



Pharmacy Benefits Management- Medical Advisory Panel Ez-Minutes

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NATIONAL PHARMACY WEEK! October 23-27th

Dear Colleagues:

I want to take a minute of your time during National Pharmacy Week and say thank you for being a member of the best Pharmacy Service in the United States and perhaps the world; the Pharmacy Service of the Department of Veterans Affairs. You contribute to the care of America's heroes every day in the clinics and hospitals of our system and I am extremely grateful for the very small way I am allowed to participate in your work.

We just recently completed our 11th National VA Pharmacy Service Conference in September. Nearly 200 VA pharmacists and other colleagues contributed new ideas for improving veteran's healthcare. We had eight groups working on issues for the future of VA Pharmacy and these groups will stay engaged in the process as we examine various projects to determine what works. Conference keynote presentations and the very creative presentations of the workgroups is now posted on the PBM website (vaww.pbm.va.gov). (See page 4 for link) I would encourage you to watch these presentations and see what ideas were generated by the groups and what help you can add to what has been started. I encourage you to continue to work towards assuring that VA is the benchmark for pharmacy practice in the United States and beyond.

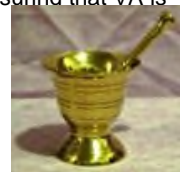
Sincerely,

Michael A. Valentino, R.Ph. MHSA

Chief Consultant, Pharmacy Benefits Management Strategic Health Care Group

Department of Veterans Affairs

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NOTE: ADDRESS TO SUBSCRIBE TO NEWSLETTER HAS CHANGED-SEE Pg. 4

Recent Postings of National PBM on Web Site

Criteria for Use/Nonformulary Use

<http://vaww.pbm.va.gov/pbm/criteria.htm>

- Acamprosate (Campral®) - Updated
- Highly Teratogenic Retinoids and High-dose Vitamin A - Revised
- Off Label Use of Bevacizumab (Avastin®) for AMD
(Link for the Informed consent for Bevacizumab)
<http://vaww.pbm.va.gov/criteria/BevacizumabEyelInjection.pdf>

- Rituximab (Rituxan®)

Drug Monographs

<http://vaww.pbm.va.gov/pbm/drugmonograph.htm>

- Abatacept (Orencia®)
- Anidulafungin (Eraxis®)
- Bromfenac 0.09% Ophthalmic Solution
- Efavirenz, Emtricitabine, And Tenofovir (Atripla®)
- Inhaled Insulin (Exubera®)
- Lubiprostone (Amitiza™)
- Nepafenac (Nevanac®)
- Tigecycline (Tygacil®)

Drug Class Review

<http://vaww.pbm.va.gov/reviews/ppiabbreviatedreview.pdf>

- Proton Pump Inhibitors (Abbreviated)

Formulary Decisions:

New Molecular Entities (NME)

- Anidulafungin-Not added to VA National Formulary
- Inhaled Insulin (Exubera®)- Not added to VA National Formulary
- Lubiprostone (Amitiza™)-Not added to VA National Formulary
- Nepafenac (Nevanac®)-Not added to VA National Formulary
- Sunitinib-Not added to VA National Formulary
- Tigecycline (Tygacil®)-Added to VA National Formulary restricted to ID

New Dosage Forms or Other Formulary Decisions

- Alendronate plus cholecalciferol (Fosamax Plus D) - Nonformulary
- Efavirenz, Emtricitabine, And Tenofovir (Atripla®)- Added to VA National Formulary
- Omeprazole/Sodium Bicarbonate Immediate-Release capsules and oral powder for suspension - Nonformulary
- Sodium ferric gluconate (Non-dextran IV iron)- Added to VA National Formulary

What is the PBM-MAP Ez-Minutes? The Ez-Minutes is a quarterly online newsletter that connects the PBM-MAP to VA field-based providers and colleagues. Our goal is to communicate changes to the VHA National Drug Formulary and to provide information on and links to treatment guidelines, criteria for use and other prescribing and safety information. The best part is....the information can literally be read in minutes. It's easy, or rather Ez! To access previous issues of the newsletter, click on this link:

<http://vaww.pbm.med.va.gov/pbm/ezminutes.htm>. Interested in joining the already 8500+ subscribers to Ez Minutes Newsletter? Check page 4 for more details.

