



# Pharmacy Benefits Management- Medical Advisory Panel E<sub>z</sub>-Minutes

Volume 2. Issue 1

Jan-March 2004

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### VAMedSAFE

How to Enter an Allergy  
or ADR  
ADR FAQ Document  
VHA ADR Reporting  
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Drug-Drug Interaction  
Entry Guidelines

New Molecular Entities  
Recent National PBM  
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## FDA Public Health Advisory

Worsening depression  
and suicidality in  
patients being treated  
with antidepressant  
medications.

<http://www.fda.gov/cder/drug/antidepressants/AntidepressantsPHA.htm>

Ahhhhhhh..Chooooo.... It's that time again...spring/hay fever and the season called March Madness. Rest assured... no madness exists within Hines PBM SHG. New all star coaches have been named and they are ready to give a full court press to all challenges and opportunities that arise. Welcome!

**Joseph J. Canzolino, R.Ph.** Associate Chief Consultant, PBM SHG  
Coach of the PBM clinical, computer support, contracting, prime vendor, drug accountability and public law staffs

**Lou Cobuzzi, R.Ph., M.S.** Associate Chief Consultant, PBM SHG  
Coach of the TPB and the new VA Advantage Plan

**Vaiyapuri (Puri) Subramaniam, PharmD., M.S., FASHP, FASCP**  
Coach of Adverse Drug Event Reporting Programs, PBM SHG

***Gifts to Health Care Professionals from the Pharmaceutical Industry*** Read the recommendations made by the VHA National Ethics Committee. [http://vaww1.va.gov/vhaethics/download/Pharma\\_2003.doc](http://vaww1.va.gov/vhaethics/download/Pharma_2003.doc)

## CLICK YOUR VOTE

Elections are approaching so why not start now and practice casting your vote with this short and fast on-line survey? The PBM-MAP is interested in knowing what topics you would like addressed in future distance learning satellite programs. Topics of interest should include recent information that needs to be disseminated to VHA health care clinicians, leaders and managers. Topics should also focus on the beneficial use and application of selected pharmaceuticals in the care of veterans. On-line survey takes less than 3 minutes. Your ideas and opinions are valuable in developing CE programs that meet your needs. Click to Vote Now!

<http://vaww.sites.lrn.va.gov/inquisite/surveys/25BNMC>

## ***VAMedSAFE*** **DON'T FORGET ADEs!**

With new residents soon coming, why not incorporate a useful educational PowerPoint presentation on ADE in their training and orientation? Or perhaps you need to know how to enter ADEs? Back by popular demand and ready for your immediate viewing is **"How to Enter an Allergy or Adverse Drug Event (ADE)."** It takes minutes to view and is very informative and well worth the time. <http://www.vapbm.org/vamedsafe/How%20To%20Enter%20an%20Allergy%20or%20Adverse%20Drug%20.ppt>. Click to view.

By request, a sequel to the ADE presentation entitled **"ADR Frequently Asked Questions"** has been developed. All questions regarding the differences between ADR vs. SE vs. allergy vs. medication error are answered. Tough questions like where, when and whom should document an ADR are addressed. Discussion on observed and historical ADRs is also included. Be the first in your facility to view it and then pass it on..... <http://vapbm.org/vamedsafe/Adverse%20Drug%20Reaction.pdf>

**Don't know how to report ADEs?...READ ON**

Post marketing drug surveillance is vital to reporting adverse drug events (ADE) to the FDA and VHA. A cornerstone of this approach is the collection and evaluation of reports of ADEs through voluntary reporting by healthcare professionals. Click on <http://vapbm.org/Reporting%20Program.pdf> to learn more about **VHA's Adverse Drug Event Reporting Program.**

## **National Drug File Guidelines for Drug-Drug Interaction Entry**

The National Drug File (NDF) Support Group updates and maintains the drug-drug interaction file in VISTA. As a general rule, only true pharmacokinetic drug interactions are entered in the NDF, including alterations in GI absorption, plasma protein binding, enzyme-induction, enzyme-inhibition, and renal excretion interactions. Allergic cross-reactions and pure pharmacodynamic drug interactions (e.g. drugs with additive or antagonistic pharmacologic actions) are not routinely entered in the NDF. Drug interactions are classified as critical or significant. To be classified as critical, the interaction must be identified in the manufacturer black box warning, or be well documented in the literature to cause significant sequelae (e.g. death). Drug interactions that do not meet these criteria, but which are still considered to be of substantial clinical importance, are classified as significant interactions. To learn more about the NDF drug-drug interactions guidelines, click below on the following link.

