Welcome our new PBM Assistant Chief Consultant!

Dr. Jennifer Zacher PharmD, BCPP previously served as the Assistant Division Officer of the Pharmacy Division at the Captain James A. Lovell Federal Health Care Center.

Welcome to the PBM!

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**Posting of National PBM Documents August-October 2013**

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<td>- Aripiprazole Long-acting IM&lt;br&gt; - Dimethyl Fumarate&lt;br&gt; - Hydroxyprogesterone Caproate&lt;br&gt; - Lidocaine 3.5% Ophthalmic Gel&lt;br&gt; - Multivitamins/minerals Senior</td>
<td>- Aцикловир buccal tablets&lt;br&gt; - Алдазон сульфат.alibaba&lt;br&gt; - Алоглиптин tablets&lt;br&gt; - Балсальные tablets&lt;br&gt; - Бупивакaine Liposome Injectable Suspension&lt;br&gt; - Canagliflozin tablets&lt;br&gt; - Crofelemer&lt;br&gt; - Ксаметазоне 0.25% Spray&lt;br&gt; - Ерибулин&lt;br&gt; - Месаламин delayed-release capsules&lt;br&gt; - Окрипазин&lt;br&gt; - Тафлупрост ophthalmic solution&lt;br&gt; - Tobramycin Inhalation powder</td>
<td>- Глибурид (patients currently on glyburide and doing will be grandfathered in)</td>
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### Criteria for Use (CFU)

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### Drug Class Review

- **Ophthalmic NSAIDs- Addendum to Drug Class Review (Focus on Agents with Less Frequent Dosing)**
- **Target Specific Oral Anticoagulants (TSOACs)**
- Dabigatran, Rivaroxaban, Apixaban Drug Class Review

### Abbreviated Review

- **Acyclovir Buccal Tablets**
- **Ацикловир сульфат.alibaba**
- **Lidocaine 3.5% Ophthalmic Gel**
- **Hydroxyprogesterone Caproate**
- **Tobramycin Inhalation Powder**

### Drug Monograph

- **Ацикловир**
- **Ацикловир сульфат.alibaba**
- **Bupivacaine Liposome Injectable Suspension**
- **Canagliflozin**
- **Crofelemer**
- **Dimethyl Fumarate**
- **Ерибулин**
- **Тафлупрост ophthalmic solution**

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**What's NEW.......... CFU?**

A new disclaimer statement has been added to all CFU. (See bolded text below) The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. Local adjudication should be used until updated guidance and/or CFU are developed by the National PBM. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. The clinician should utilize this guidance and interpret it in the clinical context of the individual patient. Individual cases that are outside the recommendations should be adjudicated at the local facility according to the policy and procedures of its P&T Committee and Pharmacy Services.”

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**DID YOU KNOW?**

- **Thickening agent for dysphagia, changed from Thicken agent, oral-gel or oral-powder to:**
  - Thickening agent, gum-based, oral gel or oral powder
  - Thickening agent, starch-based, oral gel or oral powder

Formulary line item extension for Clindamycin Phosphate (SOLUTION/TOP/SWAB) was approved to provide option of solution in bottle or topical swabs.
The PPLA workgroup was created to help clarify the responsibility for management (e.g., ordering, storing, purchasing, and/or dispensing) of those products in which it is not clear which service should provide. The workgroup is not responsible for determining formulary status, clinical merit, or appropriate use of the products reviewed.

ZUBSOLV 5.7 / 1.4-mg Provides Same Buprenorphine Exposure as SUBOXONE 8 / 2-mg Sublingual Tablets

Buprenorphine / naloxone (ZUBSOLV) sublingual tablets were approved by the FDA for maintenance treatment of opioid dependence in July 2013. ZUBSOLV is a VA national formulary drug under the line item buprenorphine/naloxone sublingual tablets. The product is available in two strengths of buprenorphine / naloxone: 1.4 / 0.36 mg and 5.7 / 1.4 mg. The important thing to remember is that one 5.7 / 1.4-mg tablet provides equivalent buprenorphine exposure to SUBOXONE-equivalent 8 / 2-mg tablets. One ZUBSOLV 5.7 / 1.4-mg tablet also provides 12% lower naloxone exposure; however, this difference is not clinically important.

