OREGON STATE University

Oregon Drug Use Review Board

Office of Medical Assistance Programs
State of Oregon
February 11, 2003
Meeting Minutes

The meeting was held at the Human Resources Building Rm 473, 500 Summer Street NE, Salem, Oregon.

I. CALL TO ORDER

a. Members present: Gerald Fairbanks, RPh; Robert Ingle, MD; Dean Haxby, PharmD; Cliff Singer, MD; Patrick Bowman, RPh; Raymond S. Lee, MD; Sharon Leigh, PharmD; Rickland Asai, DMD; and Robert Mendelson via conference phone at 2:15 PM.
Members absent: Christina Heinrich, PharmD; Gregory Johnson, MD and John Muench, MD, MPH.
Staff Pressent: Kathy Ketchum (OSU), Rose-Ellen Hope (FHSC), Thomas Drawbaugh (OMAP), Jim Rowland, (FHSC) and Cindy Yeh (OSU).
Guests present: Sandra Thissell (Sepracor), David Wilson, (GSK)

The meeting was called to order by Acting Chair, Dean Haxby at 2:15. A quorum was present.

b. The agenda and minutes were approved with no corrections.

c. Conflict of Interest statements were reviewed and renewed.

d. There was no public comment.

II. OLD BUSINESS

a. First SX System Follow-up
Ms. Hope reported that First Health switched to the First SX claim processing system on December 6. Several problems were addressed early on. DUR Board members were asked to forward any significant issues they identify to First Health. The ProDUR criteria approved by the DUR Board is not what is being used to screen claims currently, but it is expected that by summer it will be used.

III. REPORTS

a. Drug Utilization PMPM Report

The Board reviewed the report. Ms. Ketchum noted that recent budget cuts will likely result in fewer eligible members next quarter as several groups have lost or will soon loose prescription coverage. She also reported the four classes included in the PMPDP showed reduced rates of growth in the 4th quarter.

b. ProDUR Alert by Class
The Board reviewed the report and noted significant changes to override and prevalence rates likely due to the system changes noted in II.a.

Action: This report will not be produced until approved criteria are loaded in First SX.

c. 5-HT3 Receptor Antagonist Class Review
Dr. Yeh presented the report and the proposed guidelines for use.

Action: The Board recommended a quantity limit of 9 units in 7days be implemented by OMAP. Recommended exceptions to this limit are: chemotherapy/radiation courses extending beyond 3 days or patients with refractory nausea to prevent hospitalization or ER admission when at least two other agents (i.e. metoclopramide, promethazine, prochlorperazine) were not tolerated, failed, or are contraindicated.

d. Dronabinol DUE
Dr. Yeh presented the report and presented guidelines for appropriate use.

Action: The Board recommended to forward prior authorization criteria for OMAP consideration. It was recommended that prior authorizations be denied for indications that are below-the-line or that lack medical evidence of efficacy (i.e. multiple sclerosis, dystonic disorders, migraine, pain, glaucoma and cancer-associated anorexia). It was recommended that prior authorizations be granted for anorexia due to HIV/AIDs, chemotherapy induced nausea & vomiting or refractory nausea to prevent hospitalization or ER admission when at least two other agents (i.e. metoclopramide, promethazine, prochlorperazine) were not tolerated, failed, or are contraindicated. It was recommended that OMAP implement quantity limits of 3 units/day of the 2.5mg and 5mg strengths and 2 units/day of the 10mg strength and deny duplicate therapy of dronabinol and megestrol.

e. ProDUR Report
The Board reviewed the ProDUR Alert report, Clinical Alerts, and ProDUR criteria for antinauseants.

Action: The maximum dose of dronabinol was changed to 20mg.

Action: MAP edits will be added to the grid.
Action: OSU to produce a DUE of Scopolamine patches.

Action: The ProDUR Alert Report and ProDUR criteria will not be produced until DUR Board approved criteria are loaded in First SX.

f. RetroDUR Report
The Board reviewed the report. Ms. Hope reported that the Council is still recruiting for a physician to replace Cynthia Younger.

Action: Delete criteria for fluoride use in children <5.

g. Education Report
Dr. Haxby reported that recent topics of the monthly DUR Board Newsletter included a review of combination hormonal contraceptives, generic options for mental health and a review of the new cholesterol drug, Zetia.

h. Health Resources Commission Report
Dr. Haxby reported that the HRC has reviewed reports on the Estrogen and Triptan classes, but the Triptan class is not complete. ACE inhibitors, beta-blockers and calcium channel blockers will be reviewed by the same subcommittee and is finalizing key questions. Subcommittees are meeting in March for sufonylureas, urinary incontinence drugs and skeletal muscle relaxants. The PPIs and LA Opioids will begin the update process in April.

i. Pharmacy Program Update
The sedative and soma policies recommended by the Board went into effect on December 6 with the new point of sale system. A $2 copay for generics and $3 for brands was implemented on January 1. Higher copays for the "standard" population were implemented Feb 1. The 15-day initial supply policy was discontinued on Jan. 1. Additional cost-saving measures include discontinuing pharmacy benefits to the Medically Needy patients on Feb. 1 and the "standard" population on Mar. 1. Other benefits, including mental health services, dental services and chemical dependency services were also discontinued for the "standard" population. OMAP has been asked to strengthen the prior authorization program and exception processes in an effort to meet the budget gap.

Action: Board added an extra meeting on Mar. 18, 2-5 PM in DHS 137A to consider more prior authorization recommendations.

IV. NEW BUSINESS

a. Gabapentin
The Board reviewed proposed prior authorization criteria for Gabapentin.

Action: The Board recommended that OMAP prior authorize gabapentin for above-the-line diagnoses. It was recommended that patients with claims for epilepsy be exempt from PA. It was recommended that patients with claims for covered neuropathies and neuralgias, migraine or bipolar affective disorder be exempt from PA for 90 days at which time approval would be granted with evidence of positive efficacy. The Board recommended that patients currently on gabapentin be given 90 days to meet criteria.

Next meeting is scheduled for March 18, 2003, 2 - 5 PM. The meeting will be held at the Human Service Building in room 137A.

The meeting was adjourned at 4:00 by Acting Ch. Haxby.

Minutes respectfully submitted by Kathy Ketchum