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, July 25, 2013 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 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. The DUR/P&T Committee functions as the Rules Advisory Committee to the Oregon Health Plan for adoption into Oregon Administrative Rules 410-121-0030 & 410-121-0040 as required by 414.325(9).

Members Present: Cathy Zehrung, RPh; David Pass, MD; Phillip Levine, PhD; Stacy Ramirez, PharmD; William Origer, MD, James Slater, PharmD,
Members Present by Phone: Joshua Bishop, PharmD; William Nunley, MD
Staff Present: Kathy Ketchum, RPh, MPA:HA; Megan Herink PharmD, BCPS; Richard Holsapple, RPh; Roger Citron, RPh; Ted Williams, PharmD, BCPS; Trevor Douglass, DC, MPH; Shannon Jasper,
Staff Present by Phone: Kathy Sentena, PharmD, Bing Bing Liang, PharmD, Sherry Argyres, PharmD,
Audience: Carol Choutka (Natl. MS Society); Barry Benson (Merck); Deborah Crawford (Acorda); Shane Hall (Purdue); Bruce Smith (GSK); Paul Barham (NovoNordisk); Bruce Howard (Acorda); Shannon Beatty (Med Immune); Gina Guinasso (Acorda); Kayla Berkey (OHSU Pharmacy student); Barbara Felt (GSK); Lisa Valaika (Genzyme); Steve Fuldon (Otsuka); Karen Ward (Aegerion); Chris DeSimone (Aegerion); Tom Burns (Government Task Force); David Barba (Forest); Richard McLeod (Pfizer); Jim Hoover (Bayer); Nate Miles (Lilly); Molly Meeking (Hypercon); Chelsea Arakawa (Pacific University student); John Mcilveen, Ph.D, LMHC; Dean Haxby, PharmD,

I. CALL TO ORDER
a. The meeting was called to order at approximately 1pm.
b. Mr. Citron reported there are no new conflicts of interest to declare.
c. The May 30, 2013 meeting minutes were reviewed.

ACTION: Approved as is.

II. DUR ACTIVITIES
a. Mr. Citron presented the 2nd Quarterly Utilization Reports.
b. Mr. Holsapple presented the ProDUR Report. Same reports presented last meeting.
c. Dr. Williams presented the RetroDUR Report. Presented the proposed layout of new reporting, projected availability 1st quarter for next fiscal year.
d. Mr. Citron stated within packet was copies of screen shots for the CMS Annual report submitted.
e. Dr. Sentena presented the Oregon State Drug Review “Updates and Future Perspectives in Chronic Obstructive Pulmonary Disease”.

III. DUR OLD BUSINESS

a. Juxtapid® (lomitapide)
   Testimony given by Karen Ward, PharmD., from Aegerion.
b. Kynamro® (mipomersen)
   The Committee considered information from specialist on reliability of genetic testing and definition of apheresis failure. PA criteria approved to limit use to confirmed adult HoFH patients that have failed or are unable to tolerate maximum lipid lowering thereapy and LDL-C apheresis. Due to unreliability of the HoFH genetic testing and potential patients who will get missed through genetic testing, the Committee recommended to not restrict diagnosis by genetic testing only, but to require patients either have OHSU consult or be seen at an apheresis center.

ACTION: All in favor

c. Ampyra® (dalfampridine)
   The Committee recommended requiring physician reassessment after a 12-week trial to include demonstration of a ≥20% improvement in walking speed as assessed by the T25FW and to revise prior authorization criteria to allow for use in patients with moderate ambulatory dysfunction who do not require a walking aid. The Committee also recommended dalfampridine be considered by the HCMB subcommittee.
   Testimony given by Deborah Crawford, DVM, from Acorda.
   Testimony given by Carol Chowtka.

ACTION: After Executive Session, all in favor.

