Volume 12, Issue 1
November 2013-
January 2014

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

Watch for the next issue of Ez-Minutes May 6th, 2014
We're on the Web! See us at: **http://www.pbm.va.gov/ or**
https://vaww.cmopnational.va.gov/cmop/PBM/default.aspx

The purpose of the PBM-MAP-VPE Ez-Minutes Newsletter is to communicate with the field on items that will impact clinical practice in the VA.

Inside This Issue

Posting of National PBM Documents November 2013-January 2014

Formulary Decisions

Added to the VA National Formulary (VANF)

- Ganciclovir Ophthalmic Gel Restricted to Ophthalmology
- Multivitamin Ophthalmic (No Beta Carotene)
- Telaprevir
- Acamprosate
- Mitomycin Ophthalmic Kit
- Rivaroxaban
- Saxagliptin (Effective Febr. 1st, 2014)

Criteria for Use (CFU)

- Anticoagulants, Target Specific Oral (TSOAC) CFU and Algorithm for Nonvalvular Atrial Fibrillation
- Telaprevir [Updated Nov. 2013 Dosage Regimen)]
- Vismodegib
- Botulinum Toxins
- Naltrexone ER Inj [Updated Jan, 2014]
- Transgender Cross Sex Hormone Therapy MtF (Male to Female)
- Transgender Cross Sex Hormone Therapy FtM (Female to Male)

DID YOU KNOW?

- Formulary line item extension for clindamycin phosphate swab, topical will be clindamycin phosphate (SOLUTION/TOP SWAB) to provide option of solution in bottle or topical swabs.
- These documents were archived: Insomnia PC Algorithm Guidance for Treatment; Interferon alfacon-1 CFU; Acamprosate CFU.
- Available Now: Guidance on Off-Label Prescribing [Updated, Nov. 2013]

Not added to the National Formulary (VANF)

- Alcaftadine Ophthalmic Solution
- Antithrombin recombinant Injection
- Avanafil
- Botulinum Toxins
- Bupivacaine Liposome Injectable Suspension
- Cetuximab
- Fluticasone furoate-vilanterol inhaler
- Linaclotide
- Loteprednol Ophthalmic Gel
- Mechlorethamine Topical Gel
- Nimodipine Oral Solution
- Pasireotide
- Sumatriptan Transdermal
- Tazarotene Foam
- Teduglutide Injection
- Vismodegib

Drug Class Review

- Botulinum Toxins
- DPP-4 Inhibitor Drug Class Review

Recommendations for Use

- Alcohol Use Disorder Pharmacotherapy (Acamprosate Naltrexone Disulfiram) [Updated Dec. 2013]
- Interim Considerations for Simeprevir and Sofosbuvir
- Peginterferon alpha and Ribavirin in combination with Direct Acting Antivirals [Updated Nov. 2013 Dosage Regimen]
- Vitamins to Reduce Risk of Progression of ARMD (AREDS2 Overview)

Removed from the National Formulary

- Multivitamin ophthalmic (ARED non-smoker)
- Multivitamin Ophthalmic (smoker)

Drug Monograph

- Acamprosate Addendum 2013
- Alcaftadine Opthalmic Solution
- Bupivacaine Liposome Injectable Suspension
- Cetuximab [Updated Dec. 2013]
- Fluticasone furoate-vilanterol inhaler
- Ganciclovir Ophthalmic Gel
- Linaclotide
- Naltrexone ER Suspension Injection [Updated, Jan. 2014]
- Vismodegib

Therapeutic Interchange Guidance

- Saxagliptin Guidance Conversion

Abbreviated Review

- Antithrombin Recombinant Injection
- Avanafil
- Pasireotide
- Mitomycin Opthalmic Kit [Updated, October, 2013]
- Loteprednol etabonate Ophthalmic Gel
- Nimodipine Oral Solution
- Loteprednol Ophthalmic Gel
- Sumatriptan Transdermal
- Tazarotene Foam
- Teduglutide Injection

Posting of VAMedSAFE Documents Nov. 2013-Jan. 2014

National PBM Bulletins	National PBM Communication
LMWHs and Increased Risk of Spinal Column Bleeding and Paralysis - 11/15/2013 Regadenoson (Lexiscan) and Adenosine (Adenoscan): Risk of Heart Attack and Death - 11/29/2013	Imitrex STATdose System and Sumatriptan Succinate Injection Refill 6mg Recall – 11/22/2013 Abbott FreeStyle Glucose Test Strips Recall - 11/29/2013

Correction from Ez Minutes Aug- Oct 2013 Issue
The LINK TO VA MedSAFE is now: **BOOKMARK!**
http://www.pbm.va.gov/vacenterformedicationsafety/VACenterForMedicationSafetyAboutUs.asp

Pharmacy-Prosthetics-Logistics and Acquisitions (PPLA)* Workgroup

The table below depicts the various products reviewed during October- December 2013 meetings. The X marks which service(s) is responsible for managing the respective products. Please click HERE for further details and decisions made from earlier meetings.

