Drug Use Research & Management Program
OHA Division of Medical Assistance Programs
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Oregon Drug Use Review / Pharmacy & Therapeutics Committee
Thursday, March 26, 2015 1:00-5:00 PM
Wilsonville Training Center
29353 SW Town Center
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; Phillip Levine, PhD; William Origer, MD; Caryn Mickelson, PharmD; Tracy Klein, PhD., FNP;

Members Present by Phone: Kathryn Lueken, MD; James Slater, PharmD;

Staff Present: Kathy Ketchum, RPh, MPA:HA; Megan Herink PharmD, BCPS; Richard Holsapple, RPh; Roger Citron, RPh; Ted Williams, PharmD; Shannon Jasper; Amanda Meeker, PharmD; Andrew Gibler, PharmD; Dee Weston, Trevor Douglas, Walter Shaffer, MD

Staff Present by Phone:

Audience: Barry Benson (BMS), Michelle Bice (Gilead), Stuart O'Brochta (Gilead)*, Dean Haxby (OSU), Kim Blood (WVCH), Desiree Allen (Abbvie), Laurie Hill (Abbvie)*, Tom Horton (Lumara Health), Tina Patel (Pacific Source), Allen Hammagren (Abbvie), Catherine Datto (AstraZeneca)*, Randy Legg (AstraZeneca), Patrick Moty (Supernus), Dan Benson (Abbvie), Jim Graves (BMS), Roy Palmer (Pfizer)*, Richard McLeod (Pfizer), Steve Faloon (Otsuka), Henry Washington (Abbott), China Katt (Abbott), James McAdams (Orexo), David Barhoum (Genentech), Gabriela Schneider (GNE), Molly Meekin (Hyperian Therapeutics), Kerrie Fowler (Umpqua Health Alliance)

(*) Provided verbal testimony

I. CALL TO ORDER

a. The meeting was called to order at approximately 1:00 pm. Introductions were made by Committee members and staff.

b. Mr. Citron reported there are no new conflicts of interest to declare.

c. Approval of agenda and minutes presented by Dr. Origer. (pages 4 – 9)

ACTION: Motion, 2nd, All in Favor. Approved.

d. No current department updates for OHA.

II. PREFERRED DRUG LIST NEW BUSINESS

a. Viekira Pak New Drug Evaluation (pages 10 – 31)
Dr. Herink presented the following new drug evaluation:

1. Update Hepatitis C Direct-Acting Antivirals PA criteria. The Committee recommended amending questions #19 and #21 of the proposed PA criteria to permit for appropriate discontinuation of contraindicated medications.

2. *After executive session, accept supplemental rebate for Viekira Pak™

3. *After executive session, make Viekira Pak™ preferred as soon as SR is available.

Public Comment:
Laura Hill from Abbvie.
Stuart O'Brochta from Gilead.

***ACTION:** After executive session. All in favor. Approved.

b. Long-acting Opioids Class Update (pages 32 – 48)
Dr. Meeker presented the following class update:

1. *After executive session, maintain hydrocodone ER (Hysingla™) and morphine sulfate / naltrexone (Embeda™) as non-preferred.

2. *After executive session, make oxycodone / naloxone ER (Targiniq™) non-preferred when it becomes available.

Public Comment:
Dr. Roy Palmer from Pfizer.

***ACTION:** After executive session. All in favor. Approved.

c. Drugs for Constipation Review (pages 49 – 81)
Dr. Gibler presented the following class review.

1. Implement PA criteria for linaclotide, lubiprostone, alvimopan, methylnaltrexone and naloxegol.

2. Establish a Laxatives drug class on the PDL.

3. Make polyethylene glycol 3350, lactulose and senna products preferred.

4. *After executive session, make bulk forming laxatives less than $1/unit PDL = Y, all other bulk forming laxatives PDL = N.

5. *After executive session, make osmotic laxatives (inc. PEG 3350 & lactulose) less than $1/unit PDL = Y, all other osmotic laxatives PDL = N.

6. *After executive session, make all lubricant laxatives PDL = N.

7. *After executive session, make all surfactant, stimulant, and saline laxatives PDL = Y.

Public Comment:
Catherine Datto from Astra Zeneca.

***ACTION:** After executive session. All in favor. Approved.

d. Drug Class Scans

1. Antiepileptic Drugs (pages 82 – 98)
   Dr. Gibler presented the following class scan.

   a. Discontinuing PA criteria for pregabalin.

   b. Include pregabalin the PA criteria "Drugs Used for Non-Funded Pain Conditions" as presented at this meeting.

   c. No further review or research needed at this time.

   d. *After executive session, remove PA criteria for preferred topiramate products due to cost effectiveness.

***ACTION:** After executive session. All in favor. Approved.

2. Topical Corticosteroids (pages 99 – 105)
   Dr. Herink presented the following class scan.

   a. No further review or research needed at this time.

   b. *After executive session, no changes recommended at this time.

***ACTION:** After executive session. All in favor. Approved.

III. DUR NEW BUSINESS

a. Fibromyalgia Drug Use Evaluation (pages 106 – 121)
   Ms. Ketchum presented the following new drug evaluation:

   1. Adopt the PA criteria "Drugs Used for Non-Funded Pain Conditions" as presented at this meeting and apply it to the following medications:
      - Pregabalin
      - Milnacipran

   2. Retire milnacipran-specific PA criteria and adopt the proposed comprehensive drug use criteria for high cost drugs used for fibromyalgia, chronic low back pain and chronic pain syndrome.

   3. Allow automatic approvals for pregablin based on prior claims for epilepsy.

   4. The committee declined recommending applying new criteria to duloxetine due to recent change in price and asked to review generic pricing at the May P&T meeting.

ACTION: Motion, 2nd, All in Favor. Approved.

b. PPI/H2RA Class updates and Drug Use Evaluation (pages 122 – 143)

Dr. Gibler and Ms. Ketchum presented the following updates and evaluation:

1. *After executive session, maintain open access of preferred H2RAs.

2. *After executive session, continue open access of preferred PPIs for up to 60 days to allow for short-term treatment of GERD and *H. pylori.*

3. *After executive session, establish new PA criteria as discussed in this meeting.

4. *After executive session, implement broad education outreach to prescribers before applying new criteria and to grandfather current long-term PPI users to phase-in implementation.

5. *After executive session, re-evaluating policy 1 year after implementation.

***ACTION:** After executive session. All in favor. Approved.

c. High Dose Opioid Policy Evaluation (pages 144 – 160)
Dr. Williams presented the following policy evaluation:

1. Maintain high-dose opioid PA policy.

2. Collaborate with the Prescription Drug Monitoring Program to determine if high dose opioid therapy was continued in patients who did not have a Prior Authorization approved.

ACTION: Motion, 2nd, All in Favor. Approved.

IV. EXECUTIVE SESSION

V. RECONVENE for PUBLIC RECOMMENDATIONS

VI. ADJOURN
