Department of Vermont Health Access
Pharmacy Benefit Management Program
DUR Board Meeting Minutes
February 16, 2021

NOTE: The Meeting was held via Microsoft Teams due to the Governor's "Stay Home Stay Safe" order related to the COVID-19 Emergency Declaration, and as authorized by recent modifications to Vermont's Public Meeting Law.

Board Members Present:

Zail Berry, MD
Marc Pasanen, MD
Andy Miller, RPh
Margot Kagan, PharmD
Bill Breen, RPh
Claudia Berger, MD
Doug Franzoni, PharmD
Patricia King, MD
Renee Mosier, PharmD
Joseph Nasca, MD

Absent: N/A

Staff:

Laurie Brady, RPh, Change HealthCare
Carrie Germaine, DVHA
Nancy Hogue, Pharm D, DVHA
Mike Ouellette, RPh, Change Healthcare
Lisa Hurteau, PharmD, DVHA
Jason Pope, DVHA
Jeffrey Barkin, MD, Change Healthcare
Marietta Scholten, MD, DVHA

Guests:

Kevin Black (SK Life Science,Inc)
Nikhil Kacker (Genetech)
Frank Lanotte (GlaxoSmithKline)
Gene Muise (Amgen)
Nicholas Boyer (Braeburn)
Adam Denman (Global Blood Therapeutics)
Bryan Dillon (Otsuka)
Patty Arcese (Amgen)
Eric Sherr (Viiv)
John Joyce (Boehringer Ingelheim)
Nikhil Kacker (Genetech)
Amy Conners
Benjamin Yungher (NS Pharma)
Beth D'Ambrosio
Brenda McLaughlin
Bethany Zanrucha (Sarepta Therapeutics)
Brian Denger
Dan Foley
Donald Martin
James DiPalolo
Jennifer Golwyn
Joe Miller
Joseph Shaker
Keith Osburn
Kelly Maynard
Kelly Germander
Kevin Lin Luo
Kevin Mickune
Kristen Chopas
Kristin Kollecas (Sanofi Genzyme)
LeeAnna Hoskins
Ling Ling Huang
Lisa Dunn (Amgen)
Louis Perry (US Hereditary Angioedema Assoc.)
Matthew Burke (Genetech)
Michael Dowling
Rodney Francisco
Ron Richiuto
Shama Patel (Takeda)
Shirlene Spinale
Tony Basa
Vince
Linda Burns

1. Executive Session:

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

2. Introductions and Approval of DUR Board Minutes:

- Attendance was called and introductions of DVHA and Change Healthcare staff were made.
- The December meeting minutes were accepted as printed.

3. DVHA Pharmacy Administration Update: Nancy Hogue, Pharm.D., DVHA:

- An update was provided on COVID19 vaccines. Due to the fact that pharmacists are reflected as providers in the State Plan, the administering pharmacist must be enrolled with Medicaid in order to provide clinical services such as immunization. Approximately 125 pharmacists are currently enrolled, and the number is increasing ever week.
- As of the week ending 2/13/21, 713 members received at least one dose of the COVID19 vaccine (Moderna or Pfizer). 511 members got the 2nd dose. It was noted that these numbers represent pharmacy claims data only.

4. Medical Director Update: Marietta Scholten, MD, DVHA

- No updates at this time.

6. Follow-up Items from Previous Meetings: Lisa Hurteau, PharmD, DVHA

- DVHA sampled the medical charts of 3 patients on long-term antibiotic use associated with a tick bourne illness. Long term antibiotic use was defined as 12 consecutive weeks or 24 intermittent weeks during SFY2019.
- All patients appeared to be closely monitored for side effects, and antibiotics were discontinued if no sufficient effect was realized. Many had co-morbid conditions, and use of the antibiotics long-term was clinically justified in the medical records.

7. RetroDUR/ProDUR: Laurie Brady, RPh, Change Healthcare and Michael Ouellette, RPh, Change Healthcare

- Introduction of RetroDUR: Use of Codeine in the Pediatric Population

Codeine use in children has come under scrutiny within the last few years due to the recent attention paid to complications of opiate use, including death. Codeine has been historically considered safe for treating pain in children, being used often to treat acute pain after surgical procedures and to suppress cough associated with respiratory infections. In 2013, the FDA restricted use in children younger than 18 to those who have acute pain after tonsillectomy/adenoidectomy. In a 2015 Drug Safety Communication, the public was warned about children who were ultra-rapid metabolizers of codeine, leading to high concentrations of the active metabolite too quickly, resulting in breathing difficulties. From 1969 – 2015, 64 cases of serious breathing problems, including 24 deaths in children under 18 were reported to the FDA Adverse Event Reporting System. This likely is an underreporting of the incidence of these complications. An FDA safety alert was issued in April 2017 stating the use of codeine was

contraindicated in the pediatric population younger than 12 years old and issued a warning about use in those ages 12-18 who are obese or have conditions such as obstructive sleep apnea or severe lung disease. The same safety alert also included the concern about using tramadol in the pediatric population and Vermont has placed age restrictions on the use of tramadol, but not codeine. In February 2018, codeine was removed from over the counter pain and cough medications. The purpose of this RetroDUR is to investigate the practice patterns of use of codeine in children, including as a cough suppressant, as well as pain management among providers who care for pediatric patients. We will look at use in the outpatient and inpatient settings, to evaluate both acute and chronic use for pain.

