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**
	Margot Kagan, Pharm D		**Mark Pasanen, MD**		
	Katharina Cahill, PharmD		**Louise Rosales, APRN**		

Board Members Absent:

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

DVHA Staff Present:

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

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

- An executive session was held from 6:00 p.m. until 6:30 p.m.

Introductions and Approval of DUR Board Minutes

- Attendance was called and introductions to DVHA and Change healthcare/Optum staff were made. Mike Ouellette introduced Molly Trayah, PharmD, as the new Change Healthcare/Optum Clinical Account Manager.
- The May meeting minutes were accepted as printed.

DVHA Pharmacy Administration Updates: Lisa Hurteau, PharmD

- DVHA thanked Mark Pasanen, Margot Kagan, and Lucy Miller for their service to the DUR board. Their terms on the board will be ending in August, 2024. If current board

members had any suggestions for new board members, they were encouraged to reach out.

DVHA Chief Medical Officer Update: **Michael Rapaport, MD**

- DVHA's CMO updated the board on the busy legislative session and pharmacy activity, and the governor vetoed seven bills.
- Several bills passed during an override session, one that required select health insurance plans to align prior authorizations with DVHA, mainly for medical claims and excluding pharmaceuticals.
- A bill was approved requiring increased PBM oversight and licensing requirements.
- A bill was approved that required the Green Mountain Care Board to conduct a feasibility study on legislative bill S.98, pertaining to a Prescription Drug Affordability Board.

Follow-up Items from Previous Meetings

- None at this time.

RetroDUR/Pro DUR

- None at this time.

Clinical Update: Drug Reviews: **Jacqueline Hedlund, MD, and Mike Ouellette, RPh, Change Healthcare/Optum**

Biosimilar Drug Reviews

- Simlandi® (adalimumab-ryvk)
- Tyenne® (tocilizumab-aazg)

Recommendation:

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

Full New Drug Reviews

- Voquezna® (vonoprazan)

Vonoprazan, the active ingredient of Voquezna®, is a potassium-competitive acid blocker. It suppresses basal and stimulated gastric acid secretion at the secretory surface of the gastric parietal cell through inhibition of the H+, K+ -ATPase enzyme system in a potassium competitive manner. Because this enzyme is regarded as the acid (proton) pump within the parietal cell, vonoprazan has been characterized as a type of gastric proton-pump inhibitor (PPI), in that it blocks the final step of acid production. Vonoprazan does not require activation by acid. It may selectively concentrate in the parietal cells in both the resting and stimulated states. Vonoprazan binds to the active pumps in a non-covalent and reversible manner. It is indicated for healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis in adults. To maintain healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis in adults. In combination with amoxicillin and clarithromycin for the treatment of Helicobacter pylori (H. pylori) infection in adults. In

combination with amoxicillin for the treatment of H. pylori infection in adults. The safety and efficacy of Voquezna® for the healing of erosive esophagitis and relief of heartburn were assessed in a randomized, active-controlled, double-blind, eight-week study conducted in the US and Europe that included adults with endoscopically confirmed erosive esophagitis. There is some evidence at this time from a phase 3 study to suggest that Voquezna® (as triple or dual therapy) may be more effective than lansoprazole (as triple therapy) for treatment of H. pylori infection, and that Voquezna® may be more effective than lansoprazole in maintenance of healed erosive esophagitis. However, there is no evidence at this time to support that Voquezna® is safer or more effective than the other currently preferred, more cost-effective medications.

Recommendation:

- Add Voquezna® (vonoprazan) QTY LIMIT: 20mg tablets= 1 tablet/day for a max of 8 weeks then 10mg tablets= 1 tablet/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.

Public Speaker: None at this time.

Board Decision: The Board unanimously approved the above recommendations.

New Managed Therapeutic Drug Classes

- None at this time

Therapeutic Drug Classes – Periodic Review

Anticonvulsants

- Motpoly XR™ (lacosamide ER)

Lacosamide, the active ingredient of Motpoly XR™, is a functionalized amino acid. The exact mechanism of action for its approved indication in humans remains to be fully elucidated. In vitro electrophysiological studies have shown that lacosamide selectively enhances slow inactivation of voltage-gated sodium channels, resulting in stabilization of hyperexcitable neuronal membranes and inhibition of repetitive neuronal firing. Motpoly XR™ is indicated for the treatment of partial onset seizures in adults and pediatric patients weighing at least 50kg. In adjunctive clinical trials in adults with partial-onset seizures, a dosage higher than 400mg daily was not more effective and was associated with a substantially higher rate of adverse reactions. There is no evidence at this time to support that Motpoly XR™ is safer or more effective than the other currently preferred, more cost-effective medications. It is therefore recommended that Motpoly XR™ remain non-preferred and

require prior authorization and be available to those who are unable to tolerate or who have failed on preferred medications.

