

Volume 15, Issue 2
May 2017 – July 2017

Pharmacy Benefits Management- Medical Advisory Panel- VISN Pharmacist Executives E_z - MINUTES

Watch for the next issue of Ez-Minutes Tuesday, November 7th, 2017

See us at: <http://www.pbm.va.gov/> or <https://vawww.cmpnational.va.gov/cmop/PBM/default.aspx>.

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New!!! Ez Minutes has some new features such as the inclusion of Prior Authorization categories (abbreviated PA) and a hyperlink to corresponding Criteria for Use (CFU) for medications irrespective of when the CFU was developed or revised. We hope this will add additional clarification on how the medications are designated on the formulary and how they can be used in practice.

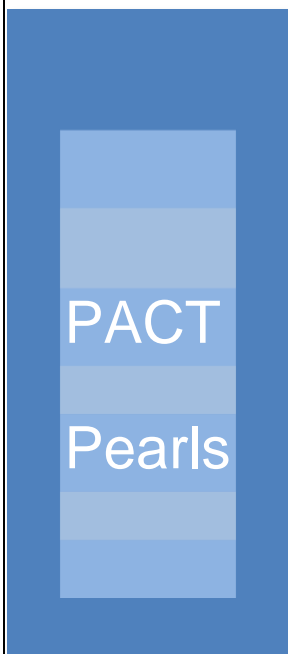
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<http://www.pbm.va.gov/PBM/ezminutes/current/currentEzMinutes.pdf>

PBM would like to Welcome Kelly Echevarria, PharmD, BCPS AQ-ID, National Clinical Pharmacy Program Manager -Infectious Disease

Posting of National PBM Documents May- July 2017 Formulary Decisions

ADDED to the VA National Formulary (VANF) with respective CFU, if available	NOT ADDED to the National Formulary (VANF) with respective CFU, if available	Removed from the National Formulary (VANF)
<ul style="list-style-type: none"> Filgrastim-tbo (GRANIX) Losartan/hydrochlorothiazide fixed-dose combination Paricalcitol injection Naloxone 2mg Autoinjector 	<ul style="list-style-type: none"> Aminolevulinic Acid Gel Carbamazepine IV Enalapril Oral Solution Intravenous carbamazepine Lorcaserin SA Naloxone 2mg Nasal Spray Olaratumab oxymetazoline Palbociclib Pomalidomide 	<ul style="list-style-type: none"> Filgrastim-sndz (Zarxio)
Criteria for Use (CFU)	Clinical Recommendations	ADDED as PA-N**
<ul style="list-style-type: none"> Anti-TNF DMARDs for Rheumatoid Arthritis [Rev Apr. 2017] Biologics in Psoriasis and Psoriatic Arthritis [Rev May 2017] Buprenorphine and Buprenorphine_Naloxone for Opioid Use Disorder Glucagon-Like Peptide-1 Agonists [Rev May 2017] Intra-articular Hyaluronic Acid/Hylan G-F 20 for Viscosupplementation for OA of the Knee [Rev July 2017] Liraglutide (Saxenda) [Rev May 2017] Pomalidomide 	<ul style="list-style-type: none"> Antiseizure Drug Selection Table [Rev March 2017] Buprenorphine for Off-Label use for Pain in the Transitioning Vet and Supplemental Info for OUD Medications Used in the Treatment of Female Infertility (Refer to PA-F column & Page 3 for more details) Guidance on Selecting a Weight Management Medication [InTRAnet only] Naloxone HCL Rescue Recommendations for Issuing 	<ul style="list-style-type: none"> None during this period <p>**PA-N-Prior authorization at national level</p>
Abbreviated Reviews	Drug Monographs	ADDED as PA-F* with respective CFU, if available
<ul style="list-style-type: none"> Intra-Articular Hyaluronic Acid/Hylan G-F 20 for Viscosupplementation for OA of the Knee-Evidence Summary 	<ul style="list-style-type: none"> Aminolevulinic Acid Gel Dexamethasone Intravitreal Implant Eluxadoline [Rev May 2017] Lixisenatide Olaratumab Oxymetazoline Cream Palbociclib 	<ul style="list-style-type: none"> Dexamethasone Intravitreal Implant- Restricted to ophthalmology Erlotinib-Restricted to non-small cell lung cancer with sensitizing EGFR mutation Erlotinib Criteria for Use Female Infertility Medications- Restricted to non-VA infertility referral/VA Infertility Specialist <ul style="list-style-type: none"> Cetrorelix Ganirelex Human menopausal gonadotropins (FSH/LH) Follitropin alfa (rFSH) Follitropin beta (rFSH) Chorionic gonadotropin (human, hCG) Chorio-gonadotropin alfa (recombinant) Progesterone vaginal gel (CRINONE) Progesterone vaginal insert (ENDOMETRIN) Progesterone injection TNF Inhibitors-Restricted <ul style="list-style-type: none"> Adalimumab Injection Etanercept Injection Infliximab-dyyb Injection <p>*PA-F-Prior authorization at facility level</p>