Change Healthcare will use paid, non-reversed Medicaid pharmacy and medical claims from calendar year 2020, excluding members with Part D, VMAP and Healthy Vermonters coverage. For 2020, they will identify members, stratified by age cohort (less than 12, 12-18) with at least one prescription for a codeine containing product. They will identify the diagnosis and number of days prescribed by both medical and dental providers and determine if codeine is being used for acute or chronic pain management. They will look for providers who repeatedly are prescribing codeine to do a targeted intervention. If the practice is widespread, general education will be provided to the provider community.

Recommendation: None at this time.

Public Comment: No public comment.

Board Decision: None needed. Depending on what the data shows, they would like Change Healthcare to include recommended alternatives for use when a narcotic level analgesic is needed.

- Data presentation: Chantix use for Smoking Cessation

The benefits of smoking cessation are obvious. While some people quit on their own, either by tapering or going “cold turkey”, many will require the aid of counseling, medications, or both. It has been demonstrated that of those who use medication, long-term abstinence often requires counseling in addition to medication. Luckily, several medications have been used successfully, including nicotine replacement products (short and long acting), bupropion and varenicline (Chantix). While initially there was concern that Chantix was associated with neuropsychiatric side effects, including risk of suicide, a recent, large study (EAGLES trial of 8000 smokers randomized to NRT, bupropion or varenicline or placebo) showed that the risk was equal among treatments and a black box warning was removed. Many who take Chantix have already tried nicotine replacement products unsuccessfully. While Chantix is meant to be used alone, there has been some success in adding short-acting NRTs in those who continue to experience withdrawal symptoms. In those who have successfully quit at 12 weeks, some may benefit from an additional 12 weeks of therapy to prevent relapse. 2020 guidelines for tobacco cessation issued by the American Thoracic Society recommend Chantix as first line therapy over nicotine replacement products and bupropion and state that for many patients, longer duration of treatment (greater than 12 weeks) is necessary to ensure success with quitting.

Change Healthcare looked at all members who were prescribed Chantix and evaluated the duration of therapy per member. Additionally, they looked to see which members were also simultaneously prescribed a short acting nicotine replacement product (gum, lozenges, inhaler, nasal spray). They evaluated if there were any members taking either bupropion or the long-acting nicotine patches, which is not common practice or recommended. Note: Only the smoking deterrent formulation of bupropion (150mg SR 12H) was included in the analysis. 3,356 distinct members had at least one prescription for a smoking cessation product in SFY 2020. 73% (2,435 members) had a prescription for nicotine replacement therapy or bupropion. Only 27% (921 members) had a prescription for Chantix. Of the members receiving Chantix, 26% (237 members) also had a prescription for nicotine replacement therapy (NRT) or bupropion. Of these 237 members, 90 appeared to be using Chantix concurrently with NRT or bupropion. 147 members had a prescription for NRT or bupropion, but the dates of service did not overlap with Chantix. There were 407 distinct prescribers of Chantix, 619 prescribers of short acting NRT, and 844 prescribers of long acting NRT or bupropion.

Recommendation: It is difficult to ascertain from this data the reasons why members did not complete 12-weeks of Chantix. It is possible that Chantix was ineffective, or the member could have experienced side effects. Some members could also have filled a Chantix prescription outside of the date frame for this analysis. Vermont Medicaid provides broad coverage of smoking cessation products without a co-pay, and most are available without prior authorization including nicotine patches, gum, lozenges, bupropion SR, and Chantix. This data should be shared with the Tobacco Medicaid Benefit and Promotion Initiative in order to develop and coordinate outreach and education. Work is underway to expand pharmacists' prescribing authority for smoking cessation products.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendation.

8. Clinical Update: Drug Reviews: Jeffrey Barkin, MD, Change Healthcare and Laurie Brady RPh, Change Healthcare

Biosimilar Drug Reviews:

- Avsola® (infliximab-axxq)

Recommendation:

ANKYLOSING SPONDYLITIS: INJECTABLES

- Add Avsola® (infliximab-axxq) biosimilar to Remicade® to non-preferred.
    - Clinical criteria:

- Move Renflexis to the additional criteria for Cimzia, Remicade and Simponi.
- Add Avsola to additional criteria to Inflectra: the prescriber must provide a clinically valid reason why at least 2 preferred agents cannot be used, and the patient must be unable to use Remicade or Renflexis.

GASTROINTESTINAL

- Add Avsola® (infliximab-axxq) biosimilar to Remicade® to non-preferred.
  - Clinical criteria:
    - For Crohn's Diseas: Add Avsola and Renflexis to clinical criteria for Humira, Remicade, Cimzia, Tysabri, Entyvio, Inflectra, Renflexis, Stelara.
    - Add Avsola to additional criteria to Inflectra and Tysabri: The prescriber must provide a clinically valid reason why Humira and Remicade or Renflexis cannot be used.
    - For Ulcerative Colitis: Add Avsola to the clinical criteria for Entyvio, Humira, Inflectra, Remicade, Renflexis, Simponi, and Stelara.
    - Add Avsola to additional criteria to Inflectra: The prescriber must provide a clinically valid reason why Humira and Remicade or Renflexis cannot be used.
    - Update Entyvio, Simponi, Stelara additional criteria: Age > 18 years AND the prescriber must provide a clinically valid reason why Humira and Remicade or Renflexis cannot be used.