**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.*

Products	Pharmacy+	Prosthetics+	Logistics and Acquisitions+
Blinkeze	To be determined locally		
Biofreeze and similar menthol containing sprays and gels			X (inpatient or clinic use)
Merit Drainage Depot (Biliary Stent drainage tube/drainage bag)			X (inpatient or clinic use)
Nephrostomy drainage bags	X (outpatients)		X (inpatient or clinic use)
Plak-Vac	X (toothbrush refills after the initial supply)	X (including an initial supply of toothbrushes)	
Tissue Expanders (implanted item)		X	
Osteoset Mini Resorbable Bead Kit		X	
Povidone iodine, Isopropyl Alcohol, Lotion for dry skin, Talc powder (nondrug containing) and Hydrogen Peroxide	X (outpatients)		X (inpatient or clinic use)
Retinal Silicone Sponge	X (outpatients)		X (inpatient or clinic use)
Retisert (including ozurdex)	X		
Silicon Scar Healing Bandages	X (outpatients if deemed medically indicated)		X

+ Contingent upon approval from VISN or local Clinical Products Review Committee (CPRC). Implementation of these recommendations should be coordinated between services at local sites to ensure a smooth transition if recommendations 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.

PBM-EDUCATION
NATIONAL PHARMACY BENEFITS MANAGEMENT

Next PBM Webinar: February 18th, 2014 @ 3 PM ET: What's In Your Moodle?

1-800-767-1750 Access Code 49792#

Need help navigating around Moodle? How do I enroll in programs? What Moodle programs will be available in the future?

Next week's non-accredited webinar is specifically for those enrolled in a PBM Supported Board Certification Study Groups (i.e. Pharmacotherapy, Certified Geriatric Pharmacy, Oncology, Ambulatory Care, and Psychiatry) although anyone is welcome to attend to learn more about navigating around Moodle and availability of AccessPharmacy from the VA Central Office Library.

Please note: Psychiatry Study Group will begin early March, 2014 with enrollment starting next week. Watch for details!

Submit any Moodle/AccessPharmacy questions/issues you may have in advance to Janet.Dailey@va.gov.

Summary of Recent Hypertension Clinical Practice Guidelines

Recently, several guidelines or recommendations have been published on the management of patients with hypertension.[1-8] The report from the panel members appointed to the eighth Joint National Committee (JNC 8) includes a comparison of the guideline recommendations (adapted below with addition of the respective strength of recommendation and quality of evidence grading system for the recommendation).[1-8] Each of the guidelines or statements vary, depending on the focus of the guideline, evidence review, or clinical question addressed; in addition, the recommendations vary in their support by societies and/or groups or individuals.[1-9]

Of note, the VA/DoD is in the process of updating its clinical practice guidelines for the diagnosis and management of hypertension in the primary care setting (http://www.healthquality.va.gov/Hypertension_Clinical_Practice_Guideline.asp) and will be conducting an evidence review based on key clinical questions important to the management of hypertension in our patient population. National hypertension guidelines by the American College of Cardiology (ACC)/American Heart Association (AHA) in partnership with the National Heart, Lung, and Blood Institute (NHLBI) are also being developed.

Guideline or Statement	Patient Population (Age or Comorbidity)	BP Treatment Goal [Strength, Quality][a]	Initial Drug Therapy Choices [Strength, Quality][a]
JNC 8 Panel[1] (2014)	≥ 60	< 150/90 [A,Moderate-High]	Non-black: thiazide, ACEI, ARB, CCB [B,Low-High] Black: thiazide, CCB [B,Low-Moderate; w/DM: C,Low]
	< 60	< 140 [E]/90 [A,High]	
	DM	< 140/90 [E]	
	CKD	< 140/90 [E]	ACEI, ARB [B,Low-Moderate; primarily for kidney outcomes]
ASH/ISH[2] (2013)[b]	< 80	< 140/90 [NA]	Non-black: (< 60) ACEI, ARB [NA]; (≥ 60) thiazide, CCB [NA] Black: thiazide, CCB [NA]
	≥80	< 150/90 [NA]	
	DM	< 140/90 [NA]	ACEI, ARB (thiazide, CCB also option if black) [NA]
	CKD	< 140/90 [NA]	ACEI, ARB [NA]
ACC/AHA/CDC[3] (2013)	Adult	<140/90 [NA]	SBP 140-159 or DBP 90-99: thiazide [NA] SBP ≥ 160 or DBP ≥ 90: thiazide and ACEI, ARB or CCB (or consider ACEI and CCB) [NA]
ESH/ESC[4] (2013)[b]	General (nonelderly)	< 140 [I,B]/90 [I,A]	Thiazide, ACEI, ARB, BB, CCB [I,A][c]
	General elderly < 80 Fit elderly < 80	< 150 [I,A]/90 [I,A] Consider < 140 [IIb,C]	
	≥ 80	< 150 [I,B]/90 [I,A]	
	DM	<140 [I,A]/85 [I,A]	ACEI, ARB preferred; also thiazide, BB, CCB [I,A]
	CKD	< 140 [IIa,B]/90 [I,A] Consider < 130 if proteinuria [IIb,B]	ACEI, ARB [I,A]
CHEP[5] (2013)	<80	< 140 [C]/90 [A]	Thiazide [A], BB (< 60) [B], ACEI (non-black) [B], ARB [B], CCB [B]
	≥80	< 150 [C]/90 [A]	
	DM	< 130 [C]/80 [A]	ACEI [A], ARB [B], CCB [A], thiazide [A] Additional CV RF: ACEI, ARB [B]
	CKD	<140/90 [B]	Proteinuria (> 500mg/24hr or ACR > 30mg/mmol): ACEI [A], ARB if ACEI intolerant [B]
NICE[6] (2011)	<80	< 140/90 [NA]	< 55: ACEI, ARB [NA] ≥ 55 or black: CCB [NA]
	≥80	< 150/90 [NA]	
ADA[7] (2013)	DM	< 140 [NA,B]/80 [NA,B]	ACEI, ARB [NA,C]
KDIGO[8] (2012)	CKD w/o proteinuria	≤ 140/90 [1,B]	ACEI, ARB, BB, CCB, thiazide [NA]
	CKD w/proteinuria	≤ 130/80 (UAE 30-300mg/24h) [2,D] (UAE > 300mg/24h) [2,C]	 ACEI, ARB [2,D] ACEI, ARB [1,B]

