/tetracaine) Patch. It is no longer rebateable.

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

- PAH (new drug Tadliq® (tadalafil) included)

  Recommendation:
  - Move Ambrisentan (compare to Letairis®) with QTY LIMIT: 1 tablet/day to preferred.
  - Move Letairis® (ambrisentan) tablet with QTY LIMIT: 1 tablet/day to non-preferred.
  - Move Bosentan (compare to Tracleer®) with QTY LIMIT: 2 tablets/day to preferred.
  - Move Tracleer® (bosentan) tablet (62.5 mg, 125 mg) with QTY LIMIT: 2 tablets/day to non-preferred.
  - Move Tyvaso® (Treprostinil) inhalation solution and Ventavis® (iloprost) inhalation solution to non-preferred with grandfathering of existing patients.
  - Add Sildenafil (compare to Revatio ®) suspension, Sildenafil (compare to Revatio®) vial, and Tadliq® (tadalafil) suspension to non-preferred.
  - Add Tyvaso® DPI (treprostinil) powder for inhalation to non-preferred.

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

- Topical Corticosteroids

  Recommendation:

  Low Potency

- Move Desonide 0.05% Cream and Ointment to preferred.
- Remove Capex® (fluocinolone) 0.01% shampoo from the PDL. It is no longer rebateable.
- Remove Desonate® (desonide) 0.05% Gel. It has been discontinued.

Medium Potency

- Remove Beser™ (fluticasone) 0.05% Lotion and Cutivate® (fluticasone) 0.05% Lotion. They have been discontinued.
- Remove Sernivo® (betamethasone dipropionate) 0.05% Spray. It is no longer rebateable.

High Potency

- Remove Amcinonide 0.1% ointment, lotion. They are no longer rebateable.
- Remove Diprolene ® AF (augmented betamethasone) 0.05% Cream, Lotion. They have been discontinued.
- Move Desoximetasone 0.05% Gel to non-preferred.

Very High Potency

- Move Clobetasol 0.05% Foam and Shampoo to preferred.
- Remove Clobex® (clobetasol propionate) 0.05% Lotion, Shampoo, Spray, Diprolene® AF 0.05% Cream, Temovate® (clobetasol propionate) 0.05% Cream, Ointment, and Ultravate® (halobetasol propionate) 0.05% Cream, Ointment. They have been discontinued.

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

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

- **General Announcements**
  - FDA announces new safety label changes for opioid pain medicines https://www.fda.gov/drugs/drug-safety-and-availability/fda-announces-new-safety-label-changes-opioid-pain-medicines

  - FDA Commissioner and Chief Scientist Announce Decision to Withdraw Approval of Makena https://www.fda.gov/news-events/press-announcements/fda-commissioner-and-chief-scientist-announce-decision-withdraw-approval-makena.

- **Adjourn** **8:12 pm**