PSORIASIS

- Add Avsola® (infliximab-axxq) biosimilar to Remicade® to non-preferred.
  - Clinical criteria:
    - Add Renflexis to the additional criteria for Cimzia, Cosentyx, Ilumya, Otezla, Remicade, Siliq, Skyrizi, Stelara, and Tremfya.
    - Add Avsola to additional criteria for Inflectra: The prescriber must provide a clinically valid reason why Humira, Taltz, and Remicade or Renflexis cannot be used.

RHEUMATOID, JUVENILE & PSORIATIC ARTHRITIS: IMMUNOMODULATORS

- Add Avsola® (infliximab-axxq) biosimilar to Remicade® to non-preferred.
  - Clinical criteria:
    - Add Avsola to the Actemra, Cimzia, Kevzara, Otezla, Remicade, Simponi (subcutaneous), and Stelara additional criteria.
    - Add Avsola to Inflectra to the additional criteria: The prescriber must provide a clinically valid reason why at least 2 preferred

agents cannot be used AND the patient must be unable to use Remicade or Renflexis.

Public Comment: Gene Muise R.Ph from Amgen: Highlighted the attributes of Avsola.

Board Decision: The Board unanimously approved the above recommendations.

Full New Drug Reviews:

- Bafiertam® (monomethyl fumarate)

Monomethyl fumarate (MMF), the active ingredient of Bafiertam® has been shown to activate the Nuclear factor (erythroid-derived 2)-like 2 (Nrf2) pathway in vitro and in vivo. The Nrf2 pathway is involved in the cellular response to oxidative stress. MMF has been identified as a nicotinic acid receptor agonist in vitro. However, the mechanism by which MMF exerts its therapeutic effect in multiple sclerosis is not known. It is indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults. The efficacy of Bafiertam® is based upon bioavailability studies in healthy subjects comparing oral dimethyl fumarate delayed-release capsules to Bafiertam® delayed-release capsules. The clinical studies included in the prescribing information for Bafiertam® were conducted using dimethyl fumarate. The efficacy of Bafiertam® is based upon bioavailability studies in healthy subjects comparing oral dimethyl fumarate delayed-release capsules to Bafiertam® delayed-release capsules.

Recommendation:

- Add Bafiertam® (monomethyl fumarate) capsule with QTY LIMIT: 4 capsules/day, Maximum 30-day supply per fill, to non-preferred.
- Add DIMETHYL FUMARATE (compare to Tecfidera®) (authorized generic labeler 00093 is the only preferred form) with QTY LIMIT: 2 capsules/day, Maximum 30-day supply per fill, to preferred.
- Add Dimethyl fumarate (compare to Tecfidera® (non-authorized generic forms) with QTY LIMIT: 2 capsules/day, Maximum 30-day supply per fill, to nonpreferred.
  - Clinical criteria:
    - Add Bafiertam to Vumerity criteria: Patient is ≥ 18 years AND has a diagnosis of relapsing forms of Multiple Sclerosis AND the patient has a documented side effect, allergy, treatment failure, or contraindication to at least two preferred drugs, one of which must be Dimethyl fumarate.
    - Update Tecfidera, dimethyl fumarate: the patient has a documented intolerance to the authorized generic.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendations.

- Breztri® Aerophere (budesonide, glycopyrrolate, formoterol fumarate)

Breztri® Aerosphere is a metered dose inhaler that delivers a combination of three active ingredients, including budesonide (an anti-inflammatory corticosteroid), glycopyrrolate (a long-acting antimuscarinic agent, or anticholinergic, that exhibits pharmacological effects through inhibition of the M3 receptor at the smooth muscle leading to bronchodilation), and formoterol fumarate (a long-acting selective beta2-adrenergic agonist, or beta2-agonist, with a rapid onset and that cause relaxation of bronchial smooth muscle and inhibition of release of mediators of immediate hypersensitivity from the cells, especially mast cells). It is indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD). It is not indicated for the relief of acute bronchospasm or for the treatment of asthma. The safety and efficacy of Breztri® Aerosphere were assessed in two randomized, double-blind, multicenter, parallel-group studies that included subjects with moderate to very severe COPD who remained symptomatic while receiving 2 or more inhaled maintenance treatments for COPD for at least 6 weeks prior to screening. There is some evidence at this time to suggest that Breztri® Aerosphere may be more effective than the dual ingredient comparators that were composed of its components (budesonide plus formoterol fumarate or glycopyrrolate plus formoterol fumarate) for certain endpoints assessed in two phase 3 studies, including the rate of on-treatment moderate or severe COPD exacerbations over 52 weeks and an increase in on-treatment FEV1 AUC0-4 at week 24 relative to a budesonide/formoterol fumarate MDI only (the change from baseline in morning pre-dose trough FEV1 at week 24 with Breztri® Aerosphere as compared with glycopyrrolate plus formoterol fumarate was not significant). However, there is no evidence to suggest that Breztri® Aerosphere is safer or more effective than the other currently preferred, more cost-effective medications, including the three ingredients taken separately. It is therefore recommended that Breztri® Aerosphere 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 Breztri® Aerosphere (budesonide/glycopyrrolate/formoterol fumarate) with QTY LIMIT: 1 inhaler (120 blisters)/30 days to non-preferred.
  - Clinical criteria:
    - Add Breztri: patient has a diagnosis of COPD (not FDA approved for asthma) AND patient has a treatment failure of at least 2 different combinations of a preferred Inhaled Corticosteroid, LABA, and LAMA used in combination for a minimum of 30 consecutive days AND patient has a documented side effect, allergy, treatment failure , or contraindication with Trelegy Ellipta.
    - Update Trelegy Ellipta: patient has a treatment failure of at least 2 different combinations of a preferred Inhaled Corticosteroid, LABA, and LAMA used in combination for a minimum of 30 consecutive days.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendations.

