



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

September 12, 2024: 6:00 – 8:30 p.m.

Board Members Present:

Andy Miller, RPH	Anne Daly, PharmD	Douglas Franzoni, PharmD
Katharina Cahill, PharmD	Bram Starr, MD	Louise Rosales, APRN
Rima Carlson, MD		

Board Members Absent:

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DVHA Staff Present:

Carrie Germaine	Lisa Hurteau, PharmD	Stacey Baker
Taylor Robichaud, PharmD	Michael Rapaport, MD	

Change Healthcare Staff Present:

Upasana Bhatnager, MD	Mike Ouellette, RPh	Molly Trayah, PharmD

Guests/Members of the Public: Greg Kitchens, John Addelman, Folger Tuggle, Shari Orbach, Nicole Pinkerton, Scott R Ebersol, Kristen Chopas, Sandra Baldinger, Brent Fushimi, Brett Stephenson, Susanna Bachle, Erin Booth, Melissa Abbott, Timothy McSherry, Bill Eicholzer, Adam Denman, Susan Donnelly, Amy Cunningham, Nikhil Kacker, Annie Vong, Terry Dettling, Tim McSherry, Emma Booth, Kevin Gaffney, Emma Fernandez, Megan Walsh, Joe Ward

- **Executive Session**
- **Introductions**
- **DVHA Pharmacy Administration Updates**
- **DVHA Chief Medical Officer Update**
- **Follow-up Items from Previous Meetings**
 - None at this time.
- **RetroDUR/Pro DUR**
 - The effect of Trikafta on the cost and quality of care of patients with cystic fibrosis
- **Consent Agenda Items**
 - Approval of June DUR Board Minutes

- Biosimilar Drug Review- Abrilada® (adalimumab-afzb)
- Therapeutic Drug Classes
 - Allergen Extract Immunotherapy
 - Cystic Fibrosis
 - Genital Warts
 - Iron Chelating Agents
 - NSAIDs
 - Otic Antibiotics
 - Topical Analgesics/Anesthetics
- Newly Developed/Revised Criteria
 - Syfovre® (pegcetacoplan)
 - Eylea® HD- (aflibercept)
 - Paxlovid™ (nirmatrelvir/ritonavir)

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- **Newly Developed/Revised Criteria**
 - RSV Prevention

Recommendation: Update criteria for upcoming RSV season

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- **Clinical Update: Drug Reviews**

Full New Drug Reviews

- Agamree® (vamorolone)

Recommendation: Add Agamree® (vamorolone) and deflazacort to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved

Deferred

- Alvaiz® (eltrombopag)

Recommendation: Add Alvaiz® (eltrombopag) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Filsuvez® (birch triterpenes) gel

Recommendation: Add Filsuvez® (birch triterpenes) gel to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Jylamvo® (methotrexate) oral solution

Recommendation: Add Jylamvo® (methotrexate) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Opsynvi® (macitentan/tadalafil)

Recommendation: Add Opsynvi® (macitentan/tadalafil) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Rezdiffra™ (resmetirom)



Recommendation: Add Rezdifra™ (resmetirom) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Rivfloza® (nedosiran) injection

Recommendation: Add Rivfloza® (nedosiran) injection to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Vevye® (cyclosporine ophthalmic solution) 0.1%

Recommendation: Add Vevye® (cyclosporine ophthalmic solution) 0.1% to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Voydeya™ (danicopan)

Recommendation: Add Voydeya™ (danicopan) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Wainua™ (eplontersen)

Recommendation: Add Wainua™ (eplontersen) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Winrevair™ (sotatercept-csrk)

Recommendation: Add Winrevair™ (sotatercept-csrk) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Zilbrysq® (zilucoplan)

Recommendation: Add Zilbrysq® (zilucoplan) to non-preferred.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Zituvio™ (sitagliptin)

Recommendation: Add Zituvio™ (sitagliptin) to non-preferred. Remove Onglyza® (saxagliptin) from the PDL.

Board Decision:

- Approved
- Approved with modifications
- Not approved
- Deferred

- Zoryve® (roflumilast)

Recommendation: Add Zoryve® (roflumilast) 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**

- Acne

Recommendation: Add Cabtreo® (clindamycin phosphate/ benzoyl peroxide/adapalene) Gel to non-preferred. Add Finacea 15% Foam to PDL

Board Decision:

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

- Phosphate Binders

Recommendation: Add Xphozah®(tenapanor) tablet to non-preferred.

Board Decision:

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

- Substance Use Disorder Treatment

Recommendation: Add Rextovy® (naloxone HCl) Nasal Spray to non-preferred.

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**

7:55 pm

DRAFT