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) 200mg and 400mg strengths to preferred.
    - Clinical criteria:
        - Add Motpoly XR to Elepsia XR, Keppra XR, Lamictal XR, Lamotrigine ER, Oxtellar XR, Qudexy XR, Topiramate ER, Topiramate SR, Trokendi XR: patient has been unable to be compliant with or tolerate twice daily dosing of the immediate release product. Additionally, if brand Elepsia XR, Keppra XR or Lamictal XR is requested, the patient has a documented intolerance to the generic product. If topiramate ER sprinkle caps are requested, the patient must have a documented intolerance to Qudexy XR.
        - Add to Sabril, Vigabatrin criteria: For approval of Vigabatrin, the patient must have a documented side effect, allergy, contraindication or treatment failure with brand Sabril.

Public Comment: None at this time

Board Decision: A board member inquired about dosage changes of Motpoly, CHC/Optum staff confirmed that dose changes would be covered either automatically or with a call to the provider helpdesk. The Board unanimously approved the above recommendations.

Antidepressants, Other

- Zurzuvae™ (zuranolone)

Zuranolone, the active ingredient of Zurzuvae™, is a neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator. The mechanism of action of zuranolone in the treatment of postpartum depression is not fully understood but is thought to be related to its positive allosteric modulation of GABA-A receptors. It is indicated for the treatment of postpartum depression (PPD) in adults. The safety and efficacy of Zurzuvae™ were assessed in 2 randomized, double-blind, placebo-controlled trials that included women with PPD who met criteria for a major depressive episode with onset of symptoms in the third trimester or within 4 weeks of delivery. Note that in Study 2, patients received another zuranolone capsule formulation (about equivalent to 40mg Zurzuvae™). The primary efficacy endpoint for each study was the change from baseline in depressive symptoms as measured by the HAMD-17 total score at day 15. Results suggested that patients in the Zurzuvae™ groups experienced statistically significantly greater improvement on the primary endpoint compared to patients in the placebo group. Zurzuvae™ is the first oral medication FDA approved for the treatment of PPD in adults, taken for 14 days. Note that the safety and efficacy of Zurzuvae™ use beyond 14 days in a single treatment course have not been established.

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.
    - Clinical criteria:
        - Add Zurzuvae: Patient is ≥ 18 years of age and ≤ 6 months postpartum AND patient has a diagnosis of postpartum depression (PPD) with documented onset of symptoms occurring in the third trimester or within 4 weeks of delivery AND the patient has a documented treatment failure (defined by at least 8 weeks of therapy) with two different oral antidepressants unless contraindicated or documentation shows that the severity of depression would place the health of the mother or infant at significant risk AND the patient has been instructed not to drive a motor vehicle or engage in other potentially hazardous activities requiring complete mental alertness, such as operating machinery, until at least 12 hours after administration for the duration of the 14-day treatment course.
        - Add Viibryd: Patient is ≥18 years of age AND the patient has had a documented intolerance to generic vilazodone.

Public Comment: Paul Isikwe from Biogen Highlighted the attributes of Zurzuvae. Ronnie DePue from Axsome Therapeutics Highlighted the attributes of Auvelity.

Board Decision: A member of the board asked what type of documentation would fulfill the requirement of the severity of postpartum depression, and what the intent is for clinical notes. CHC/Optum staff explained that it would be subjective based on physician notes and would likely be reviewed by CHC/Optum physician staff. The Board unanimously approved the above recommendations.

Cytokine & CAM Antagonists

- Bimzelx® (bimekizumab-bkzx)

Bimekizumab-bkzx, the active ingredient of Bimzelx®, is an interleukin (IL)-17 A and F antagonist. It is a recombinant humanized immunoglobulin G1 (IgG1) monoclonal antibody with two identical antigen binding regions that selectively bind to human IL-17A, IL-17F, and interleukin 17-AF cytokines, and inhibits their interaction with the IL-17 receptor complex. IL-17A and IL-17F are naturally occurring cytokines that are involved in normal inflammatory and immune responses. Bimekizumab-bkzx inhibits the release of proinflammatory cytokines and