- Bynfezia® (octreotide) Pen

Octreotide, the active ingredient of Bynfezia® Pen, exerts pharmacologic actions similar to the natural hormone, somatostatin. Octreotide is a somatostatin analogue but an even more potent inhibitor of growth hormone, glucagon, and insulin than somatostatin. Like somatostatin, it also suppresses luteinizing hormone (LH) response to gonadotropin releasing hormone (GnRH), decreases splanchnic blood flow, and inhibits release of serotonin, gastrin, vasoactive intestinal peptide, secretin, motilin, and pancreatic polypeptide. It is indicated for

- Acromegaly: To reduce blood levels of growth hormone (GH) and insulin-like growth factor 1 (IGF-1) [somatomedin C] in adults with acromegaly who have had inadequate response to or cannot be treated with surgical resection, pituitary irradiation, and bromocriptine mesylate at maximally tolerated doses
- Carcinoid Tumors: For the treatment of adults with severe diarrhea and flushing episodes associated with metastatic carcinoid tumors
- Vasoactive Intestinal Peptide Tumors (VIPomas): For the treatment of adults with the profuse watery diarrhea associated with VIP-secreting tumors.

In patients with acromegaly, the effect of Bynfezia® Pen on improvement in clinical signs and symptoms, reduction in tumor size, and rate of growth has not been determined.
In patients with carcinoid syndrome and VIPomas, the effect of Bynfezia® Pen on the tumor size, rate of growth, and development of metastases has not been determined. There is no clinical trials section in the Bynfezia® Pen prescribing information. Octreotide injection, under brand name Sandostatin, ® has the same indications as Bynfezia® Pen, has been available for numerous years, and has been found to be safe and effective. Sandostatin® can be administered intravenously or subcutaneously. Bynfezia® Pen is for subcutaneous use; it should be stored in the refrigerator but after the first use it can be stored at room temperature. The multi-dose Bynfezia® Pen should be discarded 28 days after first use.

- Mycapssa® (octrotide)

Octreotide, the active ingredient of Mycapssa®, is a somatostatin analog. Octreotide exerts pharmacologic actions similar to the natural hormone somatostatin, but is a more potent inhibitor of growth hormone, glucagon, and insulin than somatostatin. Like somatostatin, it also suppresses luteinizing hormone (LH) response to gonadotropin-releasing hormone (GnRH), decreases splanchnic blood flow, and inhibits release of serotonin, gastrin, vasoactive intestinal peptide, secretin, motilin, and pancreatic polypeptide. It is indicated for the long-term maintenance treatment in acromegaly patients who have responded to and tolerated treatment with octreotide or lanreotide. The efficacy of Mycapssa® was established in a 9-month, randomized, double blind, placebo-controlled study that included patients with acromegaly (N=56). In the overall study population, 54% were female and the average age was 55 years. In a clinical trial, 58% treated with Mycapssa® maintained their biochemical response (the primary endpoint) as compared with 19% treated with placebo.

Recommendation:

- Add Bynfezia® (octreotide) pen, Sandostatin® (octreotide) solution for injection, and Mycapssa® (octreotide) capsule with QTY LIMIT: 4 caps/day to non-preferred.
- Add OCTREOTIDE ACETATE solution for injection and SANDOSTATIN® (octreotide acetate) LAR Depot to preferred.
    - Clinical criteria
        - Add Mycapssa: the diagnosis or indication is long-term maintenance treatment of acromegaly AND the patient has already responded to and tolerated treatment with an injectable somatostatin analog AND there is a clinically valid reason why the patient is unable to use Sandostatin® LAR Depot
        - Add Bynfezia, Sandostatin: the patient has a documented intolerance to Octreotide injection
        - Update Somatuline: The patient has a documented side effect, allergy, treatment failure, or contraindication to Sandostatin® LAR Depot.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendations.

- Enspryng ® (satralizumab-mwge)

Satralizumab-mwge, the active ingredient of Enspryng®, is a recombinant humanized anti-human interleukin 6 (IL-6) receptor monoclonal antibody based on a human IgG2 framework. It is produced by recombinant DNA technology in Chinese hamster ovary cells. Its exact mechanism of action is not known but it is presumed to involve inhibition if IL-6 mediated signaling through binding to soluble and membrane-bound IL-6 receptors. It is indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adults who are anti-aquaporin-4 (AQP4) antibody positive. The safety and efficacy of Enspryng® for the treatment of NMOSD were established in 2 studies. Study 1 was a randomized, placebo-controlled trial that included adults (N=95) without concurrent immunosuppressive therapy (IST), in which 64 patients were anti-AQP4 antibody positive and 31 patients were anti-AQP4 antibody negative. In two placebo-controlled trials, the time to the first Clinical Endpoint Committee (CEC)-confirmed relapse was significantly longer with the Enspryng® group compared to placebo. In addition, significantly more in the Enspryng® group than placebo group were relapse-free at 96 weeks. While there are 3 treatments available for NMOSD, Enspryng® is the only product that can be self-administered by the patient.