The Adverse Drug Reactions Frequently Asked Questions document has been updated. This is a companion document for the "How to Enter Allergies and Adverse Reactions into CPRS" PowerPoint Presentation and the "ADE" (Ask, Document and Enter) Broadcast Program (Read about both in the last issue of Ez-Minutes located at: <http://vaww.pbm.va.gov/ezminutes/EZ-MinutesApr-June06.pdf>)

Click on <http://vaww.pbm.va.gov/vamedsafe/Adverse%20Drug%20Reaction.pdf> for the updated document!

Did you know? The New VA National Formulary (VANF) is now posted on the PBM website. Facilities should review the formulary and make any changes necessary to accommodate the new formulary drugs. Please remember that the VISN Formularies will remain in effect until the handbook, with the new formulary policy in it is signed.

Don't forget that the VA National Formulary is available in a PDA format. A small program called "List" is required to view it. The formulary can be sorted by drug or by class. Both the program and the formulary can be downloaded from the PBM Internet and Intranet Websites, either from the "PDA National Formulary" link on the "National Formulary" page or directly at <http://www.pbm.va.gov/pdanatform/pdanatform.htm>.

Trends in Utilization of Beta-Adrenergic Blockers in Patients with Chronic Heart Failure

E. Furmaga, PharmD; S. Thomas, PharmD; F. Cunningham, PharmD; D. Dong, RN, MS; M. Sales, PharmD; M. Burk, PharmD

Background: Beta-adrenergic blockers are recommended in stable patients with symptomatic (current or previous) systolic heart failure (HF), unless contraindicated or not tolerated, to reduce morbidity and mortality.

Purpose: Evaluate the prescribing patterns of beta-blockers [i.e., atenolol, bisoprolol, carvedilol, metoprolol succinate (XL), metoprolol tartrate (IR)] in pts with NYHA class II-IV HF in a descriptive retrospective database and medical chart review of a sample of 97 pts. with chronic HF seen at one VAMC during 4/1/2002-9/30/2004.

Results: *Beta-blocker utilization (not mutually exclusive):* atenolol 37% (n=36), carvedilol 13% (n=13), metoprolol tartrate 71% (n=67), metoprolol succinate 9% (n=9). *Average daily dose:* atenolol 41mg/day (56% achieved target dose), carvedilol 18mg/day (23% achieved target dose 50mg/day), metoprolol tartrate 81mg/day (34% achieved target dose), and metoprolol succinate 56mg/day (0% achieved target dose 200mg/day). The highest tolerated dose was not evaluated. Only one patient was titrated according to recommendations that were based on randomized controlled trials. *Switching patterns:* The majority of patients on atenolol and metoprolol tartrate remained on their respective therapy during the evaluation period (67% and 66%, respectively), while 22% of patients on metoprolol succinate remained only on this agent, and 8% stayed only on carvedilol without being switched to or from another beta-blocker. The majority of switches occurred in patients receiving atenolol or metoprolol tartrate. Of those who were switched, the majority were switched to carvedilol or metoprolol succinate (Table 1). Discontinuation of therapy occurred in 19 (53%) patients on atenolol, 4 (31%) patients on carvedilol, 28 (42%) patients on metoprolol tartrate, and 2 (22%) patients receiving metoprolol succinate.

Summary: The majority of pts received atenolol or metoprolol tartrate for HF; but of those who were switched, the majority of conversions were to either carvedilol or metoprolol succinate, agents that have demonstrated positive outcomes in clinical trials. Although utilization of the beta-blockers appears to be increasing, pts with chronic HF have a high rate of morbidity and mortality that may be affected by drug selection and dose. With an estimated 240,000 veteran patients with HF, there is an opportunity for improved patient outcomes with appropriate drug therapy in the VAHCS.

CLICK BELOW FOR COMPLETE ABSTRACT:

<http://www.pbm.va.gov/ezminutes/BBHF.pdf>

Table 1. Switched TO or FROM Other Beta-adrenergic Blockers

Beta-Blocker	# Pts Switched (% pts)	# Switched TO Drug (% switches)	# Switched FROM Drug (% switches)	# Switched TO and FROM Drug (% switches)
Atenolol	12	3 (25%)	7 (58%)	2 (17%)
Carvedilol	12	7 (58%)	2 (17%)	3 (25%)
Metoprolol IR	23	5 (22%)	9 (39%)	9 (39%)
Metoprolol XL	7 (78%)	3 (43%)	0	4 (57%)

The PBM-MAP Clinical Practice Guidelines on the Pharmacologic Management of Chronic Heart Failure have been updated to reflect recent recommendations from the American College of Cardiology/American Heart Association and the Heart Failure Society of American guidelines. A draft of the updated PBM-MAP guideline has been disseminated to the field for review and comment.

