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: Tracy Klein, PhD, FNP; Caryn Mickelson, PharmD; Cathy Zehrung, RPh; Stacy Ramirez, PharmD; Kelley Burnett, DO; Walter Hardin, DO, MBA; Phil Levin, PhD; William Origer, MD; James Slater, PharmD

Members Present by Phone: David Pass, MD

Staff Present: Richard Holsapple, RPh; Roger Citron, RPh; Dee Weston; Sarah Servid, PharmD; Lindsay Newton; Dave Engen, PharmD, CGP; Kathy Sentena, PharmD; Kim Wentz, MD; Julia Verhulst, PharmD; Megan Herink, PharmD, MBA

Staff Present by Phone: Deanna Moretz, PharmD; Dean Haxby, PharmD

Audience: *Marc Jensen, Pfizer; *Mae Kwong, Johnson & Johnson; *Anthony Wheeler, Eli Lilly; *Shawn Hansen, Novo Nordisk; *Margaret Olmon; *Stuart O’Brochta, Gilead; *Steven Nemirow; *Lorren Sandt, Caring Ambassadors; *Haven Wheelock, Outside In; *BJ Cavnor; *Kent Benner, MD; Stephanie Lattig, Novo Nordisk; Sylvia Walsh; Karen Meier, Novo Nordisk; Stephanie Yamamoto; Johnson & Johnson; Amanda Shearin, BIPI; Cheryl Fletcher, AbbVie; Michael Estos, Pfizer; Jeana Colabianchi, Sunovion; Mary Kemhus, Novartis; Darlene Halverson, Novartis; Jennifer Shidler, Genzyme; Venus Holder, Eli Lilly; Lisa Boyle, WVP Health; Cory Rahn, IHN; Jennifer Svec, Med Impact; Brian Landberg, Arkvoy Diamtes; Sierra Fung, Care Oregon; Daniel Hendrikson, Care Oregon; Chris Conner, BMS; Anthony McKenzie, Western Oregon Advanced Health; Bobbi Jo Drum, BMS; Hunter Hensler, Western Oregon Advanced Health; Camille Kerr, Amgen; Heather True, Pacific University; Sarah Brattain, OSU/OHSU Intern; Stacy Eria, Family Care CCO; Mark Kantor, All Care Health; Damen, AbbVie

(*) Provided verbal testimony

Written testimony provided:
I. CALL TO ORDER

A. The meeting was called to order at approximately 1:01 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 July minutes presented by Mr. Citron. (pages 4 - 7)

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

II. DUR ACTIVITIES

A. Quarterly Utilization Reports – Mr. Citron presented the Quarterly Utilization report.
B. ProDUR Report – Mr. Holsapple presented the ProDUR report.
C. RetroDUR Report – Dr. Engen presented the RetroDUR report
D. Oregon State Drug Reviews
   1. Updates in the Management of COPD
   2. New Biologics for Treatment of Moderate to Severe Psoriasis.

Dr. Sentena presented two recently published newsletters, thanked the Committee for reviewing the draft versions and solicited ideas for future newsletters. Dr. Ramirez recommended a review of the biologics and all the FDA approved indications and recommended an easy to reference chart be developed for providers.

III. DUR OLD BUSINESS

A. Lo-dose Quetiapine (pages 25 - 26)
   Dr. Servid presented the proposal to retire the low-dose quetiapine prior authorization (PA) criteria.

   ACTION: Committee deferred making recommendation to retire PA and requested staff present additional data on current utilization including age and dose at future meeting.

B. Hydroxyzine HCl (pages 27-28)
   Dr. Servid presented the proposal to discontinue requiring PA for all formulations of of hydroxyzine HCl.

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

C. Biologics for Autoimmune Conditions (pages 29-34)
   Dr. Moretz presented the proposed updates to the Biologics for Autoimmune Conditions PA andrecommendation to include new indications.
ACTION: Motion to approve, 2nd. All in favor. Approved.

D. Antidiabetic Agents (Non-Insulin) (pages 35 - 74)
Dr. Sentena presented the class update and proposed PA criteria with the following recommendations:

1. Maintain current PA policy.
2. Add new formulations to existing PA criteria.
3. No changes to the PDL are recommended based on the new evidence.

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

E. Antidiabetic Agents (Insulin) (pages 75 - 95)
Dr. Sentena presented the class update and DERP summary and made the following recommendations:

1. No changes are recommended to the PDL based on new evidence.
2. Remove requirement that patients must use 40 units or less per day of insulin to be candidates for an insulin pen.

