Vermont Pharmacist Association
877.483.2646
Building One Voice for Pharmacy!

January 2015

Volume 5 Issue 1

Marci Wood, Editor

Happy New Year from the VPA!

Vermont News

Upcoming Vermont Pharmacists Day

The 5th Annual Vermont Pharmacists Day will be held at the Statehouse in Montpelier on Thursday, January 29th from 8:00am-1:00pm. Pharmacists and pharmacy students have the opportunity to meet informally with state legislators to advocate for both patients and profession. Please mark the day on your calendar. All members are welcome to attend. For more information, contact Jim Marmar, Executive Director, VPA at vtpa@sover.net.

Upcoming Board of Pharmacy Meeting

The next meeting of the Board of Pharmacy is scheduled for January 28th at 9 AM. The meeting will be held on the 3rd floor of the City Center, 89 Main Street in Montpelier.

Man Wearing Santa Hat Robs Burlington Pharmacy

Police are seeking information about a man who robbed Lakeside Pharmacy in Burlington on December 18th. The suspect is described as approximately 5'10" tall, and was wearing dark shorts, a red Gap hooded sweatshirt, a Santa hat, goggles, and a surgical mask. The man entered the pharmacy, demanded opiates, and fled once receiving the drugs. No injuries were reported. Information can be provided by contacting the Burlington Police Department.

source: http://www.wptz.com/news/man-wearing-santa-claus-hat-sought-in-pharmacy-robbery/30309290

Important Notice: Vermont Pharmacy Medicaid Notification

Effective January 1st, 2015, the DVHA will have a new PBM, Goold Health Systems (GHS). If you have not already contacted your software vendor regarding planned changes to the payer sheet, please do so immediately. Changes to the payer sheet for data submission will be effective for all Vermont Medicaid enrolled pharmacies on January 1st, 2015.

Below are the key changes identified with the new Pharmacy Point of Sale (POS) deployment. Payer Sheet and additional changes can be found on the GHS website.

Bank ID No. (BIN)	Plan Name	Proc. Control No. (PCN)	Group No.
17795	VTPOP (Previously VTM)	VTPOP	Not Required
17795	VTPARTD (Previously VTD)	VTPARTD	VTMEDICAID

Vermont Medicaid plans will go through VTPOP and uses NCPDP's Government COB Scenario 3 for their Coordination of Benefits. It will accept Other Coverage Code (308-C8) of 2, 3 or 4 only. Vermont Part D plans will go through VTPARTD and must also include the Group ID of VTMEDICAID for TrOOP facilitation. It uses scenario 2 for Coordination of Benefits. These claims will be priced using the OPPRA method (Other Payer Patient Responsibility Amount). These claims will only accept Other Coverage Code (308-C8) of 3 or 8. DAW (408-D8) will not be used to override how a drug pays in the new Point of Sale. Drugs are indicated in the Point of Sale as preferred or non-preferred and will pay according to the state Preferred Drug List. The DAW will be ignored if sent. For detailed information on the use of these fields and values refer to the Vermont Payer Sheet on the GHS website. GHS encourages providers to go to the website to view all recent changes to the payer sheet.
Reversal of claims adjudicated prior to 1/1/2015 will be honored if they are sent with the new BIN/PCN.

National Pharmacy News

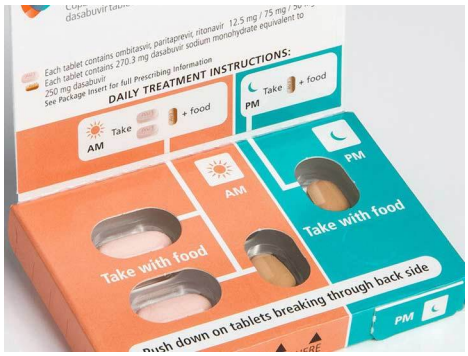
Insufficient Evidence for Vitamin D Screening

A systematic review conducted by a US Preventative Services Task Force (USPSTF) found no direct evidence supporting positive clinical outcomes with screening for vitamin D deficiency. The information provided by the review is insufficient to recommend for or against the screening in asymptomatic adults. Other information in the review suggests treating asymptomatic vitamin D deficiency has no benefit for cancer, type 2 diabetes, or decreasing fracture risk in non-high risk adults. Other health outcomes also did not have sufficient evidence of vitamin D treatment effect in patients who may be found deficient with screenings. One group identified by researchers as having evidence to support vitamin D supplementation is older adults who would be at risk for falls. The review highlighted the need for additional research about vitamin D supplementation and screening.

