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

September 12, 2023: 6:00 – 8:30 p.m.

Board Members Present:

	Andy Miller, RPH		**Lucy Miller, MD**		
	Bram Starr, MD		**Margot Kagan, Pharm D**		
	Katharina Cahill, PharmD		**Anne Daly, PharmD**		

Board Members Absent:

	Mark Pasanen, MD		**Douglas Franzoni, PharmD**		

DVHA Staff Present:

	Carrie Germaine		**Lisa Hurteau, PharmD**		**Sandi Hoffman, MSW**
	Taylor Robichaud, PharmD		**Ashley MacWalters**		**Michael Rapaport, MD**

Change Healthcare Staff Present:

	Jacqueline Hedlund, MD		**Laurie Brady, RPh**		**Carla Quinlivan**

Guests/Members of the Public: Omer Aziz, Mark Douglass, Franco Casagrande, Allison Roark, Kushal Bhatt, Matthew Stryker, Paul Miner, Basmina Parmakhtiar, Claire Judkins, Beth D'Amrosio Dalia Moufarreg-Petosa, Frank Lanotte, Jim McCarthy, Lucie Garand, Melissa Abbott, Nicholas Boyer Nikhil Kacker, Amy Cunningham, Ryan Miller, Collin Sinclair, Joe Ward, John Meyer, Jim Pitt, Laura Goldie, Lisa Dunn, Brett White

- **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: Proposed RetroDUR topics for 2024
  - Data presentation: Chronic Use of Sedatives/Hypnotics

- **Clinical Update: Drug Reviews**

  Biosimilar Drug Reviews

  Full New Drug Reviews
  - Altuviiio® (antihemophilic factor (recombinant) Fc-VWF-XTEN fusion protein-ehtl)

    Recommendation:

- Add Altuviiio™ (antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl) to non-preferred.
- Move Nuwiq® and Kovaltry® to preferred.

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

- Atorvaliq® (atorvastatin calcium)

Recommendation:
- Add Atorvaliq® (atorvastatin) oral suspension to non-preferred.

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

- Austedo XR® (deutetrabenazine)

Recommendation:
- Add Austedo XR® (deutetrabenazine) extended-release tablets with QTY LIMIT: 6 mg and 12 mg = 1 tablet/day; 24 mg = 2 tablets/day; Starter pack = 42 tablets/28 days; Maximum 1-month supply per fill to preferred after clinical criteria are met.

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

- Brixadi™ (buprenorphine) extended-release injection

Recommendation:
- Add Brixadil® (buprenorphine extended-release) injection WEEKLY with QTY LIMIT: 1 syringe per week; maximum days' supply 28 days (Note: Two 8 mg syringes may be approved for initial titration purposes in patients not currently receiving buprenorphine) and Brixadi® (buprenorphine extended-release) injection MONTHLY with QTY LIMIT: 1 syringe per month to preferred.
- Move Sublocade® (buprenorphine extended-release) injection with QTY LIMIT: 300mg 1 injection per month for a maximum of 2 months then 100mg 1 injection per month thereafter to preferred.

- Increase the maximum daily dose for buprenorphine/naloxone tablets and Suboxone® (buprenorphine/naloxone) films to 24mg per day. PA required for over 24mg per day.

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

- Daybue® (trofinetide)

  Recommendation:
- Add Daybue™ (trofinetide) solution with QTY LIMIT: 120 mL/day to non-preferred.

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

- Filspari® (sparsentan)

  Recommendation:
- Add Filspari™ (sparsentan) tablet with QTY LIMIT: 1 tablet/day to non-preferred.

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

- Leqembi® (lecanemab-irmb)

  Recommendation:
- Add Leqembi® (lecanemab) IV solution to non-preferred.

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

- Pradaxa Pellets® (dabigatran etexilate)

  Recommendation:

- Remove quantity limits for preferred agents (Pradaxa capsules, Eliquis tablets, and Xarelto tablets)
- Add Dabigatran Etexilate (compare to Pradaxa®) capsules, Pradaxa® (dabigatran etexilate) oral pellets, and Xarelto® (rivaroxaban) oral 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**
  - Androgenic Agents

Recommendation:
- Remove Jatenzo (testosterone undecanoate) capsules. They are no longer rebateable.
- Move Testosterone 2% solution 90ml Pump Bottle to preferred.

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

  - Antiemetics (new drug Aponvie® (aprepitant) included)

Recommendation:
- Add Aponvie® (aprepitant) injection to preferred.
- Remove quantity limits for ondansetron tablets and ODT.
- Remove Zofran® (ondansetron) tablets, Zuplenz® (ondansetron) oral soluble films, Varubi® (rolapitant), and Cesamet® (nabilone) from the PDL. Varubi is no longer rebateable, and the others have been discontinued.
- Move Palonosetron injection to preferred
- Move Granisetron Injection to preferred.

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

- Pulmonary Agents

  Recommendation:

Bronchodilators: Beta Agonists
- Remove Proventil® HFA (albuterol), Xopenex® (levalbuterol) nebulizer solution, and Albuterol ER Tablets from the PDL. They have been discontinued.
- Move Xopenex® HFA (levalbuterol) to preferred.
- Move Albuterol HFA (Teva labeler code 00093 only) to preferred.

COPD Agents
- Remove Lonhala® Magnair (glycopyrollate) inhalation solution from the PDL. It was discontinued.
- Update quantity limit for Incruse Ellipta to reflect 90-day maintenance supply.

Inhaled Glucocorticoids
- Move Airduo Respiclick® (fluticasone/salmeterol) with QTY LIMIT: 3 inhalers/90 days to preferred.
- Add Fluticasone furoate/vilanterol (compare to Breo Ellipta®) with QTY LIMIT: 3 inhalers (180 blisters)/90 days to non-preferred.

PDE-4 Inhibitors
- Add Roflumilast (compare to Daliresp®) tablet with QTY LIMIT: 1 tablet/day to non-preferred.

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

- Growth Hormones (new drug Sogroya® (somapacitan-beco) included)

  Recommendation:
- Add Sogroya® (somapacitan-beco) to non-preferred.

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

- Immunologic Therapies for Asthma

Recommendation:

- Move Fasenra® (benralizumab) subcutaneous Injection, pre-filled syringe and auto-injector pen with QTY LIMIT: 1 mL every 28 days for 3 doses then 1 mL every 56 days to non-preferred with grandfathering.
- Move Nucala® (mepolizumab) auto-injector pen with QTY LIMIT: 1mL every 28 days to preferred after clinical criteria are met.

Board Decision:

☒ Approved
☐ Approved with modifications
☐ Not approved
☐ Deferred

- **Review of Newly-Developed/Revised Criteria**
  - The Advisory Committee on Immunization Practices (ACIP) voted that people with egg-allergy may receive any flu vaccine (egg-based or non-egg based) that is otherwise appropriate for their age and health status. Additional safety measures are no longer recommended for flu vaccination beyond those recommended for receipt of any vaccine.

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

- **Adjourn** **8:30 pm**