chemokines. It is indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy. There are 3 multicenter, randomized, double-bind trials (Trial-Ps-1, Trial-Ps-2, and Trial-Ps-3) that assessed the safety and efficacy of Bimzelx® and included adults 18 years of age and older (N=1480) with moderate to severe plaque psoriasis who had a body surface area (BSA) involvement of ≥10%, an Investigator's Global Assessment (IGA) score of ≥3 ('moderate') in the overall assessment of psoriasis on a severity scale of 0 to 4, and a Psoriasis Area and Severity Index (PASI) score ≥12. There is some evidence in a phase 3 study to suggest that Bimzelx® may be more effective than ustekinumab and may be more effective than adalimumab for the endpoints of PASI 90 response and an IGA score of 0 or 1 (with at least a 2-grade improvement from baseline) at week 16. There is also some evidence that Bimzelx® may be more effective than secukinumab in a double-blind study for PASI 100 response; however, there is no evidence at this time to support that Bimzelx® is safer or more effective than all currently preferred, more cost-effective medications. It is therefore recommended that Bimzelx® remain non-preferred and require prior authorization and be available to those who are unable to tolerate or who have failed on preferred medications.

- Zymfentra™ (infliximab-dyyb)

Infliximab-dyyb, the active ingredient of Zymfentra™, is a tumor necrosis factor (TNF) blocker. It is a chimeric IgG1κ monoclonal antibody. Infliximab-dyyb neutralizes the biological activity of TNFα by binding with high affinity to the soluble and transmembrane forms of TNFα and inhibit binding of TNFα with its receptors. It is indicated in adults for maintenance treatment of: Moderately to severely active ulcerative colitis following treatment with an infliximab product administered intravenously. Moderately to severely active Crohn's disease following treatment with an infliximab product administered intravenously. The safety and efficacy of Zymfentra™ was demonstrated in two phase 3 studies, including the UC Trial I and the CD Trial I. Statistically significant differences were observed with Zymfentra™ as compared with placebo for the primary endpoints in both studies. A 2024 comparative analysis by Peyrin-Biroulet et al2 included 7 randomized controlled studies to compare induction and maintenance infliximab therapy with vedolizumab therapy for patients with CD and UC.2 In patients with CD, infliximab SC demonstrated numerically better efficacy than vedolizumab during the maintenance phase. In UC patients, efficacy was similar between infliximab SC and vedolizumab during the maintenance phase. There is no evidence at this time to support that Zymfentra™ is safer or more effective than the other currently preferred, more cost-effective medications.

- Omvoh™ (mirikizumab-mrkz)

Mirikizumab-mrkz, the active ingredient of Omvoh™, is a humanized immunoglobulin G4 (IgG4) variant monoclonal antibody that is directed against the p19 subunit of IL-23 and does not bind IL-12. It selectively binds to the p19 subunit of human IL-23 cytokine and inhibits its interaction with the IL-23 receptor. Note that IL-23 is involved in mucosal inflammation and affects the differentiation, expansion, and survival of T cell subsets, and innate immune cell subsets, which represent sources of pro-inflammatory cytokines. Mirikizumab-mrkz inhibits the release of pro-inflammatory cytokines and chemokines. It is indicated for the treatment of moderately to severely active ulcerative colitis (UC) in adults. The safety and efficacy of Omvoh™ were

assessed in 2 randomized, double-blind, placebo-controlled studies, with one being an induction study (UC-1) and one being a maintenance study (UC-2), that included adults with moderately to severely active ulcerative colitis who had inadequate response, loss of response, or failed to tolerate any of the following, including corticosteroids, 6-mercaptopurine, azathioprine, biologic therapy (TNF blocker, vedolizumab), or tofacitinib. The 12-week IV induction study (UC-1) was followed by the 40-week SC randomized withdrawal maintenance study. The primary endpoint of study 1 was clinical remission at week 12, and significantly more in the Omvoh™ 300mg IV group achieved clinical remission compared with placebo ($p<0.001$). The primary endpoint in study 2 was clinical remission at week 40, and significantly more in the Omvoh™ 200mg SC group achieved clinical remission as compared with placebo ($p<0.001$). Head-to-head comparator studies with other active ingredients were not currently found.

- Velsipity™ (etrasimod)

Etrasimod, the active ingredient of Velsipity™, is a sphingosine 1-phosphate (S1P) receptor modulator that binds with high affinity to S1P receptors 1, 4, and 5. It partially and reversibly blocks the capacity of lymphocytes to egress from lymphoid organs, reducing the number of lymphocytes in peripheral blood. The mechanism of action by which etrasimod exerts its therapeutic effects for its approved indication is not known but may involve the reduction of lymphocyte migration into the intestines. It is indicated for the treatment of moderately to severely active ulcerative colitis (UC) in adults. Two randomized, double-blind, placebo-controlled, phase 3 studies assessed the safety and efficacy of Velsipity™ as compared with placebo in adults with moderately to severely active UC who had an inadequate response, loss of response, or intolerance to one or more of the following treatment options, including oral aminosalicylates, corticosteroids, thiopurines, Janus kinase inhibitors, or biologic therapies. The co-primary endpoints of Study 1 were the proportion of subjects achieving clinical remission at week 12 and at week 52. The primary endpoint of Study 2 was the proportion of subjects achieving clinical remission at week 12. Velsipity™ was significantly more effective than placebo for the primary endpoints. Head-to-head comparator studies with other active ingredients were not currently found.