No Increase in Bladder Cancer with Pioglitazone and Rosiglitazone

Pooled analysis of data from six study populations suggests that use of pioglitazone or rosiglitazone to treat type 2 diabetes is not associated with bladder cancer. Previous studies conducted that linked pioglitazone therapy to bladder cancer were of shorter duration than the newly analyzed data. Researchers prospectively studied around 1 million patients with type 2 diabetes with an average age of 60 to 64 years at the beginning of the study. Mean follow up time for the study was between 4 and 7.4 years, and during this time there were 3,248 reported cases of bladder cancer. There was no evidence to support an association between exposure to either pioglitazone or rosiglitazone and bladder cancer in either men or women in the study populations. Researchers stated one limitation of this study was a lack of data on ethnicities other than Caucasians and Europeans, BMI, and smoking. Researchers also noted a limitation in their short-term follow up time, and suggested the need for further long-term study of these and other diabetes drugs involving real world exposure.

Express Scripts Will Cover Expensive Hepatitis C Drug for Some Patients



source: http://www.medpagetoday.com/Gastroenterology/Hepatitis/493(

Express Scripts has announced plans to make the newly approved hepatitis C therapy Viekira Pak (AbbVie) available at a “significant discount” to patients with genotype 1 chronic hepatitis C infection. Viekira Pak was approved by the FDA in December and combines Viekira (ombitasvir/paritaprevir/ritonavir) and Exviera (dasabuvir) with or without ribavirin. Without discount, Viekira Pak will cost $89,319 for a 12 week course of therapy. The drug regimen consists of 4 different antivirals, with three pills taken in the morning and one at night. Express Scripts also announced it will exclude Harvoni (ledipasvir/sofosbuvir, Gilead Sciences), a more expensive once-daily option for hepatitis C treatment costing $94,500 for 12 weeks of therapy. Sovaldi (sofosbuvir, Gilead Sciences) has also been excluded from the national formulary, but will remain on the list as an option for patients with other types of hepatitis C comorbid with advanced liver disease. Express Scripts has not stated an estimated discounted price of the Viekira Pak.

Liraglutide Approved for Chronic Weight Management

The FDA has approved Saxenda (liraglutide, Novo Nordisk) injection as a treatment for obesity in adults with a BMI of 30 or greater or those with a BMI of 27 or more with at least one weight related comorbid disease. Saxenda will be the first once-daily GLP-1 analogue approved for chronic weight management. Safety and efficacy were established with data from three clinical trials of 4800 obese and overweight adults. Patients with and without weight related comorbidities were studied. Results of the studies showed significant weight loss in patients treated with Saxenda compared to placebo. Saxenda will have a boxed warning stating thyroid C-cell tumors have been observed in rodent studies, but that it is unknown if the drug causes tumors in humans. Common side effects include nausea, diarrhea, constipation, vomiting, hypoglycemia, and decreased appetite. Serious adverse effects include pancreatitis, gallbladder disease, renal impairment, and suicidal ideations. Post-marketing studies will evaluate safety in pediatric patients and potential for thyroid and breast cancer risks.

The dose of liraglutide approved for obesity treatment is approximately twice the dose of drug compared to Victoza used for the treatment of type 2 diabetes.

Pharmacists Involved in Fungal Meningitis Outbreak Charged with Murder

Two pharmacists formerly employed at the New England Compounding Center that was linked to 25 deaths resulting from nonsterile methylprednisolone acetate injections have been charged with second-degree murder, according to a criminal indictment in federal court in Boston, Massachusetts. Barry Cadden, co-owner of the New England Compounding Center, and supervising pharmacist Glenn Chin were charged. In total, 751 patients in 20 states were infected with fungal meningitis from non-sterile injections prepared at the New England Compounding Center. Fourteen defendants (8 pharmacists and 2 technicians) are indicted with introducing misbranded drugs into interstate commerce, in addition to murder charges against pharmacists Cadden and Chin. Other responsibilities mentioned in the indictment involve the use of expired ingredients and falsification of expiration dates on documents, failing to properly sterilize compounding equipment and drugs and test drugs for sterility, failing to recall drugs once microbial growth was detected, and failing to follow standard operating procedures to properly clean and disinfect clean rooms where drug preparation occurred. Some defendants are also charged with distributing products in bulk while pretending to dispense drugs made for specific prescriptions (a Massachusetts's state law). According to the Department of Justice, if convicted on all counts Cadden and Chin could be sentenced to life in prison. An attorney for Chin stated his client will plead not guilty.

FDA Approves New Combination of Alzheimer's Drugs

The FDA has approved Namzaric (memantine hydrochloride ER/donepezil hydrochloride, Actavis and Adamas Pharmaceuticals) for the treatment of moderate to severe dementia related to Alzheimer's disease. Namzaric is approved for use in patients receiving stable doses of the two drugs as an option to combine the two drugs, which are often prescribed together, into one dosage form. Namzaric will be available in two strengths, 28/10 mg memantidine/donepezil and 14/10 mg memantidine/donepezil for patients with renal impairment. Actavis is expected to release the new combination in the US in the second quarter of 2015.

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