- Uplizna® (inebilizumab- cdon)

Inebilizumab-cdon, the active ingredient of Uplizna®, is a CD19-directed humanized afucosylated IgG1 monoclonal antibody produced by recombinant DNA technology in Chinese hamster ovary (CHO) cell suspension culture. Its exact mechanism of action is not known but is presumed to involve binding to CD19, a cell surface antigen present on pre-B and mature B lymphocytes. After cell surface binding to B lymphocytes, inebilizumab-cdon results in antibody-dependent cellular cytolysis. It is indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive. The safety and efficacy of Uplizna® for the treatment of NMOSD were assessed in a randomized, double-blind, placebo-controlled study that included adults with NMOSD where 213 adults were anti-AQP4 antibody positive and 17 were anti-AQP4 antibody negative. In clinical trials compared to placebo, the time to the first adjudicated relapse was significantly longer in patients treated with Uplizna® as compared with placebo. Uplizna® use is contraindicated in patients with active hepatitis B infection and with active or untreated latent tuberculosis.

Recommendation:

- Add new category Neuromyelitis Optica Spectrum Disorders (NMOSD) with a note that all products require PA.
- Add Enspryng® (satralizumab-mwge) prefilled syringe with QTY LIMIT = 3/28 days for the first month then 1/28 days thereafter, Uplizna® (inebilizumab-cdon) vial with QTY LIMIT = 300mg x 2 doses for the first 2 weeks then 300mg every 6 months thereafter, and Soliris® (eculizumab) vial to non-preferred.
    - Clinical criteria:
        - Add Enspryng, Soliris, Uplizna: The patient is ≥ 18 years AND Diagnosis or indication is the treatment of neuromyelitis optica spectrum disorder (NMOSD) AND Patient is aquaporin-4 (AQP4) antibody positive AND Patient has a history of one or more relapses that required rescue therapy within the year prior to screening, or 2 or more relapses that required rescue therapy in 2 years prior to screening AND Patient must have a documented side effect, allergy, treatment failure, or contraindication to rituximab. AND Initial approval will be granted for 6 months. Renewal requires documentation of improvement or stabilization of neurologic symptoms such as a decrease in acute relapses, reduced hospitalization, or reduction in plasma exchange treatments.
        - Add Soliris, Uplinza additional criteria: The patient must have a documented side effect, allergy, treatment failure or contraindication to Enspryng.

Public Comment: Matthew Burke from Genentech: Highlighted the attributes of Enspryng.

Board Decision: The Board unanimously approved the above recommendation with a correction to clinical criteria to state that the patient must be anti-aquaporin-4 (AQP4) antibody positive.

- Evrysdi® (risdiplam)

Risdiplam, the active ingredient of Evrysdi®, is a survival of motor neuron 2 (SMN2) splicing modifier designed to treat patients with spinal muscular atrophy (SMA) caused by mutations in chromosome 5q that lead to SMN protein deficiency. Risdiplam was demonstrated to increase exon 7 inclusion in SMN2 messenger ribonucleic acid (mRNA) transcripts and production of full-length SMN protein in the brain. It is indicated for the treatment of spinal muscular atrophy (SMA) in patients 2 months of age and older. The efficacy of Evrysdi® for the treatment of patients with infantile-onset and later-onset spinal muscular atrophy (SMA) was assessed in 2 clinical studies. The overall findings of these studies support the effectiveness of Evrysdi® in SMA patients 2 months of age and older and appear to support the early initiation of treatment with Evrysdi®. It is the first oral agent FDA approved to treat this disease. It was studied in both infantile-onset and later-onset SMA. In the infantile-onset SMA study, after a minimum of 23 months of Evrysdi® treatment, 81% of all patients (N=17/21) were alive without permanent ventilation. In addition, 41% treated with Evrysdi® were able to sit independently for ≥5 seconds after 12 months of treatment. These results are superior to the natural history of the disease. In the later-onset SMA study, the change from baseline in MFM32 total score at month 12 demonstrated a clinically meaningful and statistically significant difference between patients treated with Evrysdi® and placebo, favoring Evrysdi®.

Recommendation:

- Add Evrysdi® (risdiplam) oral solution to non-preferred.
  - Clinical criteria
    - Add Evrysdi: The diagnosis is spinal muscular atrophy (SMA) AND Patient is 2 months of age or older AND Medication is prescribed per the dosing guidelines in the package insert AND A negative pregnancy test is obtained for females of reproductive potential prior to initiating therapy and patient has been advised to use effective contraception during treatment and for at least 1 month after her last dose AND The patient does not have impaired hepatic function AND A patient who has been started on Spinraza will not be approved for Evrysdi until at least 3 months after the fifth dose (i.e. nine months after the first loading dose, three months after the fifth dose). Concurrent use will not be approved. Note: For therapy continuation, clinical documentation must be submitted documenting improvement or maintenance of motor ability OR slower progression of disease than would otherwise be expected

- Add additional requirement to Spinraza to state that Concurrent use with Evrysdi will not be approved..

Public Comment: Matthew Burke from Genetech: Highlighted the attributes of Evrysdi.

Board Decision: The Board unanimously approved the above recommendations.

