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

June 25, 2024: 6:00 – 8:30 p.m.

Board Members Present:

	Andy Miller, RPH		**Anne Daly, PharmD**		**Douglas Franzoni, PharmD**
	Katharina Cahill, PharmD		**Mark Pasanen, MD**		**Louise Rosales, APRN**
	Margot Kagan, Pharm D				

Board Members Absent:

	Rima Carlson, MD		**Lucy Miller, MD**		**Bram Starr, MD**

DVHA Staff Present:

	Stacey Baker		**Lisa Hurteau, PharmD**		
	Taylor Robichaud, PharmD		**Michael Rapaport, MD**		**Ashley MacWalters**

Change Healthcare Staff Present:

	Jacquelyn Hedlund, MD		**Mike Ouellette, RPh**		**Molly Trayah, PharmD**

Guests/Members of the Public:

Omer Aziz , Erin Booth, Adam Bradshaw, Kristen Chopas, Adam Denman, Ronnie Depue, Susan Donnelly, Brielle Dozier, Kim Eggert, Kevin Gaffney, Paul Isikwe , Jessica Kritzman, Tim McSherry, Rick Melbye, John Meyer, Ryan Miller, Dan O'Donnell, Nimesh Patel, Shirley Quach, Laurie Ritchie, Annie Vong, Lindsey Walter, Chris Willis, Michael-Charles Tulumello

- **Executive Session**
- **Introductions and Approval of DUR Board Minutes**
  The Board voted to approve the draft proposed minutes from the previous meeting.
- **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.

- **Clinical Update: Drug Reviews**

  Biosimilar Drug Reviews
  - Simlandi® (adalimumab-ryvk)
  - Tyenne® (tocilizumab-aazg)

Recommendation: Criteria will be discussed in the Cytokine & CAM Antagonists therapeutic drug class

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

Full New Drug Reviews

- Voquezna® (vonoprazan)

  Recommendation:
  - Add Voquezna® (vonoprazan) QTY LIMIT: 20mg tablets=1 tablet/day for a max of 8 weeks then 10 mg tablets=1tablet/day for a max of 6 months to non-preferred to the Proton Pump Inhibitors PDL category.
  - Add Voquezna® Dual Pack (vonoprazan, amoxicillin) QTY LIMIT: 112 caps & tabs/14 days and Voquezna® Triple Pack (vonoprazan, amoxicillin, clarithromycin) QTY LIMIT: 112 caps & tabs/14 days to non-preferred in the H. Pylori combination therapy PDL category.

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

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

- **Therapeutic Drug Classes – Periodic Review**
  - Antibiotics, Topical

    Recommendation: No changes

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

  - Antibiotics, Vaginal

    Recommendation: Move Clindesse® (clindamycin vaginal cream 2%) to non-preferred

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

- Anticoagulants

  Recommendation: No changes.

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

- Anticonvulsants

  Recommendation:
  - Add Motpoly XR™ (lacosamide ER) capsule QTY LIMIT: 100 mg capsules = 1/day, 150 mg and 200 mg capsules = 2/day to non-preferred.
  - Move Tegretol XR® (carbamazepine) 200 mg and 400 mg strengths to preferred

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

- Antidepressants, Other

  Recommendation:
  - Add Zurzuvae™ (zuranolone) capsule, FDA maximum recommended dose = 50 mg/day, Max approval of 14 days to non-preferred.
  - Move Vilazodone (compare to Viibryd®) Tablet (Age ≥ 18 years) QTY LIMIT: 1 tablet/day FDA maximum recommended dose = 40 mg/day to preferred.
  - Move Viibryd® (vilazodone) Tablet (Age ≥ 18 years) QTY LIMIT: 1 tablet/day FDA maximum recommended dose = 40 mg/day to non-preferred.
  - Move Amoxapine to non-preferred
  - Move Clomipramine to preferred

  Board Decision:

☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred

- Antidepressants, SSRIs

  Recommendation: Add Citalopram capsule QTY LIMIT: 1 capsule/day to non-preferred.

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

- Anti-Parkinson's Agents

  Recommendation: No changes.

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

- Cytokine & CAM Antagonists (included Bimzelx® (bimekizumab-bkzx), Zymfentra™ (infliximab-dyyb)), Omvoh™ (mirikizumab-mrkz), Velsipity™ (etrasimod))
  - Ankylosing Spondylitis

    Recommendation: Add Simlandi® (adalimumab-ryvk) biosimilar to Humira® to non-preferred.

  - Cryopyrin Associated Periodic Syndromes (CAPS) and Periodic Fever Syndrome (PFS)

    Recommendation: No change

  - Gastrointestinal- Inflammatory Bowel Disease Biologics

    Recommendation:
    - Add Omvoh™ (mirikizumab-mrkz) QTY LIMIT: 200 mg (2ml) prefilled syringe or autoinjector/28 days after initial IV loading dose to non-preferred, Simlandi® (adalimumab-ryvk) biosimilar to Humira®, Zymfentra™ (infliximab-dyyb) QTY LIMIT: 240 mg (2ml) prefilled syringe

or pen/28 days and Velsipity® (etrasimod) tablets QTY LIMIT: 1 tablet/day Maximum 30 days supply to non-preferred.

- Hidradenitis Suppurativa

  Recommendation: Add Cosentyx® (secukinumab), Idacio® (adalimumab-aacf) biosimilar to Humira®, and Simlandi® (adalimumab-ryvk) biosimilar to Humira® to non-preferred.

- Psoriasis: Biologics

  Recommendation: Add Bimzelx® (bimekizumab-bkzx) QTY LIMIT: 320 mg (2 syringes or autoinjectors)/28 days for the first 4 months, then 160 mg (1ml) or 320 mg (2ml)/56 days thereafter. 320 mg (2 ml)/28 days maintenance dose only permitted if patient weight > 120 kg
  Add Simlandi® (adalimumab-ryvk) biosimilar to Humira® to non-preferred.

- Rheumatoid, Juvenile & Psoriatic Arthritis: Immunomodulators

  Recommendation: Update length of authorization for category to: Initial PA 3 months; 12 months thereafter. Add Simlandi® (adalimumab-ryvk) biosimilar to Humira® and Tyenne® (tocilizumab-aazg) biosimilar to Actemra® to non-preferred.

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

- Sickle Cell Anemia (included Casgevy (exagamglogene automcel), Lyfgenia (lovotibeglogene autotemcel))

  Recommendation: Add Casgevy™ (exagamglogene autotemcel) and Lyfgenia™ (lovotibeglogene autotemcel) to non-preferred.

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

- Stimulants & Related Agents

  ADHD and Narcolepsy Cataplexy Medications

Recommendation: Move FOCALIN® XR (dexmethylphenidate SR 24 HR) to preferred.

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

- Vaginal Antifungals

  Recommendation: No changes.

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

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

- **General Announcements**
  - None at this time.

- **Adjourn** **9:15 pm**