



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

February 20, 2024: 6:00 – 8:30 p.m.

Board Members Present:

Andy Miller, RPH	Lucy Miller, MD	Douglas Franzoni, PharmD
Mark Pasanen, MD	Anne Daly, PharmD	Louise Rosales, APRN
Rima Carlson, MD		

Board Members Absent:

Bram Starr, MD	Margot Kagan, Pharm D	Katharina Cahill, PharmD
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DVHA Staff Present:

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

Change Healthcare Staff Present:

Jacquelyn Hedlund, MD	Laurie Brady, RPh	

Guests/Members of the Public:

Alain Nguyen, Amy Atkins, Bill Eicholzer, Brian Denger, Brielle Dozier, Lauren Faricy, Frank Lanotte, I. Oko, Ingrid Ma, Kellyn Madden, Kim Witte, Kristen Chop, Laurie Ritchie, Laurie Webb, Marit Sivertson, Jim McCarthy, Nate Plasman, Nicole Pinkerton, Nikhil Kacker, Paul Isikwe, Nicholas Primpas, Collin Sinclair, Stephanie Kennedy, Annie Vong, Amy Cunningham, Ryan Miller, Chad Bohigian, Tim McSherry, Eric Sherr, Tina McCann, Jai Persico, Adam Denmon, Erin Booth, Mary Nadon Scott.

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

Recommendation:

- Add Asmanex® (mometasone furoate) HFA with QTY LIMIT: 3 inhalers (39 gm)/90 days to preferred for Age ≤ 11 years.
- Add Fluticasone propionate HFA (compare to Flovent® HFA) with QTY LIMIT: 3 inhalers (36 gm)/90 days to preferred for Age ≤ 5 years.
- Add Fluticasone propionate Diskus (compare to Flovent® Diskus) with QTY LIMIT: 180 blisters/90 days) and Breynta™ (budesonide/formoterol) with QTY LIMIT: 9 inhalers (92.7gm)/90 days to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

▪ **RetroDUR/Pro DUR**

- Follow-Up: Co-prescribing of Opioids, Benzodiazepines, and Skeletal Muscle Relaxants
- Data presentation: GLP-1 Receptor Agonist Adherence
- Introduce: The Effect of Hemlibra® (emicizumab-kxwh) on the Cost of Care in Hemophilia A Patients

▪ **Clinical Update: Drug Reviews**

Biosimilar Drug Reviews

- None at this time.

Full New Drug Reviews

- Elevidys® (delandistrogene moxeparvec-rokl)

Recommendation: Add Elevidys® (delandistrogene moxeparvec-rokl) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Ngenla™ (somatrogon-ghla)

Recommendation: Add Humatrope® and Ngenla™ (somatrogon-ghla) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Opvee® (nalmefene)

Recommendation: Add Opvee® (nalmefene) nasal spray to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Roctavian™ (valoctocogene roxaparvec-rvox)

Recommendation: Add Roctavian™ (valoctocogene roxaparvec-rvox) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Skyclarys® (omaveloxolone)

Recommendation: Add Skyclarys® (omaveloxolone) with QTY LIMIT: 3 capsules/day to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Suflave™ (polyethylene glycol 3350, sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution)

Recommendation: Add Sodium Sulfate/Potassium Sulfate/Magnesium Sulfate (compare to Suprep®) and Suflave™ to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Vyjuvek® (beremagene geperpavec-svdt)

Recommendation: Add Vyjuvek® (beremagene geperpavec-svdt) to non-preferred.

Board Decision:

- Approved

- Approved with modifications
- Not approved
- Deferred

- Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc human recombinant injection)

Recommendation: Add Vyvgart® Hytrulo (efgartigimod alfa and hyaluronidase-qvfc human recombinant injection) SC 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**

- Antibiotics/GI and Related

Recommendation: Change to clinical criteria only.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Antibiotics/Aminoglycosides

Recommendation: No changes

- Antibiotics/Cephalosporins 1st Gen

Recommendation: No changes

- Antibiotics/Cephalosporins 2nd Gen

Recommendation: Remove Cefaclor suspension. It is no longer available.

- Antibiotics/Cephalosporins 3rd Gen

- Recommendation: Remove Suprax® (cefixime) chewable tablets and Suprax® (cefixime) suspension. They are no longer available.

- Antibiotics/Clindamycin
Recommendation: No changes
- Antibiotics/Macrolides
Recommendation: Remove quantity limits on Azithromycin
- Antibiotics/Nitrofurantoin Derivatives
Recommendation: No changes
- Antibiotics/Oxazolidinones
Recommendation: Move Linezolid (compare to Zyvox®) tablets with QTY LIMIT:56 tablets per 28 days to preferred.
- Antibiotics/Penicillins
Recommendation: No changes
- Antibiotics/Quinolones
Recommendation: No changes
- Antibiotics/Tetracyclines
Recommendation:
 - Remove Vibramycin® (doxycycline calcium) syrup. It is no longer available.
 - Remove Vibramycin® (doxycycline hyclate) suspension, Ximino® (minocycline) caps ER, and Oracea® (Doxycycline (Rosacea) Cap Delayed Release 40 MG) from the PDL. They are no longer rebateable.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Antivirals/Oral

Antivirals/Oral/Herpes Simplex Virus

Recommendation:

- Remove Zovirax® (acyclovir) tablets, capsules, and suspension. They are no longer available.

Antivirals/Oral/Influenza Medications

Recommendation:

- Remove age limitation on Xofluza criteria.
- Move Relenza® (zanamivir) to non-preferred.

Board Decision:

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

- Antivirals/Topical (New Drug Ycanth™ (cantharidin) Included in TCR)

Recommendation:

- Move Docosanol 10% Cream to preferred.
- Move Zovirax® (acyclovir) 5% Cream to non-preferred.
- Add Penciclovir 1% Cream and Ycanth™ (cantharidin) 0.7% Solution to non-preferred.

Board Decision:

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

- Skeletal Muscle Relaxants

Recommendation:

- Add Cyclobenzaprine ER (compare to Amrix®) with QTY LIMIT: 1 capsule/day to non-preferred.
- Remove Carisoprodol/ASA/codeine tablets and Skelaxin® (metaxalone) tablets from the PDL. They have been discontinued.
- Move Tizanidine (compare to Zanaflex®) capsules to preferred

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Antiretrovirals

Recommendation:

- Add Maraviroc (compare to Selzentry®) to non-preferred.
- Move Etravirine (compare to Intelence®) to preferred.
- Move Intelence® (etravirine) to non-preferred.



- Remove Lexiva® (fosemprenavir), Combivir® (lamivudine/zidovudine), Epzicom® (abacavir/lamivudine), Trizivir® (abacavir/lamivudine/zidovudine), Ziagen® (abacavir sulfate) tablet, Invirase® (saquinavir mesylate), Stavudine, Sustiva® (efavirenz), and Viramune® ER (nevirapine ER). 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 warns of rare but serious drug reaction to the antiseizure medicines levetiracetam (Keppra, Keppra XR, Elepsia XR, Spritam) and clobazam (Onfi, Sympazan)**

<https://www.fda.gov/drugs/fda-drug-safety-podcasts/fda-warns-rare-serious-drug-reaction-antiseizure-medicines-levetiracetam-keppra-keppra-xr-elepsia-xr>

- **Adjourn**

9:15 pm