National Contract Awards for Calendar Year 2017 Click on [this link](#) to view the National Contract Awards CY 2017. [InTRANet only]



Editor's Note: The purpose of PBM-MAP-VPE Ez-Minutes is to communicate with the field on items which will impact clinical practice. PACT Pearls is aimed at communicating helpful information that is of particular interest to any PACT Provider. Please send any feedback and/or comments to Janet.Dailey@va.gov

- Naloxone 2mg Autoinjector – The FDA approved a new 2 mg naloxone auto injector strength for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. This will be the sole strength for the product since the 0.4mg strength will no longer be manufactured and marketed. Remember, the 4mg Naloxone Nasal Spray is the preferred naloxone product for overdose rescue
- Three TNF Inhibitors added to formulary with facility prior authorization restricting their use to specialists / providers who are appropriate for prescribing TNF inhibitors (e.g., dermatologists, gastroenterologists, rheumatologists)
- Eluxadoline indicated for the treatment of irritable bowel syndrome with diarrhea in adults is contraindicated in patients without a gallbladder.
- [VA Drug Standardization List](#) was revised to include the following listing for dofetilide:
Dofetilide: generic to generic substitution is not permitted under normal circumstances; substitution may be allowed for special situations (e.g., clinical need or supply problems) and should not occur without provider notification. Bioequivalence cannot be guaranteed when switching from one generic to another generic. Note: Greenstone product is not considered a generic for the purpose of this listing.



Posting of Center for Medication Safety VA MedSAFE Documents March - June 2017

Safety Issue	Date of Release	Safety Information
Apixaban (Eliquis®) Recall Due to Incorrect Strength in Bottle	6/8/2017	National PBM Patient Level Recall Communication

National Pharmacy-Prosthetics-Logistics (NPPLI)* Committee

The table below depicts the various products reviewed during April-May 2017. The X marks which service(s) is responsible for managing the respective products. Click [HERE](#) for recommendations made and minutes from earlier meetings.

	Products	Pharmacy+	Prosthetics+	Logistics+
*The PPL committee is established to clarify the responsibilities for the management and provision of primarily non-drug products; with the intent to improve the consistency of care associated with the provision of those selected products across the VHA. The committee is not responsible for determining formulary status, clinical merit, or appropriate use of the products reviewed.	Disposable supplies associated with use of Sam Sport or similar ultrasonic device	X (outpatients)		
	Eleview and similar products			X
	Prolaryn Plus and Gel and similar vocal cord bulking products			X
	Sam sport or similar ultrasonic device and start up supplies		X (outpatients)	
	Sam sport or similar ultrasonic device and associated supplies			X (inpatient, clinic use)
	Surgiflo Hemostatic Matrix/Thrombin and other surgical sealants			X
+ Contingent upon approval from VISN or local Clinical Products Review Committee (CPRC). Implementation of these determinations should be coordinated between services at local sites to ensure a smooth transition if determinations lead to a change in responsible service. If you have any questions related to this announcement, please contact the responsible local service (Pharmacy, Prosthetics, or Logistics) for more detailed information.				
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Infertility Medications in Females