Adapted from James PA, Oparil S, Carter BL, et al. 2014 Evidence-based guideline for the management of high blood pressure in adults: Report from the panel members appointed to the eighth Joint National Committee (JNC 8). JAMA doi: 10.1001/jama.2013.284427.[1]

ACC=American College of Cardiology; ACEI=angiotensin-converting enzyme inhibitor; ACR=albumin to creatinine ratio; ADA= American Diabetes Association; AHA=American Heart Association; ARB=angiotensin II receptor antagonist; ASH=American Society of Hypertension; BB=beta-adrenergic blocker; BP=blood pressure; CCB=calcium channel blocker; CDC=Centers for Disease Control and Prevention; CHEP=Canadian Hypertension Education Program; CKD=chronic kidney disease; CV=cardiovascular; DM=diabetes mellitus; ESC=European Society of Cardiology; ESH=European Society of Hypertension; ISH=International Society of Hypertension; JNC= Joint National Committee; KDIGO= Kidney Disease Improving Global Outcomes; NA=not available; NICE=National Institute for Health and Clinical Excellence; RF=risk factors; UAE=urinary albumin excretion

[a] Grading system used to assess Strength of Recommendations and Quality of the Evidence

VA/DOD HTN	JNC 8	ACC/AHA/CDC	ASH/ISH	ESH/ESC	CHEP	NICE*	ADA	KDIGO
USPSTF	NHLBI	NA	NA	ESC	CHEP	AHCPR; GREG; GRADE (adapted)	ADA	GRADE

*2011 recommendations were not graded according to the strength of evidence (as in 2006 version)

[b] Refer to the full document for recommendations in additional patient populations

[c] Refer to the full document for preferred classes of medications in certain conditions

References

1. James PA, Oparil S, Carter BL, et al. 2014 Evidence-based guideline for the management of high blood pressure in adults: Report from the panel members appointed to the eighth Joint National Committee (JNC 8). JAMA doi: 10.1001/jama.2013.284427. (Evidence review located under Supplemental content)
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3. Go AS, Bauman M, Coleman King SM, et al. An effective approach to high blood pressure control: a science advisory from the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention. Hypertension 2013. Available at: http://hyper.ahajournals.org/content/early/2013/11/14/HYP.0000000000000003.citation.
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5. Canadian Hypertension Education Program 2013 Recommendations. III. Choice of therapy for adults with hypertension without compelling indications for specific agents. http://www.hypertension.ca/chep-recommendations. Accessed 2014 Jan 17.
6. National Clinical Guideline Center. Hypertension: the clinical management of primary hypertension in adults. Update of Clinical Guideline 18 and 34. Clinical Guideline 127: Methods, evidence, and recommendations. August 2011; 1-328.
7. American Diabetes Association. Standards of medical care in diabetes. Diabetes Care 2013; 36(Suppl 1):S11-66.
8. Kidney Disease: Improving Global Outcomes (KDIGO) Blood Pressure Working Group. KDIGO clinical practice guideline for the management of blood pressure in chronic kidney disease. Kidney Inter Suppl 2012;2:337-414.
9. Wright JT, Fine LJ, Lackland DT, Ogedegbe G, Dennison Himmelfarb CR. Evidence supporting a systolic blood pressure goal of less than 150 mm Hg in patients aged 60 years and older: the minority view. Ann Intern Med Published online 14 January 2014 doi:10.7326/M13-2981.

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