



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

December 5, 2023: 6:00 – 8:30 p.m.

Board Members Present:

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

Board Members Absent: N/A

DVHA Staff Present:

Carrie Germaine	Lisa Hurteau, PharmD	Ashley MacWalters
Taylor Robichaud, PharmD	Michael Rapaport, MD	

Change Healthcare Staff Present:

Jacquelyn Hedlund, MD	Laurie Brady, RPh	Mike Ouellette, RPh
Dan Hardin, SVP		

Guests/Members of the Public: Joseph Ward, Adam Denman, Amy Cunningham, Andrew Garcia, Anna Basoff, Bill Eicholzer, Bryan Dillon, Claire Judkins, Dennis Cole, Emily Flynn, Erin Booth, Evie Knisely, Fiona Cheung, Jamie Tobitt, Jennifer Tamburo, Jigna Bhalla, Jim Pitt, Kevin Mickune, Lauren Donovan, Lindsay Smith, Lindsey Walter, Marrisa Connor, Mike Zaborowski, Nicholas Boyer, NikhilKacker, Omer Aziz, Ryan Miller, Susan Donnelly, Timothy McSherry, Zpora Perry

- **Executive Session**
- **Introductions and Approval of DUR Board Minutes**
- **DVHA Pharmacy Administration Updates**
- **DVHA Chief Medical Officer Update**
- **Follow-up Items from Previous Meetings**

- Xeljanz® (tofacitinib) oral solution

Recommendation: Move Xeljanz® (tofacitinib) oral solution to preferred after clinical criteria are met.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Kesimpta® (ofatumumab)

Recommendation: Update to the clinical criteria proposed at the October meeting.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Cabenuva® (cabotegravir/rilpivirine)

Recommendation: Move Cabenuva® (cabotegravir/rilpivirine) Kit to preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- **RetroDUR/Pro DUR**

- Data presentation: “Triple Therapy”: Opioids, Benzodiazepines, and Skeletal Muscle Relaxants

- **Clinical Update: Drug Reviews**

- **Biosimilar Drug Reviews**

- None at this time.

- **Full New Drug Reviews**

- Abilify Asimtufii® (aripiprazole)

Recommendation:

- Add Abilify Asimtufii® (aripiprazole) with QTY LIMIT: 1 syringe/56 days; FDA maximum recommended dose = 960 mg/ 2 months to preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Uzedy® (risperidone)

Recommendation:

- Add Uzedy™ (risperidone) with QTY LIMIT: 250 mg (0.7 ml)/2 months to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Inpefa® (sotagliflozin)

Recommendation:

- Add Inpefa™ (sotagliflozin) with QTY LIMIT: 1 tab/day to non-preferred.
- Add Jardiance® (empagliflozin) to preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Liqrev® (sildenafil)

Recommendation:

- Add Liqrev® (sildenafil) suspension to non-preferred.
- Move Revatio® (sildenafil citrate) suspension to preferred after clinical criteria are met.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Qalsody® (tofersen)

Recommendation:

- Add Qalsody® (tofersen) injection with QTY LIMIT: 100 mg (15 ml) every 14 days x 3 doses and 100 mg (15 ml)/28 days thereafter to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Rebyota™ (fecal microbiota, live- jslm)

Recommendation:

- Add new PDL sub-category of *Clostridium Difficile* (*C. Diff*) Agents.

- Move Difucid® (fidaxomicin) tablet from macrolide class. Move Zinplava™ (bezlotoxumab) injection from miscellaneous class.
- Move Vancomycin (compare to Vancocin®) capsules to preferred.
- Move Firvanq™ (vancomycin HCl) powder for oral solution to preferred with QTY LIMIT: 1 bottle (150ml) per course of therapy. If more than 150ml is required, use of 300ml bottle is required.
- Add Rebyota™ (fecal microbiota, live-jslm) suspension to non-preferred with QTY LIMIT: 150 ml as a one-time dose.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Vowst™ (fecal microbiota spores, live-brpk)

Recommendation:

- Add Vowst™ (fecal microbiota spores, live-brpk) capsule with QTY LIMIT: 12 capsules/3 day supply to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Veozah™ (fezolinetant)

Recommendation:

- Add Veozah™ (fezolinetant) tablet with QTY LIMIT: 1 tablet/day to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Zavzpret™ (zavegepant)

Recommendation:

- Add Zavzpret™ (zavegepant) with QTY LIMIT: 8 units/30 days to non-preferred. Note that all nasal spray -gepants require PA.