<http://vapbm.org/natform/National%20Drug%20File%20Support%20Group.pdf>

## **New Molecular Entities Review**

- Alefacept (Amevive<sup>®</sup>)-Not added to VANF or VISN Formularies
- Efalizumab (Raptiva<sup>®</sup>)-Not added to VANF or VISN Formularies
- Daptomycin (Cubicin<sup>®</sup>)-Not added to VANF or VISN Formularies
- Bortezomib (Velcade<sup>®</sup>)- Not added to VANF or VISN Formularies
- Papain-Urea Ointment and Papain-Urea Chlorophyllin Copper Complex Sodium (ointment and/or spray)-added to VANF; VISNs may choose preparation
- Fulvestrant (Faslodex<sup>®</sup>)-Not added to VANF or VISN Formularies

## **New Item**

- Tramadol (Ultram<sup>®</sup>)-added to VANF

## **Recent National PBM Reviews Postings on Web Site**

### **Criteria for Use**

<http://www.vapbm.org/PBM/criteria.htm>

Memantine (Namenda<sup>®</sup>)  
Ramipril (Altace<sup>®</sup>)

### **Criteria for Nonformulary Use**

<http://www.vapbm.org/PBM/criteria.htm>

Gefitinib (Iressa<sup>®</sup>)  
Omalizumab (Xolair<sup>®</sup>)  
Rosuvastatin (Crestor<sup>®</sup>)

### **Treatment Guidelines**

<http://www.vapbm.org/PBM/treatment.htm>

- Initiating Therapy in Early Parkinson's Disease
- Recommendations for Atypical Antipsychotic Use
- Atypical Antipsychotic/Metabolic Effects: 2002-2003 Update
- SSRI: Initial Selection Treatment Guidelines in Naïve Veterans with Major Depression in Primary Care Setting

### **Drug Class Reviews**

<http://www.vapbm.org/PBM/reviews.htm>

## **Comments and Feedback or Questions about PBM-MAP E<sub>z</sub> -Minutes?**

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## **Drug Monographs**

<http://www.vapbm.org/PBM/drugmonograph.htm>

Adalimumab (Humira<sup>®</sup>)  
Alfuzosin (Uroxatral<sup>®</sup>)  
Alefacept (Amevive<sup>®</sup>)  
Bortezomib (Velcade<sup>®</sup>)  
Daptomycin (Cubicin<sup>™</sup>)  
Dutasteride (Avodart<sup>™</sup>)  
Efalizumab (Raptiva<sup>®</sup>)  
Emtricitabine (Emtriva<sup>®</sup>)  
Fulvestrant (Faslodex<sup>®</sup>)  
Papain-Urea (Accuzyme<sup>®</sup>) and Papain-Urea-Chlorophyllin Copper Complex Sodium (Panafil<sup>®</sup>)  
Rosuvastatin (Crestor<sup>®</sup>)  
Trepstinil (Remodulin<sup>®</sup>)

## **Patient and/or Provider Information Letters**

<http://www.vapbm.org/PBM/tig.htm>

## **Contract Review**

**Gatifloxacin-Tequin<sup>®</sup> IV/PO added to VANF**

**Effective Period: 1/15/2004 – 12/31/2005**

### **Please Note:**

**Cipro IV/PO remains on VANF**

**Lomefloxacin & Levofloacin PO removed from VANF**

**The class of fluoroquinolone is an open contract and VISNs may have other agents on local formulary as necessary to provide patient care.**

## **PBM Projects in Progress:**

Short acting nifedipine Rx Data- Follow-up

Statin-fibrate safety report

Combination therapy for prostatism

Dysglycemia/gatifloxacin

### **Criteria for Use:**

Gabapentin

Biologic Agents for Psoriasis

Clopidogrel/ASA in CABG/PVD

Fondaparinux

Linezolid

Quinupristin-dalfopristin and daptomycin

### **Drug Class Review:**

Insomnia Drugs

Impotence Agents

Antiobesity Agents

LMWH

### **Drug Monographs:**

Risperidone Consta

Tiotropium

**Remember to check the Web site at [www.vapbm.org](http://www.vapbm.org) or [vaww.pbm.med.va.gov](http://vaww.pbm.med.va.gov) on a regular basis for additional news.**