Editor's Comment: Please note that following the release of the newsletter, a decision was made by the PBM National Research Steering Committee NOT to continue the plans for a national Beta-Adrenergic Blocker study.

NATIONAL PBM BULLETIN: Oct. 3rd, 2006

Off label use of bevacizumab (Avastin[®]) for intravitreal injection

A National PBM Bulletin was recently delivered to the VHA field discussing the safety concerns with the use of bevacizumab (Avastin[®]) intravenous preparation for intravitreal injection in the treatment of Age Related Macular Degeneration (AMD). Below is an excerpt of the bulletin. For the complete document including references please visit <http://vaww.pbm.va.gov/Safety%20Reports/NationalPBMBulletinBevacizumab.pdf>

WHY USE BEVACIZUMAB FOR OFF LABEL PRESCRIBING IN THE TREATMENT OF AMD?

The off label use of bevacizumab is being used as an option in the treatment of choroidal neovascularization CNV/AMD. The theoretical support of bevacizumab regards its vascular endothelial growth factor (VEGF) inhibition and its mechanism as an antiangiogenesis agent. Currently available information on the off label use of bevacizumab in treatment AMD is available but not in any published randomized, blinded, controlled trials of intravitreal bevacizumab in the treatment of AMD.

There are currently three FDA approved products for the treatment of AMD; verteporfin which is used in conjunction with photodynamic laser therapy (PDT), pegaptanib which is an anti-VEGF agent injected intravitreally and ranibizumab which is a humanized antibody fragment that binds to VEGF-A. These agents have proven safety and efficacy in select populations of patients with AMD. For some patients, none of these therapies have proven beneficial nor have succeeded in stabilizing the progression of their disease. Other treatment options have been explored, such as off label use of available anti-VEGF therapy (bevacizumab).

REVIEW OF WARNING: An internet survey described physician reported adverse effects from 70 centers in 12 countries. The reports included 7,113 intravitreal injections performed on 5,228 patients. Reported events included corneal abrasion, lens injury, endophthalmitis, retinal detachment, inflammation / uveitis, cataract progression, acute vision loss, central retinal artery occlusion, subretinal hemorrhage, retinal pigment epithelium tears, blood pressure elevation, transient ischemic attack, cerebrovascular accident and death. None of the rates exceeded 0.21%.

Concerns exist regarding the compounding of intravitreal injections from an intravenous product. Intravenous bevacizumab is packaged in a single entry vial containing α,α -trehalose dihydrate, sodium phosphate (monobasic, monohydrate), sodium phosphate (dibasic, anhydrous), polysorbate 20, and Water for Injection, United States Pharmacopeia (USP). In preparing this formulation for intravitreal use, several methods may be employed. There is no standard that has been defined which describes the stability and sterility of the compounded preparation. Several signals have been reported in the FDA Adverse Event Reactions (AERS) database documenting severe adverse events in elderly patients receiving compounded bevacizumab, intravitreally. These reports include vitritis, vitreous hemorrhage, endophthalmitis, iritis and keratitis. Additionally, VA Med Safe is aware of reports of endophthalmitis within the VA system. It should be noted that a lag time exists between identification of a severe adverse event and a final report housed in a central database such as AERS or the VA databases. Thus, at the present time, the actual number of reported adverse events associated with increased "off label use" of bevacizumab may be greatly underestimated. Given the paucity of data regarding the long term safety of intravitreal bevacizumab; patients must be carefully screened prior to institution of therapy and be fully informed of the risks of using off label therapy.