Recommendation:

Ankylosing Spondylitis

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

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

- No change

Gastrointestinal- Inflammatory Bowel Disease Biologics

- Add Omvoh™ (mirikizumab-mrkz) QTY LIMIT: 200 mg (2ml) prefilled syringe or autoinjector/28 days after initial IV loading dose to non-preferred.
- Add Simlandi® (adalimumab-ryvk) biosimilar to Humira® to non-preferred.
- Add Zymfentra™ (infliximab-dyyb) QTY LIMIT: 240 mg (2ml) prefilled syringe or pen/28 days to non-preferred.
- Add Velsipity® (etrasimod) tablets QTY LIMIT: 1 tablet/day Maximum 30 days supply to non-preferred.

- Clinical criteria
    - Add Zymfentra to Remicade, Renflexis: The patient must be unable to use Avsola or Inflectra
    - Add Omvoh, Velsipity, and Skyrizi to Etyvio, Simponi, Stelara, Zeposia for ulcerative colitis: The patient has had a treatment failure with at least one conventional agent (e.g. 5-ASA, corticosteroids) AND the patient has a documented side effect, allergy, or treatment failure with at least one preferred biologic. Velsipity note: for approval of Velsipity, the patient must have a documented side effect, allergy, contraindication or treatment failure with Zeposia. Note: For maintenance regimens outside of FDA approved dosing intervals, including monthly dosing intervals, clinical notes must include supporting evidence of drug failure at standard dosing intervals and clinical justification for shortened dosing intervals. Approval will be granted for 6 months. For renewal, the patient must show increased clinical benefit with shorter dosing interval.

Hidradenitis Suppurativa

- Add Cosentyx®(secukinumab), Idacio® (adalimumab-aacf) biosimilar to Humira® and Simlandi® (adalimumab-ryvk) biosimilar to Humira® to non-preferred.
    - Clinical criteria:
        - Add Cosentyx additional criteria: the prescriber must provide evidence of a trial and failure or contraindication to Humira. Note: Cosentyx approvals for 300mg dose(s) must use "300DOSE" package (containing 2x150mg pens or syringes) Approvals will not be granted for 2 separate 150mg packages

Psoriasis: Biologics

- Add Simlandi® (adalimumab-ryvkk) biosimilar to Humira® to non-preferred.
- 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 (2ml)/28 days maintenance dose only permitted if patient weight > 120 kg to non-preferred.
    - Clinical Criteria:
        - Add Bimzelx to Cimzia, Cosentyx, Ilumya, Siliq, Skyrizi, Sotyktu, Tremfya: The prescriber must provide a clinically valid reason why both a preferred TNF Inhibitor and Taltz® cannot be used.

Rheumatoid, Juvenile & Psoriatic Arthritis: Immunomodulators

- Update length of authorization for category to: Initial PA 3 months; 12 months thereafter.
- Add Simlandi® (adalimumab-ryvk) biosimilar to Humira® to non-preferred.
- Add Tyenne® (tocilizumab-aazg) biosimilar to Actemra® to non-preferred.
    - Clinical Critera
        - Add Tyenne to Actemra, Cimzia, Kevzara, Orencia, Simponi (subcutaneous), Skyrizi, and Tremfya additional criteria: The prescriber must provide a clinically valid reason why at least 2 preferred agents cannot be used.

Public Comment: Annie Vong from AbbVie highlighted the attributes of Rinvoq and Skyrizi.
Omer Aziz from Teva Pharmaceuticals highlighted the attributes of Simlandi.

Shirley Quach from Novartis yielded time back to the board.
Rick Melbye from UCB highlighted the attributes of Bimzelx

Board Decision: The Board unanimously approved the above recommendations.