Board Decision:

- Approved
- Approved with modifications

- Not approved
- Deferred

▪ **New Managed Therapeutic Drug Classes**

- Ophthalmic, Anti-VEGF and Miscellaneous Agents (new drug Syfovre® (pegcetacoplan) included)

Recommendation:

- Add new PDL Class Anti-VEGF and Miscellaneous Agents
- Add Eylea® (aflibercept) and Lucentis® (ranibizumab) to preferred.
- Add Beovu® (brolucizumab-dbll), Byooviz™ (ranibizumab-nuna) biosimilar to Lucentis®, Cimerli® (ranibizumab-eqrn) biosimilar to Lucentis®, Eylea® HD (aflibercept), Susvimo® (ranibizumab) implant, Syfovre® (pegcetacoplan) with QTY LIMIT: 15mg (0.1mL) per dose (each affected eye) every 25 days, and Vabysmo® (faricimab-svoa) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

▪ **Therapeutic Drug Classes – Periodic Review**

- Gastrointestinal Ulcer Therapies (new drug Konvomep® (omeprazole and sodium bicarbonate) included)

Recommendation:

H2 Blockers:

- Remove Cimetidine and Nizatidine oral solutions. They are no longer available.

PPIs and Combinations:

- Remove quantity limits for preferred capsules and tablets.
- Add Dexlansoprazole (compare to Dexilant®) capsules with QTY LIMIT: 1 cap/day to non-preferred.
- Add Konvomep® (omeprazole/sodium bicarbonate) oral suspension with QTY LIMIT: 8 weeks of therapy to non-preferred.
- Add Omeprazole/Sodium bicarbonate (compare to Zegerid®) packet for oral suspension with QTY LIMIT: 1 packet/day to non-preferred.
- Add Pantoprazole (compare to Protonix®) packet with QTY LIMIT: 1 packet/day to non-preferred.
- Add Zegerid RX® (omeprazole/sodium bicarbonate) packet for oral suspension with QTY LIMIT: 1 packet/day to non-preferred.
- Move Zegerid brand and omeprazole-sodium bicarbonate (oral) capsule to preferred with QTY LIMIT: 1 cap/day.
- Move Lansoprazole ODT (compare to Prevacid Solutab®) with QTY LIMIT: 1 tab/day to preferred for age < 12 years.



- Move Protonix® (pantoprazole) packet with QTY LIMIT: 1 packet/day to preferred for age < 12 years.
- Remove Aciphex® Sprinkle (rabeprazole) DR Capsules. They were discontinued by the manufacturer.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- H. Pylori Combination Treatments

Recommendation:

- Move Lansoprazole, Amoxicillin, Clarithromycin with QTY LIMIT: 112 caps & tabs/14 days to non-preferred.
- Add Bismuth Subcitrate, Metronidazole, Tetracycline (generic for Pylera®) with QTY LIMIT: 120 caps/10 days to non-preferred.

Board Decision:

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

- Hyperuricemia and Gout

Recommendation: No changes.

Board Decision:

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

- Ophthalmic, Allergic Conjunctivitis

Recommendation:

- Remove qty limits for preferred agents.
- Remove Lastacaft® (alcaftadine). The Rx version has been discontinued. There is an OTC version available, but it is not covered due to no rebate.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Ophthalmic, Antibiotics

Recommendation:

- Remove Ciloxan[®] (ciprofloxacin) solution. It is no longer available.
- Move Azasite[®] (azithromycin) solution to preferred.
- Move Ofloxacin (compare to Ocuflax[®]) solution to preferred.
- Remove Blephamide[®] (sulfacetamide/prednisolone acetate) suspension, Blephamide[®] S.O.P. (sulfacetamide/prednisolone acetate) ointment, and Bleph-10[®] (sulfacetamide) solution. They are all discontinued.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Ophthalmic, Anti-Inflammatories

Recommendation:

- Move Lotemax[®] (loteprednol) 0.5% gel to preferred (suspension and ointment are already preferred).
- Move Nevanac[®] ophthalmic suspension (nepafenac 0.1%) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Ophthalmic, Dry Eye Treatments

Recommendation: No changes.

Board Decision:

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

- Ophthalmic, Glaucoma Agents

Recommendation:

- Add Brimonidine tartrate 0.1% to non-preferred.
- Remove Timoptic® (timolol maleate), Timoptic XE® (timolol maleate gel), Trusopt® (dorzolamide 2 %), and Isopto® Carpine (pilocarpine). They have been discontinued.
- Add Timolol maleate PF (compare to Timoptic® Ocudose) droperette and Timoptic® Ocudose (timolol maleate) preservative free droperette to non-preferred.
- Move Zioptan® (tafluprost) to preferred.
- Add Tafluprost PF solution (compare to Zioptan®) to non-preferred.
- Add Brinzolamide 1% (compare to Azopt®) to non-preferred.
- Add Dorzolamide w/timolol PF (compare to Cosopt PF®) to non-preferred.
- Move Phospholine iodide® (echothiophate) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Platelet Aggregation Inhibitors

Recommendation:

- Remove Zontivity® (vorapaxar) tablets. They are no longer rebateable.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- **Review of Newly-Developed/Revised Criteria**

- None at this time

- **General Announcements**

- None at this time

- **Adjourn**

8:28 pm