VA MEDSAFE RECOMMENDATIONS:

1. Use of intravitreal bevacizumab is restricted to retinal specialists or those who are trained in intravitreal injections and AMD diagnosis
2. Use only in patients have failed to show benefit or stabilization after therapy with an FDA approved agent for treatment of AMD (i.e.; pegaptanib, ranibizumab or verteporfin/PDT)
3. Patients with active periocular or ocular infections, a history of gastrointestinal perforation, wound healing complications, arterial thromboembolic events, uncontrolled hypertension or recent history of myocardial infarction (< 1 year) should not receive bevacizumab
4. Patients must clearly understand the risks and benefits of off label bevacizumab therapy as documented with an informed consent
5. Actual dosage used, the lot number of the vial, method of preparation, date and time of administration and any unusual reactions must be clearly documented in the medical record
6. Continued monitoring/surveillance of potential ADEs associated with intravitreal bevacizumab administration by VAMedSAFE

DEPARTMENT OF VETERANS AFFAIRS VETERANS HEALTH ADMINISTRATION PHARMACY BENEFITS MANAGEMENT
STRATEGIC HEALTHCARE GROUP, MEDICAL ADVISORY PANEL, OFFICE OF THE CHIEF CONSULTANT FOR
OPHTHALMOLOGY AND CENTER FOR MEDICATION SAFETY (VA MEDSAFE)

FOR NEW SUBSCRIPTIONS ONLY TO THE PBM-MAP Ez-MINUTES:

If you can't wait to read breaking news in the next issue of the newsletter, then subscribe to receive free reminders when the new edition of Ez-Minutes is hot off the press. Send an email to stxcollage@va.gov with "PBM subscribe" in the subject field. If you have problems with these instructions, send an email to stxcollage@va.gov with "PBM subscribe" in the subject line. We hope to make Ez-Minutes available via PDA format in the near future. Any questions, comments, please e-mail: Janet H. Dailey, PharmD. at Janet.Dailey@va.gov OR Co-Editor: Peter A. Glassman, at Peter.Glassman@va.gov

Next PBM-MAP Distance Learning Broadcast Program "Injecting Insulin Into Outpatient Practice"

FIRST BROADCAST DATE:

Nov. 2nd*, 2006 @ 1PM ET, Channel 1

***VANTS conference call at 2PM ET on Nov. 2nd, 2006**

1-800-767-1750 Access code: 59781#

The teleconference provides an opportunity to discuss the issues with the faculty, ask questions and exchange information.

Rebroadcast Dates: (ALL ET, CH 1)

11/3, 8 A; 11/6, 2 P; 11/8, 6 P; 11/14, 11 A, 11/16, 3 A; 11/21, 4 P; 11/29, 9 A. Check the PBM websites for additional information. Please note that these programs can be viewed as an ON Demand Video to the Desktop via Content Distribution Network (if available at your site) two weeks after the initial broadcast. Click on this link in the near future for viewing information via CDN. <http://vaww.vakncdn.lrn.va.gov/>

VA Faculty

Paul Conlin, MD; Boston MA

Robert Henault, RPh, CDE; Boston MA

**Helen Koulis, PharmD - Moderator for VANTS
teleconference on Nov. 2nd @ 2PM ET**

11th National Pharmacy Conference: AIMING FOR EXCELLENCE

<http://vhacmnapp3.vha.med.va.gov/PBM/PBM%20Presentations/NPC-September11-15-2006-Dallas-TX.pdf>

**Thiazide Diuretic Use in Hypertension:
A New Performance Measure**

Did you miss the opportunity to view the program? Well, it's still not too late. Additional VAKN Rebroadcasts of the August 24th, 2006 program are now available. Plus, ACCME, ANCC, and ACPE credits will be awarded for the rebroadcasts.

VA panelists include:

William Cushman, MD (Chief, Preventive Medicine, VA Medical Center, Memphis, TN)

Elaine Furmaga, PharmD (Clinical Pharmacy Specialist, PBM-SHG)

Roxane Rusch, RN, BSN MPA (Clinical Quality Specialist, OQP)

Rebroadcast dates include: (All ET, CH 1)

11/1, 10A; 11/7, 7A; 11/13, 2:30 P; 11/21, 9:30A;
11/30, 6 P

**Case Management of Acute and
Chronic Ischemic Heart Disease****Webcast program is still available:**

Access more program information here:

http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=22211

VA panelists include:

Robert Jesse, MD, PhD

Kathryn Tortorice, PharmD, BCPS

Bernadette Speiser, MSN, CCRN

David Parra, PharmD, BCPS

PLEASE NOTE: The PBM IntraNet website is currently being redesigned. The web address will remain the same. Be sure to bookmark these PBM websites:

<http://vaww.pbm.va.gov> or <http://www.pbm.va.gov>