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

F. Hepatitis C Class Update (pages 96-160)
Dr. Herink presented the class update and new drug evaluations and made the following recommendations:

1. Expand coverage for HCV treatment with HCV stage F-2 with no requirement to be prescribed by a specialist.
2. Expand coverage for HCV treatment for all individuals with HCV co-infected with HIV.
3. Amend PA criteria to include additional extrahepatic manifestations, baseline HBV monitoring, and to allow for the re-treatment of HCV in those who have failed therapy with a NSSA inhibitor.
4. Add Fibrosure as alternative serum test in the current PA criteria and proposed 1/1/2018 PA criteria if the higher sensitivity tests are not available.

ACTION: Motion to approve recommendations #3 and 4 (above) and proposed amendments to the question #7 in proposed PA criteria for results falling in a range to F1 to F2 range and modification of question #14 to explicitly state that NS5A testing is required and to document the results. 2nd. All in favor. Approved. The Committee acknowledged the OHA will make the changes they deem necessary to comply with the MOU, however, the majority of the Committee recommended against expanding coverage for HCV treatment to stage F2, or to expand coverage for all individuals with HCV co-infected with HIV. 2nd. Majority in favor. Approved.

G. ADHD Class Update (pages 161-177)
Dr. Servid presented the class update and following recommendation:

1. Maintain current PA policy.
2. Evaluate comparative costs in executive session.
ACTION: Motion to approve, 2nd. All in favor. Approved.

VI. DRUG CLASS LITERATURE SCANS

A. Literature Scans (pages 178 - 268)
   Dr. Verhulst, Dr. Engen, Dr. Sentena, and Dr. Herink presented the literature scans and following recommendations:

1. Antipsychotics, Parenteral Scan (pages 178-189)
   a. No further research is needed at this time
   b. Evaluate comparative costs in executive session

2. Growth Hormones Scan (pages 190-202)
   a. No further research is needed at this time
   b. Evaluate comparative costs in executive session

3. Newer Antiemetics Scan (pages 203-225)
   a. No further research is needed at this time
   b. Evaluate comparative costs in executive session

4. Pancreatic Enzymes Scan (pages 226-233)
   a. No further research is needed at this time
   b. Evaluate comparative costs in executive session

5. Platelet Inhibitors Scan (pages 234-250)
   a. No further research is needed at this time
   b. Evaluate comparative costs in executive session

6. Topical Steroids Scan (pages 251-259)
   a. No further research is needed at this time
   b. Evaluate comparative costs in executive session

7. Topical Antipsoriatics Scan (pages 260-268)
   a. Assign coal tar preparations to antipsoriatic class as non-preferred
   b. Evaluate comparative costs in executive session

VII. EXECUTIVE SESSION

VIII. RECONVENE FOR PUBLIC RECOMMENDATIONS * After executive session

A. Antidiabetic Agents (Non-Insulin) (pages 35 - 74)
   *ACTION: No changes to the PMPDP
   Motion, 2nd, All in Favor. Approved.

B. Antidiabetic Agents (Insulins) Class Update (pages 75 - 95)
*ACTION: No changes to the PMPDP. Remove PA on Lantus and Novolog pens and vials. Modify PA criteria to require trial and failure of Lantus or Novolog before approving other insulin pens.
Motion, 2nd, All in Favor. Approved.

C. Hepatitis C Class Update (pages 96 - 160)
*ACTION: Make Mavyret and Vosevi preferred. Make Harvoni non-preferred.
Motion, 2nd, All in Favor. Approved.

D. ADHD Class Update (pages 161 - 177)
*ACTION: Make dextroamphetamine-amphetamine CAP ER 24 H preferred
Motion, 2nd, All in Favor. Approved.

E. Antipsychotics, Parenteral Scan (pages 178 - 189)
*ACTION: No changes to the PMPDP
Motion, 2nd, All in Favor. Approved.

F. Growth Hormones Scan (pages 190 - 202)
*ACTION: Make Nutropin AQ preferred. Make Omnitrope non-preferred.
Motion, 2nd, All in Favor. Approved.

G. Newer Antiemetics Scan (pages 203 - 225)
*ACTION: No changes to the PMPDP
Motion, 2nd, All in Favor. Approved.

H. Pancreatic Enzymes Scan (pages 226 - 233)
*ACTION: No changes to the PMPDP
Motion, 2nd, All in Favor. Approved.

I. Platelet Inhibitors Scan (pages 234 - 250)
*ACTION: No changes to the PMPDP
Motion, 2nd, All in Favor. Approved.

J. Topical Steroids Scan (pages 251 - 259)
*ACTION: No changes to the PMPDP
Motion, 2nd, All in Favor. Approved.

K. Topical Antipsoriatics Scan (pages 260 - 268)
*ACTION: No changes to the PMPDP
Motion, 2nd, All in Favor. Approved.

VIII. ADJOURN