Vermont Pharmacist Association
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Building One Voice for Pharmacy!

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Marci Wood, Editor

Vermont News

Save the Dates: Upcoming VPA Events

Mark your calendars for the upcoming VPA Fall Conference and Vermont Pharmacists Day. The fall 2015 CE conference and meeting will be held on Sunday, October 25th at the ACPHS-VT campus. Next year's Vermont Pharmacists Day will be held on January 22nd at the Statehouse in Montpelier.

MAC Transparency Bill Signed into Law

Governor Shumlin has signed MAC (Maximum Allowable Cost) transparency legislation, bill S.139, and enacted it into law. The law represents the main legislative goal of Vermont pharmacy associations this session, with the Vermont Retail Druggists Association heading the campaign to make the law a reality.

The following is the text from the S.139 bill pertaining to pharmacy:

It is hereby enacted by the General Assembly of the State of Vermont: Cost Containment Measures

Sec. 1. ALL-PAYER MODEL; SCOPE
The Secretary of Administration or designee and the Green Mountain Care Board shall jointly explore an all-payer model, which may be achieved through a waiver from the Centers for Medicare and Medicaid Services. The Secretary or designee and the Board shall consider a model that includes payment for a broad array of health services, a model applicable to hospitals only, and a model that enables the State to establish global hospital budgets for each hospital licensed in Vermont.

Pharmacy Benefit Managers
Sec. 2. 18 V.S.A. § 9471 is amended to read:
§ 9471. DEFINITIONS
As used in this subchapter:
(6) “Maximum allowable cost” means the per unit drug product reimbursement amount, excluding dispensing fees, for a group of equivalent multisource generic prescription drugs.

Sec. 3. 18 V.S.A. § 9473 is amended to read:
§ 9473. PHARMACY BENEFIT MANAGERS; REQUIRED PRACTICES WITH RESPECT TO PHARMACIES
(c) For each drug for which a pharmacy benefit manager establishes a maximum allowable cost in order to determine the reimbursement rate, the pharmacy benefit manager shall do all of the following:
(1) Make available, in a format that is readily accessible and understandable by a pharmacist, the actual maximum allowable cost for each drug and the source used to determine the maximum allowable cost.
(2) Update the maximum allowable cost at least once every seven calendar days. In order to be subject to maximum allowable cost, a drug must be widely available for purchase by all pharmacies in the State, without limitations, from national or regional wholesalers and must not be obsolete or temporarily unavailable.
(3) Establish or maintain a reasonable administrative appeals process to allow a dispensing pharmacy provider to contest a listed maximum allowable cost.
(4) Respond in writing to any appealing pharmacy provider within 10 calendar days after receipt of an appeal, provided that a dispensing pharmacy provider shall file any appeal within 10 calendar days from the date its claim for reimbursement is adjudicated.
The main legislative goal for Vermont pharmacy organizations this session on MAC price disclosure for the session.

The full text of S.139 can be found on the Vermont General Assembly website.

Increased Late Fees for Vermont Licenses

On July 1, 2015, a revision to state law will increase the fees to reinstate a license that is not renewed on time. The law applies to all Office of Professional Regulation professions, with the goal of ensuring that people renew on time and do not practice without an active license.

If a license is reinstated within 30 days after its expiration date, the penalty fee will be $100. After 30 days the penalty increases, with the following fees for reinstatement:
1) your renewal fee, plus
2) a late penalty fee equal to your renewal fee plus $40.00, and
3) for each additional month an additional $40.00, up to a maximum $1,500.00.

Licenses can be renewed on the OPR website and clicking "Online Licensing". You can double check your license expiry date on the OPR website by going to “Licensee Lookup”.

Marci Wood Elected VPA-Student Chapter President

Marci Wood was elected for the position VPA Student chapter president for the 2015-2016 school year. Marci is entering her P3 year at the ACPHS-Vermont campus. Originally from Chateaugay, NY, she graduated from Saint Michael’s College with a Bachelor of Science in Biology before beginning her pharmacy education at ACPHS. Prior to being elected president, she served as Media Chair and Professional Organizations Council representative for the VPA-Student chapter during the 2014-2015 school year, and has served as the VPA newsletter editor since August of 2013. On campus she is also involved with the American Pharmacists Association – Academy of Student Pharmacists and Student Government Association. Marci plans to welcome all interested students to get involved in the VPA, and is looking forward to working with student and pharmacist members on Legislative Day activities and pharmacy outreach activities in the community.

Pharmacy Robber Sentenced to Minimum 1 Year in Prison

The robber of the Springfield Rite Aid who threatened the cashier with a “dirty” hypodermic needle in February of this year was sentenced to one to five years in jail. Mary Graves of Bellows Falls pled guilty to felony assault and robbery with a deadly weapon in White River Junction criminal court. The defense attorney for Graves, Mike Shane, cited addiction as the motivating factor in the robbery. Windsor County Deputy State’s Attorney, Heidi Remick, stated that her office offered Graves the low minimum sentence because the state “appreciated Ms. Graves’ taking responsibility early on in the process” and preventing the need for depositions and a pre-trial discovery process.

Upcoming Board of Pharmacy Meeting

The May meeting of the Board of Pharmacy will be held at 9 AM on July 22nd. The meeting will be held on the 3rd floor of the City Center, 89 Main Street in Montpelier.

2015 Membership Reminder

The Vermont Pharmacists Association would like to thank all those that have sent in their memberships for 2015, and remind everyone that your membership is critically important to our ongoing efforts to increase our professional voice throughout Vermont and is greatly appreciated. The VPA works diligently to support pharmacy in Vermont and get information out to all pharmacists on upcoming legislation and happenings that affect the pharmacy profession. We are working on dates for upcoming Continuing Education meetings and will get that information out to you when we get dates confirmed. Membership forms are available through our website using PayPal at www.vtpharmacists.com. Click on the menu link in the upper right hand corner, then "membership" from the drop down menu. Alternatively, check or money order can be sent to P.O. Box 818, Milton VT, 05468.

