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:** Kelley Burnett, DO; Rich Clark, MD, MPH; Walter Hardin, D.O., MBA; Tracy Klein, PhD, FNP; Phil Levine, PhD; Caryn Mickelson, PharmD; William Origer, MD; James Slater, PharmD; Cathy Zehrung, RPh

**Members Present by Phone:** Stacy Ramirez, PharmD; Dave Pass, MD

**Staff Present:** Richard Holsapple, RPh; Roger Citron, RPh; Dee Weston; Sarah Servid, PharmD; Deanna Moretz, PharmD, BCPS; Lindsay Newton; Megan Herink, PharmD, BCPS; Melissa Smith, PharmD; Kim Vo, PharmD; Dave Engen, PharmD; Kathy Sentena, PharmD; Kim Wentz, MD

**Staff Present by Phone:** Dean Haxby, PharmD

**Audience:** *Arti Baig, Pfizer; Jim Graves, Bristol-Meyers Squibb; Rick Frees, Vertex; Venus Holder, Lilly; Cathy Gross, Purdue; Jen Lee, AllCare Health; Keri Smith, UiiU; Chris Conner, Bristol-Meyers Squibb; Bobbi Jo Drum, Bristol-Meyers Squibb; Georgette Dawilewski, Indivior; Tracy, Vertex; Tim McFerron, Alkermes; Jennifer Shidler, SanofiGenazne; Patrick Nave, Purdue; Robin Traver, Umpqua Health Alliance; *Mary Kemtius, Norvartis; *Lowen Sandt, Caring Ambassadors; Lisa Boyle, WVP Health Authority; Joe Schreck, Allergan; *Kim Lambmeier, Sunovion; *Lyle Laird, Sunovion; Jean Colabianchi, Sunovion; Margaret Olman, AbbVie; Cheryl Fletcher, AbbVie; Karen Jackson, Trvidia; David Barhoum, Genetech; John Bullard, Amgen; Sohrob Yarari, Pacific University; *Shelley Bailey, Central Drugs; Amy Bannon, Pfizer; *Mae Kwong, Janssen

(*) Provided verbal testimony

**Written testimony provided:**

**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 were no new conflicts of interest to declare.
C. Approval of agenda and March minutes presented by Mr. Citron. (pages 5 - 8)

ACTION: Motion to approve, 2nd, All in Favor.

II. DUR OLD BUSINESS

A. Hepatitis C Policy Update (pages 9-18)
   Mr. Citron reviewed the MOU the OHA has entered into with the OLC which required modifications to the DAA PA criteria to become effective on 6/1/2017
B. Updated DAA Criteria
   Mr. Citron presented the updated PA criteria reflecting the required changes and the Committee recommended amending the language in question #14, adding a link to the HERC coverage guidance in questions #7 & 8.
C. Public Comment
D. Discussion of Clinical Recommendations to OHA

ACTION: Motion to approve recommended edits to questions #7, 8 and 14. 2nd. All in favor. Approved. While understanding the OHA is bound by the MOU the Committee made a Motion to remove the guidance regarding handling of fibrosis test results indicating a range is a question #7 and 8 and to instead address through their contracts and guidance to the CCOs. 2nd. Majority in favor. Approved.

III. DUR ACTIVITIES

A. Quarterly Utilization Reports
B. ProDUR Report
C. RetroDUR Report
D. Oregon State Drug Reviews
   b. Management of Opioid Use Disorder.

IV. DUR NEW BUSINESS

A. HERC Novel Treatments (pages 34 - 37)
   Mr. Citron reviewed the HERC’s Statement of Intent in regards to the review of Novel Treatments and presented the proposed High Cost and Marginal Benefit (HCMB) Therapies Policy:

   1. Approve proposed P&T policy.
   2. Public Comment
   3. Discussion of Clinical Recommendations to OHA
ACTION: Motion to approve after changing “elect” to “vote” in item #3 in the proposed policy, 2nd. All in favor. Approved.

B. Pediatric Antipsychotic Metabolic Monitoring (pages 38 - 60)  
Dr. Servid presented the evaluation and the following recommendation:

1. Approve discontinuation of RetroDUR fax initiative

ACTION: Motion to approve, 2nd. All in favor. Approved.

C. Non-Vitamin K Antagonists Oral Anticoagulants (NOACs) (pages 61 - 90)  
Dr. Vo and Dr. Sentena presented the scan and policy evaluation with the following recommendations:

1. No further research is needed and the evidence does not support a clinical prior authorization on NOACs at this time.
2. Continue to monitor for appropriate use
3. Evaluate comparative costs in executive session.

ACTION: Motion to approve, 2nd. All in favor. Approved.

