Office of Medical Assistance Programs
State of Oregon
Drug Use Review Board
Meeting Minutes
May 13, 2003

I. Call to order
   a. Members present: Christina Heinrich, PharmD; Gregory Johnson, MD; John Muench, MD, MPH; Robert Ingle, MD; Patrick Bowman, RPh; Rickland Asai, DMD; and via conference phone Dean Haxby, Pharm. D. and Robert Mendelson, MD. Members absent: Gerald Fairbanks, RPh; Cliff Singer, MD; Raymond S. Lee, MD; Sharon Leigh, PharmD;
   b. Staff Present: Kathy Ketchum (OSU), Rose-Ellen Hope (FHSC), Thomas Drawbaugh (OMAP), Jim Rowland, (FHSC) and Ann Hamer (OSU). Guests present: Sandra Thissell (Sepracor), David Wilson (GSK), Dennis Sagendorf (Purdue Pharma), Jeffrey Hattori (Eli Lilly), Jim Goddard (Shire), Steve Holman (GSK), Brian Sandilands (GSK).
   The meeting was called to order by Chairman Greg Johnson at 2:05.
   A quorum was present at 2:15.
   c. The agenda and minutes were approved with no corrections.
   d. Conflict of Interest statements were reviewed and renewed.
   e. Public Comment
      i. GSK letter entered into the public record. David Smith from GSK offered to answer any questions. There was no discussion.
      ii. Novartis letter entered into the public record. There was no discussion.

II. Old business
   a. F/u on Antinauseant Recommendations
   Ms. Ketchum reported that OMAP accepted the DUR Board recommendations and implemented them on April 1, 2003.
   b. F/u on Gabapentin Recommendations
   Ms. Ketchum reported that OMAP accepted the DUR Board recommendations and scheduled to implement on July 1, 2003.

III. Reports
   a. Drug Utilization PMPM Report
   The Board reviewed the report. Ms. Ketchum noted several trend changes in the report and addressed policy changes likely to have caused them.

   b. FH Clinical Alerts
   The Board reviewed the reports.

   c. RetroDUR Report
   The Board reviewed the report. This report includes figures prior to First SX system conversion and those from after the conversion. The First SX system allows the RetroDUR Council to identify specific criteria and

themes to target for review and is not limited to entire class reviews. There was continued discussion regarding accurate prescriber identification. Ms. Hope reported that the Council is still recruiting for a physician to replace Cynthia Younger.
Action: Ms. Ketchum to investigate the feasibility of DEA/OMAP provider number inquiry for pharmacies.

d. Education Report
Ms. Ketchum reviewed the DUR Newsletter topics covered since last meeting. She also reported on a new "Prescription Change Form" program that was recently used to inform providers about the new PMPDP exception process. She also reviewed changes to the DUR Board website including the addition of the Prescriber Tools section. There was concern regarding the release of PHI to wrong providers.
Addendum: OMAP HIPPA compliance officer has provided a confidentiality statement to include with all personal health information (PHI) correspondence such as the Prescription Change Form and RetroDUR letters to address PHI disclosure to an inaccurately identified provider.

e. Health Resources Commission Report
Dr. Haxby reported that the HRC has recently approved the evidence-base class reviews of oral hypoglycemics, urinary incontinence drugs, triptans and skeletal muscle relaxants. The PPIs, LA Opioids, Statins and NSAIDs reviews are currently being updated.

f. Pharmacy Program Update
Mr. Drawbaugh reported that the OHP Standard population has pharmacy coverage funding through June 30, 2003. Medically needy transplant and HIV patients are also funded through June 30, 2003.

Beginning May 1, the PMPDP exception process for LA Opioids and PPIs now requires a phone call to the FH MAP desk. Statins and NSAIDs will begin on May 15. Estrogens are scheduled for July 1 and all other classes added to the PMPDP will require this exception process for non-PDL drugs.

Pill cutters will be covered beginning June 1. Generic preference edits are scheduled for implementation on June 15. On June 6, the NCPDP 5.1 compliant claims processing system will be implemented and with it a coordination of benefits requirement that mandates that other insurers be billed first.

Actions approved by the Center for Medicaid & Medicare Services were: long-term care pharmacy reimbursement rates of AWP-11% + $3.91, and mail order reimbursement of AWP-21% brand and AWP-60% generic.

Actions still pending approval are: retail pharmacy reimbursement of AWP-15% and supplemental rebate agreements.

IV. New Business

a. Antidepressant Management Options
The Board reviewed the report of cost-effective use of antidepressants.
Action: The Board considered the targets reasonable, with the caveat that ½ tablets are considered for tablets that were scored.
Action: The Board recommended that stategies that concentrate on prescribers (change forms/profiling) be tried first. However, if this strategy fails, prior authorization was a reasonable last step for new start patients.

b. Medication Overuse Headache
The Board reviewed the literature review and drug use evaluation.
Action: The Board recommended that quantity limits be implemented for triptans.
Action: The Board recommended provider education prior to implementation of the quantity limits that includes a patient education tool for provider use that emphasizes Table 1 of the report.

c. HB2558
The Board discussed the origins and results of this legislation.
Action: Ms. Ketchum to investigate the possibility of Board letter to Governor asking for a veto.

Addendum: The Governor signed the bill into law on May 9.

d. Generic Use Report
The Board reviewed the report.
Action: This report will become a regular report for DUR Board review.

Next meeting is scheduled for September 9, 2003, 2 – 5 PM. The meeting will be held at the Human Service Building in room 137A.

The meeting was adjourned at 3:30 by Chairman Greg Johnson.

Minutes respectfully submitted by Kathy Ketchum