Sickle Cell Anemia

- Casgevy™ (exagamglogene autotemcel)

Casgevy™ (exagamglogene autotemcel) is a cellular gene therapy consisting of autologous CD34+ hematopoietic stem cells (HSCs) edited by CRISPR/Cas9-technology at the erythroid specific enhancer region of the BCL11A gene to reduce BCL11A expression in erythroid lineage cells, leading to increased fetal hemoglobin (HbF) protein production. The formulation contains 5% dimethyl sulfoxide (DMSO) and dextran 40. It is indicated for the treatment of patients aged 12 years and older with: Sickle cell disease (SCD) with recurrent vaso-occlusive crises (VOCs) and Transfusion-dependent β-thalassemia (TDT). The safety and efficacy of Casgevy™ were assessed in Trial 1, an ongoing single-arm, multicenter trial that included adults and adolescent patients with sickle cell disease (SCD) who received a single dose of Casgevy™. Casgevy™ is the first approval of a CRISPR-based therapy approved in the US and is one of two gene therapies approved for patients with SCD.

- Lyfgenia™ (lovotibeglogene autotemcel)

Lyfgenia™ (lovotibeglogene autotemcel) is a βA-T87Q-globin gene therapy consisting of autologous CD34+ cells from patients with sickle cell disease containing hematopoietic stem cells (HSCs) transduced with BB305 lentiviral vector (LVV) encoding βA-T87Q-globin, suspended in cryopreservation solution. Lyfgenia™ is to be administered one-time to add functional copies of a modified form of the β-globin gene (βA-T87Q-globin gene) into the patient's own HSC. It is indicated for the treatment of patients 12 years of age or older with sickle cell disease (SCD) and a history of vaso-occlusive (VOC) events. A limitation of use includes that following treatment with Lyfgenia™, patients with α-thalassemia trait (-α3.7/-α3.7) may experience anemia with erythroid dysplasia that may require chronic red blood cell (RBC) transfusions. Lyfgenia™ has not been studied in patients with more than two α-globin gene deletions. The efficacy of Lyfgenia® was assessed in a single-arm, 24-month, open-label, multicenter Phase 1/2 study and continued on a long-term follow-up study. The efficacy outcome of complete resolution of VOEs (VOE-CR) between 6 and 18 months after Lyfgenia™ infusion was achieved by 88%, while the efficacy outcome of complete resolution of severe VOEs (sVOE-CR) was achieved by 94%. It is recommended that Lyfgenia™ should be non-preferred in order to confirm the appropriate diagnosis and clinical parameters for use.

Recommendation:

- Add Casgevy™ (exagamglogene autotemcel) to non-preferred.
- Add Lyfgenia™ (lovotibeglogene autotemcel) to non-preferred.
    - Add Clinical criteria: Casgevy, Lyfgenia: Patient has a diagnosis of Transfusion-Dependent β-thalassemia (Casgevy only) OR Patient has a diagnosis of Sickle Cell Disease AND patient is at least 12 years of age or older AND patient has had an

inadequate response to a 6-month trial of hydroxyurea dosed at 15-35 mg/kg/day, unless contraindicated AND patient has experienced at least 2 vaso-occlusive crises in the previous 12 months despite compliance with hydroxyurea AND Patient has not previously received gene therapy for sickle cell disease AND Patient meets approved clinical parameters for use (i.e. no contraindications, appropriate monitoring has been completed.) AND for approval of Lyfgenia, the patient must have a contraindication to use of Casgevy

Public Comment: Adam Bradshaw from Vertex Pharmaceuticals highlighted the attributes of Casgevy.

Board Decision: A member of the board inquired where available treatment centers for Casgevy are located and about the projected number of patients and lifetime costs. A representative from Vertex Pharmaceuticals confirmed there will be 4 treatment centers in Massachusetts and highlighted modelling regarding lifetime costs of untreated patients. The Board unanimously approved the above recommendations.

Consent Agenda Items

- Anticoagulants
    - No change
- Antibiotics, Topical
    - No change
- Antibiotics, Vaginal
- Vaginal Antifungals
- Anti-Parkinson's Agents
    - No change
- Antidepressants: SSRIs
- Stimulants & Related Agents

Recommendation:

Antibiotics, Vaginal

- Move Clindesse® (clindamycin vaginal cream 2%) to non-preferred.
    - Clinical criteria:
        - Add Clindesse to Cleocin, Xaciato: The patient has had a documented side effect, allergy, or treatment failure to a preferred clindamycin vaginal cream.

Antidepressants: SSRIs

- Add Citalopram capsule QTY LIMIT: 1 capsule/day to non-preferred.
    - Clinical criteria:
        - Add Citalopram capsules to Sertraline capsules: Prescriber must provide a clinically compelling reason why the patient is unable to use tablets.

ADHD and Narcolepsy Cataplexy Medications

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

Public Comment: None at this time.

Board Decision: The Board unanimously approved the above recommendations.

Review of Newly-Developed/Revised Criteria

- None at this time

General Announcements

- None at this time.

Adjourn **8:05 pm**