- Kynmobi® (apomorphine HCL)

Apomorphine, the active ingredient of Kynmobi®, is a non-ergoline dopamine agonist with high in vitro binding affinity for the dopamine D4 receptor, and moderate affinity for the dopamine D2, D3, and D5 as well as adrenergic α1D, α2B, α2C receptors. The exact mechanism of action for its approved indication is not known, although it is believed to be due to stimulation of post-synaptic dopamine D2-type receptors within the caudate-putamen in the brain. It is indicated for the acute, intermittent treatment of "off" episodes in patients with Parkinson's disease (PD). The safety and efficacy of Kynmobi® for the acute, intermittent treatment of 'off' episodes in patients with Parkinson's disease were established in one randomized, double-blind, placebo-control, parallel-group study. In a clinical trial compared with placebo, Kynmobi® significantly improved (i.e. reduction in score) the change in the MDS-UPDRS III from pre-dose to 30 minutes post-dose at the 12-week visit. Apomorphine has been available for numerous years under the brand name Apokyn® as a subcutaneous injection dosage form.

Recommendation:

- Add Kynmobi® (apomorphine) sublingual film to non-preferred.
  - Clinical criteria
    - Add Kynmobi: The patient has a diagnosis of Parkinson's disease with intermittent presence of OFF episodes AND the patient is receiving concomitant levodopa which has been at a stable dose for a minimum of 4 weeks AND the patient is not taking a 5HT3 antagonist (e.g. ondansetron, alosetron) concurrently AND the patient has had a documented side effect, allergy, or treatment failure with Apokyn®

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendations.

- Licart® (diclofenac epolamine)

Diclofenac epolamine, the active ingredient of Licart®, is a nonsteroidal anti-inflammatory drug with analgesic, anti-inflammatory, and antipyretic properties. The exact mechanism is not completely understood but involves inhibition of cyclooxygenase. Diclofenac is a potent inhibitor of prostaglandin synthesis. It is indicated for the topical treatment of acute pain due to minor strains, sprains, and contusions. The safety and efficacy of Licart® for the treatment of

patients with minor sprains, strains, and/or contusions were assessed in two randomized, double-blind, parallel-arm, placebo- and active-controlled studies. Each Licart® system contains 182mg of diclofenac epolamine in an aqueous base, and each gram of adhesive contains 13mg of diclofenac epolamine (equivalent to 9.4mg diclofenac). Licart® contains heparin sodium as an inactive ingredient. The heparin has no effect on anticoagulation but is added to the product as an inactive ingredient to enhance the duration of diclofenac epolamine, thus enhancing the efficacy to allow for once daily dosing. In a study with healthy human volunteers, activated partial thromboplastin time (aPTT), a measure of coagulation, was unchanged following multiple Licart® applications. Flector® has the same active ingredient and indication as Licart® but Flector® is indicated to be used twice daily; it does not contain heparin as an inactive ingredient. In addition, Flector® is available generically and is approved for use in pediatric patients 6 years of age and older. Licart® is approved for use in adults only.

Recommendation:

- Add Licart® (diclofenac epolamine) 1.3% Patch with QTY LIMIT: 1 patch/day to non-preferred.
- Add Flector® (diclofenac) 1.3% patch with a QTY LIMIT : 2 patches/day to preferred
    - Clinical criteria:
        - Add Diclofenac Patch, Licart: patient has had a documented side effect or inadequate response to Diclofenac gel or topical solution AND patient has a documented intolerance to brand Flector Patch.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendations.

- Ortikos® (budesonide)

Budesonide, the active ingredient of Ortikos®, is a synthetic corticosteroid. It is an anti-inflammatory corticosteroid and has a high glucocorticoid effect and a weak mineralocorticoid effect. It is indicated for the treatment of mild to moderate active Crohn's disease involving the ileum and/or the ascending colon in patients 8 years of age and older. Maintenance of clinical remission of mild to moderate Crohn's disease involving the ileum and/or the ascending colon for up to 3 months in adults. The safety and efficacy of Ortikos® have been established based on adequate and well-controlled adult studies of another oral budesonide product in patients with Crohn's disease. The clinical studies included in the Ortikos® prescribing information are the same as in the Entocort® EC prescribing information. Entocort® EC is available as a 3mg delayed release capsule and has the same indications as Ortikos®. Entocort® EC has been available for numerous years and has been found to be safe and effective, while now having an available generic. Entocort® EC capsules can be opened and mixed in with applesauce for administration in those unable to swallow capsules. There was no information found in the prescribing information for Ortikos® indicating that the capsules could be opened and mixed with applesauce. Ortikos® hard

gelatin capsules are available as 6mg and 9mg. There is no evidence at this time to support that Ortikos® is safer or more effective than the other currently preferred, more cost-effective medications.

Recommendation:

- Add Ortikos® (budesonide) ER capsule with QTY LIMIT: 1 capsule/day to non-preferred.
    - Clinical criteria: Add Ortikos to Entocort EC criteria

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendations.

- Tivicay® PD (dolutegravir)

Dolutegravir, the active ingredient of Tivicay® PD, is a human immunodeficiency virus type 1 (HIV-1) antiretroviral agent. It is an integrase strand transfer inhibitor (INSTI) that inhibits HIV integrase by binding to the integrase active site and blocking the strand transfer step of retroviral DNA integration which is essential for the HIV replication cycle. It is indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in adults (treatment-naïve or -experienced) and in pediatric patients (treatment-naïve or -experienced but integrase strand transfer inhibitor [INSTI]-naïve) aged at least 4 weeks and weighing at least 3kg. Tivicay® tablets and Tivicay® PD tablets for oral suspension are not bioequivalent. The relative bioavailability of Tivicay® PD is about 1.6-fold higher than Tivicay®; thus, the 2 dosage forms are not interchangeable on a milligram-per-milligram basis. If a pediatric patient switches from one formulation to the other, the dose must be adjusted for the new dosage formulation. Tivicay® tablets have been available for numerous years and have been found to be safe and effective. If a pediatric patient switches from one formation to the other, the dose must be adjusted for the new dosage formulation. The safety and efficacy of Tivicay® PD (and Tivicay®) were supported by a trial that included 75 HIV-1 infected infants, children, and adolescents 4 weeks to 18 years of age. At 24 weeks, 62% of pediatric patients taking Tivicay® PD (or Tivicay®) had an undetectable viral load, and, at 48 weeks, 69% had an undetectable viral load.