The fact that the buprenorphine content is bioequivalent between the ZUBSOLV 5.7 / 1.4-mg tablet and SUBOXONE 8 / 2-mg tablet is important because it means that switching between the two tablet strengths does not result in a true change in systemic buprenorphine exposure. One can expect similar clinical effects of buprenorphine despite the different product strengths. Put another way, one may appear to decrease the buprenorphine dose with the ZUBSOLV 5.7 / 1.4-mg tablet relative to the SUBOXONE-equivalent 8 / 2-mg tablet, but actually the same amount of buprenorphine is available systemically.

The numbers can be misleading and pose potential dosing confusion. Remember 5.7 mg of buprenorphine in ZUBSOLV is equivalent to 8 mg of buprenorphine in SUBOXONE-equivalent sublingual tablets.
The Pharmacy Benefits Management Office of Clinical Informatics (PBM-CI) and National PBM Education Advisory Committee (PBM-EdAC) are pleased to present

FY14 Informatics and Analytics Education and Training Program Series

Course offerings are centered on software tools to increase the knowledge to provide reports for software package maintenance and patient data including:

- VA FileMan Reports Beginning and Intermediate\Advanced
- MUMPS programing language Beginning and Intermediate\Advanced
- Structured Query Language (SQL) (coming soon)
- Visual Basic Application (VBA) Macros for Reflection (coming soon)

FY14 training will be conducted on the PBM Education MOODLE Site learning platform either using pre-recorded content or live remote instructor led sessions. Although these trainings are focused on those that work in pharmacy informatics areas, anyone in the field with interests in becoming more proficient in informatics is welcomed to attend the training.

The long term goal of the PBM Informatics training program is to have knowledge based Informatics (ADPAC, CACs, BCMA Coordinators, HIMS etc.) at each medical center or increase the number of VA staff at all VA care delivery sites that are proficient in advanced analytics techniques and create and share best practices with the clinical informatics community.

For additional information, please contact Adelaide.Quansah@va.gov

COMING SOON to the PBM Education Moodle Platform! 2013 Clinical Pharmacy Subspecialty and PACT II Boot Camps (taped programs). Details will be forthcoming soon!

PATIENT BROCHURES AVAILABLE FOR WOMEN TAKING WARFARIN

Posted to the PBM Intranet Site are Patient brochures to use in educating women Veterans of reproductive age who are on warfarin. The brochures are intended to be provided to patients by their anticoagulation providers. Two versions of the patient brochure are available:

1. Ready-to-Print PDF format without customizable contact information for facilities: Anticoagulation: Women Veteran Patient Brochure: Ready to Print
2. Customizable: MS publisher format where facility-specific Women’s Health contact information could be added to page 2. : Anticoagulation: Women Veteran Patient Brochure-Customize before printing

The PDF brochure will also be available in TMS starting Wed. Nov. 6th, 2013. If any questions, please contact Lisa.Longo@va.gov, Rosemary.iles@va.gov, and/or Janet.Dailey@va.gov

PBM-MAP-VPE webinars are held every third Tues. of the month @ 3 PM ET
All previous taped webinars are available via on-demand viewing in on PBM Education SharePoint site Click HERE.
Taped webinars are also available via On-demand viewing in TMS: https://www.tms.va.gov/learning/user/login.jsp. Type “PBM” in the search field to retrieve PBM-MAP-VPE programs.

No program in November, 2013. Watch for the announcement for the Dec. 2013 program. Details will be posted to the PBM Education SharePoint site.

Don’t Forget…
November 21st
Great American Smokeout Day!

Monday, November 18, 2013 at 3:00 ET
“Promoting Tobacco Cessation: Where to Find & How to Use VA’s Resources”
Presenter: Dana Christofferson, PhD.

The VANTS (toll-free) number is 1-800-767-1750, access code: 67738.
Accreditation: ACCME, APA, ANCC, ACPE, APA, ASWB, CA BBS
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