Drug Use Research & Management Program
OHA Division of Medical Assistance Programs
500 Summer Street NE, E35; Salem, OR 97301-1079
Phone 503-947-5220 | **Fax** 503-947-1119

Oregon Drug Use Review / Pharmacy & Therapeutics Committee

Thursday, November 29, 2012 1:00-5:00 PM
Clackamas Community Training Center
29353 SW Town Center Loop East
Wilsonville, OR 97070

MEETING MINUTES

NOTE: Any agenda items discussed by the DUR/P&T Committee may result in changes to coverage, PDL composition, or utilization control recommendations to the OHA. Timing, sequence and inclusion of agenda items presented to the Committee may change at the discretion of the OHA, P&T Committee and staff.

Members Present: Andris Antoniskis, MD; Tracy Klein, PhD, FNP; Phillip Levine, PhD; William Origer, MD; Cathy Zehrung, RPh
Members Present by Phone: Joshua Bishop, PharmD; David Pass, MD; Stacy Ramirez, PharmD
Staff Present: Roger Citron, RPh; Megan Herink, PharmD, BCPS; Kathy Ketchum, RPh, MPA:HA; Ann Hamer, PharmD, BCPP; Ted Williams, PharmD; Valerie Smith; Richard Holsapple, RPh; Trevor Douglass, DC, MPH, Israel Harden
Staff Present by Phone: Kathy Sentena, PharmD
Audience: Pam Dahl, Digestive Care, Inc.; Brenda Bloom, Regeneron; John Han, Regeneron; Paul Borham, Novo Nordisk; David Baher; Venus Holder, Lilly; Jim Graves, BMS; Alison Little, OHSU; Richard Kosesan; Liz Cleland, OR Society of Med Oncology; Rise Cleland, WA Society of Med Oncology; Annie Ogostoalick, Abbott; Tammi Laclerc, Eisai; Kathryn Munoz, Eisai; Steve Faloon, Otsoka; Jason Parks, ACS CAN; Shane Hall, Purdue; Deborah Wager, Gilead; Lori Hawarth, Bayer; Michelle Besi, Gilead; Barry Benson, Merck; S. Beaty, Med Immune; Shauna Williams, DK Pierce & Associates; Anne Murray, BMS; Paul Nielsen, Med Immune; Jim Hoover, Bayer; Kent Hef, Takeda; Cat Livingston, HERC; Linda Craig, A2; Desiree Allen, Abbott; Clayton Wright, MLMN; Darren Coffman, HERC; Bruce Smith, GSK; Albert Chira, OSU; Courtni Dresser, OMA

I. CALL TO ORDER

a. Dr. Origer called the meeting to order at approximately 1:05pm.
b. Conflict of interest declarations were reviewed; no new conflicts were reported.
c. The minutes from the September 27, 2012 meeting were reviewed.

ACTION: The minutes were approved as is.

II. HERC COVERAGE GUIDANCE

a. Dr. Livingston and presented ADHD draft coverage guidance. Allison Little from OHSU Center for Evidence-based Policy presented public comment received to date.
b. Dr. Livingston presented on therapies with marginal benefit and/or high cost. Darren Kaufman presented public comment received to date.

III. DUR ACTIVITIES

a. Mr. Holsapple presented the ProDUR report.
b. Dr. Williams presented the RetroDUR report.
c. Mr. Citron presented the quarterly utilization reports.

**Agenda items will be discussed by Committee members for the purpose of making recommendations to the Oregon Health Plan for adoption into Oregon Administrative Rules 410-121-0030 & 410-121-0040 as required by 414.325(9)*

d. Dr. Douglass presented the DMAP update.

e. Dr. Sentena presented the Oregon State Drug Review titled *Do Spinosad or Ivermectin Have a Place in Head Lice Eradication?*

f. Dr. Hamer presented on low dose aripiprazole (Ability®) education proposal. Jim Graves from BMS presented public comment.

IV. OLD BUSINESS

a. Dr. Herink presented on Vascular Endothelial Growth Factors (VEGF) Inhibitors recommending pegaptanib be non-preferred, bevacizumab be preferred. John Han from Regeneron Pharma presented public comment. Written public comment was submitted by Andreas K. Lauer, MD from the Casey Eye Institute.

***ACTION:** The Committee approved making pegaptanib non-preferred before Executive Session and approved making bevacizumab preferred after Executive Session.

b. Dr. Herink presented proposed prior authorization changes for Erythropoiesis Stimulating Agents.

***ACTION:** The Committee approved updates to the existing prior authorization criteria.

c. Ms. Ketchum presented follow-up pricing on the Phosphate Binders drug class during Executive Session recommending Renagel® be preferred after a trial of calcium acetate which should also be a preferred product.