National Pharmacy News

New Assessment Tool for Value of Cancer Treatments

The American Society of Clinical Oncology (ASCO) has developed a new method to assist doctors and patients in understanding the costs and benefits of cancer treatments. Separate “conceptual frameworks” have been developed for advanced cancer and potentially curative treatments. Treatments are scored based on clinical benefit and toxicity, which are combined to assess a “net health benefit” (NHB) score. NHB scores for advanced cancer treatments range from zero to 130 and potentially curative treatments range from zero to 100.

The development group has applied the assessment to some clinical scenarios with interesting results. A regimen including Herceptin (trastuzumab, Roche), an early-stage breast cancer treatment, has a cost of $73,166 and received a NHB score of 48 out of 100 (the highest of any treatment so far). On the other hand, an advanced lung cancer regimen containing Alimta (pemetrexed, Eli Lilly) received a NHB score of 0 out of 130, although a spokeswoman for Eli Lilly suggested the assessment did not account for the intended population (non-squamous non-small-cell lung cancer).

The framework is not available for use by doctors in practice yet according to the ASCO but once available will serve as a starting point to assess value of treatments and assist health care professionals in talking to patients about different treatment options.

2015-2016 Influenza Update

In a recent Morbidity and Mortality weekly report, the CDC provided information about the 2014-15 flu season and composition of the 2015-16 vaccine. The CDC classified the 2014-15 season as “moderately severe”, with influenza A (H3N2) the predominant strain early in the season and an increase in B virus later in the season. Vaccine efficacy was reduced due to the high prevalence of influenza A strains in circulation that were different from the vaccine component.

Recommendations for the 2015-16 trivalent influenza vaccine include strains of influenza A H3N2 and influenza B that are of a different lineage from the 20214-2015 vaccine. These recommendations were made by the FDA Vaccine and Related Biological Products Advisory Committee based on factors such as global influenza surveillance, genetic characteristics, resistance, and available components for production.

Topiramate ER Formulation Approved for Pediatrics

Qudexy XR (topiramate extended release, Upsher-Smith) has received FDA approval for use as initial monotherapy to treat partial-onset seizures or primary generalized tonic-clonic seizures in patients two years of age and older. It is also approved as adjunct therapy in this population for these conditions as well as seizures associated with Lennox-Gastaut syndrome. This product is the first once-daily topiramate product to be approved for this population. For children that have difficulty swallowing capsules or tablets, Qudexy XR has been approved for administration by sprinkling capsule contents onto soft food. The drug was previously approved for use in patients 10 years of age and older.

FDA Warns of Permanent Skin Discoloration with Daytrana Patch

The FDA has added a new warning to the Daytrana patch (methylphenidate transdermal system) label to advise that irreversible loss of skin color, a condition known as chemical leukoderma, may occur with use. Areas of skin color loss described with the Daytrana patch have been up to 8 inches in diameter. Time of onset of the cases reported to the FDA ranged from 2 months to 4 years after starting treatment with the patch, with most cases limited to the area around where the patch was applied. A small number of patients also reported skin color loss on areas where the patch was never applied. Patients should be advised to watch for new areas of lighter skin, especially under where the patch is applied. If skin color changes occur, patients should immediately report these changes to a health care professional but not stop using the Daytrana patch without health care professional consultation. The FDA recommends alternative treatments be considered for patients who experience chemical leukoderma.

Artificial Pancreas Use Provides Glycemic Control

Results from a randomized, crossover, multicenter study comparing overnight use of closed-loop artificial pancreas systems to insulin pumps found that the artificial pancreas more effectively controlled blood glucose levels in adults with type 1 diabetes. The artificial pancreas system improved time spent in the target glucose range during both the night during use and throughout the day. The system was used by participants from 11 PM to 7 AM, and was used for the first time in an at-home setting. Although small, with 29 participants in the main study and 10 participants in the at-home substudy, these results provide prospect that future research will continue to study this system as a possible treatment for patients with type 1 diabetes.

Ruling Requires Actavis to Keep Namenda on Market

A federal appeals court has ruled that Actavis cannot stop selling Namenda to force Alzheimer's patients to switch to its newer, more expensive product Namenda XR before generic products of Namenda are available. The patent for Namenda expires in October, but generic products can be available as soon as July. As a result of this decision, Actavis must wait until August to pull Namenda from the market.

Dabigatran Reversal Agent Effective in Clinical Testing

Testing of idarucizumab (Boehringer Ingelheim) to reverse the anticoagulant effects of the direct thrombin inhibitor Pradaxa (dabigatran, Boehringer Ingelheim) have shown the reversal agent to be safe and effective. In the on-going REVERSE AD study funded by Boehringer Ingelheim, idarucizumab use in 90 patients suffering life-threatening or uncontrolled bleeding (Group A) or undergoing emergency surgery (Group B) was preliminarily analyzed. All 51 patients in Group A and all 39 patients in Group B given idarcuizumab had anticoagulation reversal after 4 hours.

The continuing REVERSE AD study expects to have 400 sites worldwide and 300 patients included, recognizing the need to stop dabigatran treatment in patients due to life-threatening bleeding or emergency surgery is relatively uncommon. The study does not include a control group, making it difficult to determine true clinical relevance. However, with some providers and patients hesitant to use novel oral anticoagulants due to a lack of established means to reverse anticoagulation, the results of the study may lead to dabigatran use in appropriate situations.

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