Recommendation:

- Add TIVICAY® PD (dolutegravir sodium) to preferred.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the above recommendations.

- Zilxi® Foam (minocycline)

Minocycline, the active ingredient of Zilxi®, is a semi-synthetic derivative of tetracycline. The exact mechanism of action for its approved indication is unknown. It is indicated for the

treatment of inflammatory lesions of rosacea in adults. The safety and efficacy of Zilxi® were assessed in two multicenter, randomized, double-blind, vehicle-controlled trials of 12 weeks in duration that included subjects 18 years of age or older with inflammatory lesions of rosacea. It is the first topical minocycline foam FDA approved for topical rosacea. Per the full text study by Stein Gold et al2, patients receiving minocycline foam exhibited a significantly greater reduction in the number of inflammatory lesions ($p=0.0031$ study 1, $p<0.0001$ study 2) and significantly higher rates of IGA treatment success ($p=0.0273$ study 1 and $p=0.0077$ study 2). Comparator studies with active ingredients were not found.

Recommendation:

- Add Zilxi® (minocycline) 1.5% F to non-preferred.
  - Clinical criteria:
    - Add Zilxi: diagnosis or indication is rosacea AND patient has had a documented side effect, allergy, or treatment failure with a preferred generic topical metronidazole product and Finacea.

Public Comment: no public comment.

Board Decision: The Board unanimously approved the above recommendations.

9. New Therapeutic Drug Classes

- None at this time.

10. Therapeutic Drug Classes- Periodic Review:

- **Atopic Dermatitis**
  - No new drugs.
  - Eucrisa® (crisaborole) is now indicated for use in children down to 3 months of age and older.

Recommendation:

DERMATOLOGICAL AGENTS: IMMUNOMODULATORS

- Add QTY LIMIT: 4 syringes/pens the first 28 days then 2 Syringes/pens every 28 days thereafter to Dupixent® (dupilumab) subcutaneous injection, pre-filled syringe and auto-injector pen.
  - Clinical criteria:
    - Remove age from criteria for approval (topical medications)
    - Add requirement that the patient is ≥ 2 years of age to Elidel, Pimecrolimus, Protopic, and Tacrolimus criteria.
    - Update Eucrisa additional criteria: The patient has had a documented side effect, allergy, or treatment failure (defined as daily treatment for at least one month) with at least one preferred topical calcineurin inhibitor AND the quantity requested does not exceed 60 grams/fill and 180 grams/ 6 months. Trial of

calcineurin inhibitor will be waived for patients ≥ 3months though ≤ 2 years of age.

CHRONIC RHINOSINUSITIS WITH NASAL POLYPS

- Add Clinical criteria for Dupixent:

  Patient is 18 years of age or older AND Prescriber is an allergist or ENT specialist AND Patient has had an inadequate response to at least a 3-month trial of 2 different nasal corticosteroids AND Patient has had an inadequate response to at least a 10–14-day course of oral corticosteroids AND Patient will use Dupixent concurrently with an intranasal corticosteroid. For continuation of therapy after the initial 3 month authorization, the patient must continue to receive therapy with an intranasal corticosteroid AND there must be documented improvement in nasal symptoms.

Public Comments: Kristin Kollecas, PharmD from Sanofi Genzyme: Highlighted the attributes of dupilumab (Dupixent).

Board Decision: The Board unanimously approved the above recommendations.

- **Gaucher's Disease Medications**
  - No new drugs.
  - No new significant clinical changes.

Recommendation:

- No changes.

Public Comments: No public comment.

Board Decision: None Needed

- **Hemophilia/ Factor Deficiency**
  - No new drugs.
  - In August 2020, the FDA rejected the hemophilia A gene therapy, Roctavian (valoctocogene roxaparvovec), and asked for additional data. In December 2020, the FDA placed a clinical hold on uniQure's hemophilia B gene therapy, AMT-061 (entranacogene dezaparvovec), due to concerns of a diagnosis of hepatocellular carcinoma, a form of liver cancer, in one patient.

Recommendation:

- Move Hemlibra® (emicizumab-kxwh) to preferred.
- Remove Bebulin® from the PDL.
  - Clinical criteria:

- Under AHF- Factor IX update All Non-Preferred Products: The prescriber must provide a clinically compelling reason for the use of the requested medication including reasons why any of the preferred products would not be suitable alternatives. For approval of Idelvion or Rebinyn, documentation must include why the member is unable to use the preferred extended half-life concentrate Alprolix.

Public Comments: Matthew Burke from Genentech: yielded time back to the committee.

Board Decision: The Board unanimously approved the above recommendations.

- **Hereditary Angioedema**
  - In December 2020, the FDA approved Orladeyo (berotralstat), the first oral treatment indicated for HAE prophylaxis in patients 12 years of age and older. This drug will be discussed in further detail at a future meeting.
  - No new significant clinical changes.