D. Proton Pump Inhibitors (pages 91 – 119)  
Dr. Sentena and Dr. Smith presented the scan and policy evaluation with the following recommendations:

1. No further research is needed at this time.
2. Add dexlansoprazole SoluTabs and update PA criteria.
3. Evaluate comparative costs in executive session.

ACTION: Motion to approve, 2nd. All in favor. Approved.

V. PREFERRED DRUG LIST NEW BUSINESS

A. Ophthalmic VEGF Inhibitor Class Update (pages 120 - 142)  
Dr. Servid presented the class update and following recommendations:

1. Approve proposed PA criteria for non-preferred drugs and apply to both pharmacy and physician administered claims.
2. Evaluate comparative costs in executive session.

ACTION: Motion to approve, 2nd. All in favor. Approved.

B. Tetracycline Antibiotics Class Update (pages 143 - 151)  
Dr. Herink presented the class update and following recommendations:

1. Change quantity limit to allow two 14 day supplies in a 3 month timeframe.
2. Remove the quantity limit and PDL status for demeclocycline
3. Evaluate comparative costs in executive session.
ACTION: Motion to approve, 2nd. All in favor. Approved.

C. Literature Scans (pages 152 - 169)
Dr. Moretz, Dr. Sentena, Dr. Herink and Dr. Servid presented the literature scans and following recommendations:

1. ACEIs, ARBs, DRIs and Entresto (sacubitril/valsartan) (pages 152-169)
   a. No further research is needed at this time
   b. Maintain current PA criteria
   c. Evaluate comparative costs in executive session

2. Anaphylaxis Rescue Agents Scan (pages 170-174)
   a. No further research is needed at this time
   b. Evaluate comparative costs in executive session

3. Antianginal Agents (pages 175-183)
   a. Maintain sublingual powder nitroglycerin (GONITRO™) as non-preferred on the PMPDP
   b. No further research is needed at this time
   c. Evaluate comparative costs in executive session

4. Otic Antiabiotics (pages 184-190)
   a. No further research is needed at this time
   b. Continue to have at least on preferred product for treatment of acute otitis media in patients with tympanostomy tubes and at least one ototopical aminoglycoside antibiotic as an option for otitis externa
   c. Evaluate comparative costs in executive session

ACTION: Motion to approve, 2nd. All in favor. Approved.

D. Abbreviated Drug Reviews (pages 191 - 198)
Dr. Servid presented the class update and following recommendation:

1. Intrarosa® (pages 191-192)
   a. Require PA to restrict use to OHP-funded conditions.

2. Eucrisa® (page 193)
   a. Require PA to restrict use to OHP-funded conditions.

3. Amulez® (page 194)
   a. Require PA to restrict use to OHP-funded conditions.

4. Levulan® (page 195-196)
   a. Require PA to restrict use to OHP-funded conditions.

5. Rhofade® (page 197)
   a. Add drug to list of drugs for excluded conditions

6. Belviq® (page 198)
   a. Add drug to list of drugs for excluded conditions

ACTION: Motion to approve, 2nd. All in favor. Approved.

VI. EXECUTIVE SESSION
VII. RECONVENE FOR PUBLIC RECOMMENDATIONS * After executive session

A. Non-Vitamin K Antagonists Oral Anticoagulants (NOACs) (pages 61 - 90)
   *ACTION: No changes to the PMPDP
   Motion, 2nd, All in Favor. Approved.

B. Proton Pump Inhibitors (pages 91 – 119)
   *ACTION: Make Ranitidine 150mg tablets, Ranitidine 300mg tablets, Famotidine 20mg tablets, and Famotidine 40mg tablets preferred.
   Motion, 2nd, All in Favor. Approved.

C. Ophthalmic VEGF Inhibitor Class Update (pages 120 - 142)
   *ACTION: No changes to the PMPDP
   Motion, 2nd, All in Favor. Approved.

D. Tetracycline Antibiotics Class Update (pages 143 - 151)
   *ACTION: No changes to the PMPDP
   Motion, 2nd, All in Favor. Approved.

E. ACEIs, ARBs, DRIs and Entresto (sacubitril/valsartan) (pages 152-169)
   *ACTION: Add irbesartan and valsartan to the PMPDP as preferred.
   Motion, 2nd, All in Favor. Approved.

F. Anaphylaxis Rescue Agents Scan (pages 170-174)
   *ACTION: No changes to the PMPDP
   Motion, 2nd, All in Favor. Approved.

G. Antianginal Agents (pages 175-183)
   *ACTION: No changes to the PMPDP
   Motion, 2nd, All in Favor. Approved.

H. Otic Antiabiotics (pages 184-190)
   *ACTION: No changes to the PMPDP
   Motion, 2nd, All in Favor. Approved.

VIII. ADJOURN