IV: DUR NEW BUSINESS

a. Kuvan® (sapropterin)
   The Committee recommended implementation of the amended saproterin prior authorization criteria and to require it be prescribed by a specialist due to lack of long term data and clinical significance outcomes data to support decreased blood Phe level associated with improved neurocognitive and/or psychosocial functions. The Committee recommended that renewal criteria require the Phe level goal of the trial having been met and compliance with the Phe-restricted diet. In light of lack of national treatment consensus, the Committee recommended working with metabolic clinic providers in the region to formulate a uniform and practical treatment protocol for managing patients with PKU including the use of saproterin for patients who are likely to respond. The Committee also recommended saproterin be considered for the HCMB subcommittee.

ACTION: All in favor.

V: PREFERRED DRUG LIST

a. Suboxone® and Opioid Addiction Therapies
   The Committee recommended continuing to require PA for all buprenorphine and buprenorphine/naltrexone products approved for opioid addition to ensure the diagnosis is for the treatment of opioid dependence. After executive session, the Committee recommended making both buprenorphine and buprenorphine/naloxone products preferred on the PMPDP. The Committee deferred taking action on naltrexone and directed staff to bring back additional information ad a future meeting.
   Testimony given by John Mcilveen, PhD., LMHC, from OHA Addictions and Mental Health.

ACTION: After Executive Session, all in favor.

b. Long Acting Opioids
   The Committee recommended removing methadone from preferred status on the PMPDP due to safety concerns, but to maintain a form of morphine ER as a preferred option and to review relative cost of the different formulations in executive session. After executive session, the recommendation was no changes to PMPDP status. The Committee also recommended adding Tramadol ER and Conzip to the LAO class.

Testimony given by Tom Burns, Glaxo Smith Kline.

ACTION: After Executive Session, all in favor.

c. Drug Class Scans

1. ADHD Scan

The Committee found that there was insufficient evidence that the new methylphenidate formulation (Quillivant XR®) has improved efficacy or safety or other formulations and that there was no new clinical evidence necessitating changes to current DL status. The Committee recommended that no further research was needed at this time and to evaluate costs in executive session.
Testimony given by Richard McLeod from Pfizer.
After executive session, the Committee recommended accepting Focalin, Focalin XR, Vyvanse SRs and keep preferred; accepting the Daytrana SR and make preferred; accept the Adderall XR SR and make non-preferred on but preferred over its generic equivalent; add Metadate CD brand only; monitor quarterly and add generic Concerta when AAC drops below $2/day; keep Provigil non-preferred but preferred over its generic equivalent and monitor price quarerly; and make dextroamphetamine IR non-preferred.

ACTION: After Executive Session, all in favor.

2. Controller Medicaitons for Asthma

The Committee recommended that no further research was needed at this time and to evaluate costs in executive session.
After executive session, the Committee recommended making Alvesco, safirlukast and montelukast granules non-preferred due to their high price and low use; accept Lovent, Qvar and Advair SRs and keep preferred; accept Pulmicort and make preferred; make Symbicort preferred IF they accept our clinical edit.

ACTION: After Executive Session, all in favor.

3. Triptans

The Committee recommended that no further research was needed at this time and to evaluate costs in executive session.
After executive session, the Committee recommended making Zomig Spray non-preferred and making generic sumatriptan SQ preferred as it now has price parity with the brand.

ACTION: After Executive Session, all in favor.

4. Short Acting Opioids

The Committee recommended updating the PA criteria to include new spray formulations of fentanyl to current PA criteria. The Committee deferred taking action on high dose APAP containing combinations (>325mg/unit) at this time. Also recommended no further research was needed at this time and to evaluate costs in executive session.
After executive session, the Committee recommended making Subsys non-preferred due to high cost; making hydrocodone/ APAP solution non-preferred as it is PA'd for cough; and to make butorphanol tartrate preferred on the PMPDP.

ACTION: After Executive Session, all in favor.

VI: EXECUTIVE SESSION

VII: RECONVENED FOR PUBLIC RECOMMENDATIONS

VIII. ADJOURN

The meeting was adjourned at approximately 5:10 pm.