- VA provides infertility evaluation treatment, excluding in-vitro fertilization (IVF), as part of the medical benefit. Congress passed the IVF Rule in January 2017 that authorizes VA to provide IVF services to Veterans with service-connected conditions that result in the inability to procreate; this regulation also covers legal spouses. Most infertility care will be provided outside of VA. Care under the IVF rule will be provided under the PC3 contract, where pharmacy will fill prescriptions.
 - See WHS Infertility SharePoint for more info: <http://vaww.infoshare.va.gov/sites/womenshealth/whsra/repr/Workforce.aspx>
 - Coordination of care and clear communication with non-VA provider and patient is important in order to minimize delays and avoid cancelled cycles.
- The PBM-Women's Health Services Guidance document on Medications Used in the Treatment of Infertility in Females is now available. (see link below) This document is intended to serve as an aid for pharmacists evaluating prescriptions and clinical staff caring for patients undergoing infertility treatment, either as part of the IVF rule or as part of non-IVF treatment under the usual medical benefit:

<https://vaww.cmopnational.va.gov/cmop/PBM/Clinical%20Guidance/Clinical%20Recommendations/Infertility%20Medications%20Used%20in%20the%20Treatment%20of%20Females%20May%202017.docx> .
- PBM recently added several infertility medications to the VA National Formulary. The newly added drugs are designated "prior-authorization at the facility level" (PA-F), restricted to non-VA infertility specialist referral or VA infertility specialists to reduce the potential risk for misuse by non-infertility specialists. The specific details of the operations of the PA may vary by facility.

Table 1: Drugs already on VANF without any restrictions	Table 2: Drugs newly added to VANF, restricted to infertility specialists	
	Infertility Medication Class	Individual agents added to VANF with PA-F *Restricted to non-VA infertility referral/ VA infertility specialist*
Clomiphene citrate ORAL	GnRH antagonists	Cetrorelix (CETROTIDE) Ganirelix (ANTAGON)
Letrozole (off-label) ORAL	Gonadotropin agonists	Human menotropins (FSH/LH) (MENOPUR) Follitropin alfa (rFSH) (GONAL-f) Follitropin beta (rFSH) (FOLLISTIM)
Metformin (off-label) ORAL	Chorionic gonadotropin	hCG (PREGNYL) rCG (OVIDREL)
	Progesterone	Progesterone vag gel (CRINONE) Progesterone vag insert (ENDOMETRIN) Progesterone in oil injection

Caveats:

- Leuprolide aqueous solution**, non-sustained action formulation used for infertility (off-label), was unable to be added to VANF due to contracting requirements of an alternate GnRH agonist drug on VANF. Additional details on the specific product NDC, ordering instructions are included in the PBM document. Some treatment regimens require additional dilution of the product ("microdose" protocol), either in an IV room or prepared by a compounding pharmacy. Sustained action formulations (i.e., Lupron Depot) or other sustained action products (i.e., Eligard – indicated for MALES) should NOT be substituted when leuprolide aqueous solution for infertility treatment is prescribed.
- Urofollitropin** was not added to VANF because it is not available (recalled in 2015). If/when the product becomes available in the future; PBM can revisit the formulary status.
- Follistim pen device** – The drug is available through McKesson, but the device needed to use the drug needs to be ordered separately. The device is typically ordered through the manufacturer and requires prior proof of purchase of the drug which causes about a week or more delay. To minimize the delay in reaching the patient, CMOP has secured a supply of the devices that can be ordered and will be shipped directly to the patient. ***When Follistim is ordered, a separate order for the pen device is required.***

Submitted by Lisa Lonao, Pharm.D., BCPS-National PBM Clinical Pharmacy Program Manager

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MONTHLY PBM-MAP-VPE Webinars (3rd Tues of the month @ 3:10 ET) VANTS: 1-800-767-1750 AC 49792# for all webinars below

Adobe Connect Meeting Link: <http://va-eerc-ees.adobeconnect.com/pbm-monthly-webinars/>.

All webinars are accredited for ACPE, ACPE-T, ACCME, and ACCME-NP unless specified.

8/15/17: Weight Loss Medications:

ACPE / ACCME accreditation: [PBM Series - Weight Management Medications](#)

ACPE-T accreditation: [PBM Monthly Series - Weight Management Medications TECH](#)

REMINDER: ACPE accredited weekly BCPS/BCACP (Every Thurs at 12:10 PM ET) and BCPP (Every Wed. at 3:10 PM ET) board certification webinars are in progress. Anyone can attend. Contact Janet.Dailey@va.gov for more details.

Save-The-Date: 9/19/17 Webinar: DOACs