***ACTION:** The Committee approved making calcium acetate and Renagel® preferred after Executive Session.

d. Ms. Ketchum presented follow-up pricing on the DPP-4 Inhibitors drug class during Executive Session recommending Januvia® and Janumet® be preferred after trial of metformin and sulfonylurea.

***ACTION:** The Committee approved making Januvia® and Janumet® preferred after Executive Session.

V. NEW BUSINESS

a. Ms. Ketchum presented a drug use evaluation on Physician Administered Drugs recommending:

1) Close any new PAD HCPC codes until reviewed by P&T for appropriateness (PDL class, OHP coverage, etc.)

2) Coordinate coverage of drugs billed via drug claims and medical claims

- a. Evaluate feasibility of closure of HCPC codes for self-administered drugs and consider closure of NDCs for clinic administered drugs.
- b. Establish a duplicate claim edit across all claims (same patient, same drug, same DOS) where it is appropriate to bill in either program.
- c. Phase in the current drug PA requirements for medical claims starting with classes with limited numbers of providers to target education of the PA process (i.e. BONE, EMET, EPO, MS, TIMS)
- d. Insure that provider reimbursed amounts are similar in both programs.

3) Work with oncology specialists to develop a management plan using best practices to possibly include the following:

- a. Implement PA for National Comprehensive Cancer Network (NCCN) guidelines adherence of high cost/high risk oncology drugs
- b. Implement value-based reimbursement of oncology drugs
  - i. Higher reimbursement margin to providers and no barriers for high value drugs
  - ii. Limit coverage or limit reimbursement margin for drugs with marginal benefit at higher cost

4) Evaluate use of IU and vaginal ring contraception versus other forms.

5) Consider prior authorization of natalizumab, a drug with limited indications for Multiple Sclerosis and Chron's Disease and a black box warning for risk of progressive multifocal leukoencephalopathy.

6) Follow-up with specific DUEs of immune globulin and musclular blockage drugs.

**Agenda items will be discussed by Committee members for the purpose of making recommendations to the Oregon Health Plan for adoption into Oregon Administrative Rules 410-121-0030 & 410-121-0040 as required by 414.325(9)*

Lori Howarth from Bayer presented public comment.

***ACTION:** The Committee approved all of the PAD recommendations, but would like staff to take small clinics that get PAD drugs through pharmacies and administer to patients into consideration before acting on the 2.a. recommendation.

b. Dr. Herink presented a new drug evaluation on obesity drugs recommending to cover phentermine/topiramate and lorcaserin for funded diagnoses only and since the treatment of obesity with medications is currently an OHP unfunded diagnosis, eliminate current Weight Loss Medications prior authorization criteria. Kathryn Munoz from Eisai presented public comment.

***ACTION:** The Committee approved the recommendations.

c. Dr. Herink presented an abbreviated class update on Benign Prostatic Hypertrophy recommending maintaining one alpha-blocker and one 5-alpha reductase inhibitor as preferred, making tadalafil non-preferred for the treatment of BHP, updating PA criteria for indication of tadalafil for the simultaneous occurrence of BPH and erectile dysfunction, and continue requiring PA in accordance with OHP list of prioritized health services and limit cosmetic use.

***ACTION:** The committee approved no changes to the BPH PDL drug class after Executive Session and approved other recommendations before Executive Session.

d. Dr. Herink presented an abbreviated class review on Pancreatic Enzyme Replacement Products recommending Creon® and rebatable generic lipase/protease/amylase products be preferred. Annie Ogostalick from Abbott presented public comment. Pamela Dahl from Digestive Care Inc. presented public comment.

***ACTION:** The committee approved these recommendations after Executive Session.

e. Dr. Herink presented drug class scans with the following recommendations:

1. Estrogens, recommending Climara® be preferred and grandfather recipients currently on other topical hormone replacement agents for 90 days, Jinteli® and Jevantique® be age restricted to <50yrs to limit use to oral contraception and make Estring® non-preferred as the vaginal hormone replacement. No further research required at this time.

***ACTION:** The committee approved these recommendations after Executive Session.

2. Cephalosporins, recommending no changes to the first or second generation agents, making Suprax®, cefpodoxime and Cedax® suspension non-preferred. No further research required at this time.

***ACTION:** The committee approved these recommendations after Executive Session.

3. Ophthalmic Antibiotic-Steroid Combinations, recommending no changes. No further research required at this time.

***ACTION:** The committee approved these recommendations after Executive Session.

VIII. The meeting was adjourned at approximately 4:30pm.