Recommendation:

- No changes.

Public Comments: Lois Perry HAE Advocate & Engagement Specialist for US Hereditary Angioedema Association.

Board Decision: None needed.

- **Muscular Dystrophy**
  - Viltepso ® (viltorsen)

Viltolarsen, the active ingredient of Viltepso®, is an antisense oligonucleotide of the phosphorodiamidate morpholino oligomer (PMO) subclass. It is designed to bind to exon 53 of dystrophin pre-mRNA resulting in exclusion of this exon during mRNA processing in patients with genetic mutations that are amenable to exon 53 skipping. Exon 53 skipping is intended to allow for production of an internally truncated dystrophin protein in patients with genetic mutations that are amenable to exon 53 skipping. It is indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 53 skipping. This indication is approved under accelerated approval based on an increase in dystrophin production in skeletal muscle observed in patients treated with Viltepso®. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

Recommendation:

- Add Viltepso® (viltorsen) to non-preferred.

- Add Viltepso to updated Exondys, Vyondys clinical criteria: The patient must have a diagnosis of Duchenne Muscular Dystrophy with a confirmed mutation of the DMD gene that is amenable to exon 51 skipping (for Exondys) or exon 53 skipping (for Viltepso, Vyondys) (results of genetic testing must be submitted) AND The prescriber is, or has consulted with, a neuromuscular disorder specialist AND The dose does not exceed 30mg/kg once weekly (for Exondys, Vyondys) or 80mg/kg once weekly (for Viltepso)

Public Comments: Bethany Zanrucha from Sarepta Therapeutics: Highlighted the attributes of Exondys 51 and Vyondys 53. Brian Denger spoke on behalf of Parent Project Muscular Dystrophy. Benjamin Yungher from NS Pharma: Highlighted the attributes of Viltepso.

Board Decision: The Board unanimously approved the above recommendations.

- **Pancreatic Enzymes**
  - No new drugs.
  - No new significant clinical changes.

Recommendation:

- No changes.

Public Comments: No public comment

Board Decision: None needed.

- **Platelet Stimulating Agents**
  - No new drugs.
  - No other significant clinical changes.

Recommendation:

- No changes.

Public Comments: No public comment

Board Decision: None needed.

- **Prenatal Vitamins**
  - No new drugs.
  - No other significant clinical changes.

Recommendation:

- Remove Complete Natal DHA, Concept OB, Concept DHA, O Cal FA, Trinatal RX1, Vol Nate, Vol Plus from the PDL.
- Move C-Nate DHA and Se-Natal Chew to preferred.

- Move Concept OB and Concept DHA to non-preferred.

Public Comments: No public comment.

Board Decision: The Board unanimously approved the above recommendations.

- **Psoriasis: Non- Biologics**
  - No new drugs.
  - No other significant clinical changes.

Recommendation:

- Remove Calcitrene® (calcipotriene) ointment and Tazorac® (tazarotene cream, gel) from the PDL
  - Clinical criteria:
    - Update Enstilar, Taclonex or Calcipotriene/betamethasone dipropionate Ointment or Scalp Suspension: The patient has had an inadequate response trial (defined as daily treatment for at least one month) of a betamethasone dipropionate product and Dovonex (or generic calcipotriene), simultaneously.
    - Update Tazarotene, Vectical Ointment, Calcitriol Ointment: The patient has a diagnosis of mild-to-moderate plaque psoriasis AND The patient has demonstrated inadequate response, adverse reaction, or contraindication to calcipotriene.

Public Comments: No public comment

Board Decision: The Board unanimously approved the above recommendations.

11. Review of Newly Developed/Revised Criteria

- **Cumulative Daily Maximum Morphine Milligram Equivalent (MME) Limits**

Any new patient will be limited to 90 MME per day, and existing patients will be limited to 120 MME per day (applies to any combination of short and/or long acting opiates).

Recommendation:

OPIOIDS: SHORT ACTING and OPIOIDS: LONG ACTING

- NOTE: Any new patient will be limited to 90 MME per day, and existing patients will be limited to 120 MME per day (applies to any combination of short and/or long acting opiates)
  - Clinical criteria:
    - PA requests to exceed daily cumulative MME limits:
      - Non-Opioid alternatives (up to a maximum dose recommended by the FDA) and Non-Pharmacological

Treatments have been considered, and any appropriate treatments are documented in the patient's medical records. Such treatments may include, but are not limited to: NSAIDs, Acetaminophen, Acupuncture, Chiropractic, Physical Therapy.

- Vermont Prescription Monitoring System (VPMS) has been queried.
- Patient education and informed consent have been obtained, and a Controlled Substance Treatment Agreement is included in the patient's medical record.
- A reevaluation of the effectiveness and safety of the patient's pain management plan, including an assessment of the patient's adherence to the treatment regimen is completed no less than once every 90 days.
- Patient has a valid prescription for or states they are in possession of naloxone.
- Patients in nursing homes, receiving or eligible for hospice services, or those with chronic pain associated with cancer or cancer treatment are exempt from these requirements.

Public Comment: No public comment

Board Decision: The board would like Change Healthcare to remove all references to "limits" and would instead like to see language referring to the need for completion of a safety checklist for members exceeding the MME threshold. No vote was needed as this will be brought back to a future meeting.

12. General Announcements:

- None at this time.

Public Comment: No public comment.

Board Decision: No action needed.

13. Adjourn: Meeting adjourned at 9:05 p.m.