Drug Use Research & Management Program
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OREGON DRUG USE REVIEW BOARD- MEETING MINUTES
Thursday, Sept 24, 2009 2:00-5:00 PM
Clackamas Community Training Center (CCTC)
29353 SW Town Center Loop East
Wilsonville, OR 97070

1) CALL TO ORDER

Members Present: Rickland G Asai, DMD; Patrick Bowman, RPh; Maggie Bennington-Davis, MD; Deanna Bucki-Moretz, Pharm D; Laura DeSimone, RPh; Jennifer DeVoe, MD, DPhil; Fara Etzel, MD; George Gerding, RPh; Jordan Laub, MD, MPH; Stacey Rameriz **Members Not Present**: Robert Ingle, Jr., MD, MPH, David Evans, MD; **Staff Present:** Kathy Ketchum (OSU); Dan Hartung (OSU); Richard Holsapple (EDS); Ralph Magrish (DMAP); Luke Middleton (OSU); Dominica Oberholtzer (OSU); Cheryl Schollenberg (DMAP); **Guests Present:** Hania Scoth, Lori Howarth, Jody Fischer, Chris Johnson, Casey Eastman, Meredith Zarlig, Barry Benson, Lara Smith, Betsy Jones, Trish McDaid-O'Neill, Greg M. Marchak, Jason Taylor, **D**oug Harlin, Robert Spivock, Tom Holt, Matt Bacigalupi, Laura Litzenberger, Bill Milne, Leanne Snoboda, Gloria Park, Jennifer Gritters and a signature that was unreadable.

a. Mr. Bowman called the meeting to order shortly after 2 pm. Board members and staff were introduced. Guests were asked to sign in.
b. Membership was reviewed. Dean Haxby resigned over the summer. Stacey Ramirez was appointed as the academic pharmacy member.
c. The Conflict of Interest Declaration was reviewed and updated.
d. The May meeting minutes were approved with no corrections or additions. An academic detailing report was added to the Agenda at Old Business IIa and agenda packet addendums were added for Public Comment, New Business IIIb, and Reports IVc.
e. Dr. Meredith Zarlig from Glaxo Smtih Kline presented oral testimony regarding the burden of asthma in Oregon. She noted that current asthma guidelines indicate that asthma severity be assessed prior to treatment selection. She asked the Board not to require step therapy prior to use of a combination inhaler product in light of these guides.

   A letter from Dr. Candice Rohr, Allergy & Asthma Center, Eugene Oregon was read into the public record and reviewed by the Board. Another letter from Drs Jacobson, Kehl & Frieson of the Oregon Allergy Associates in Eugene was read into the public record and reviewed by the Board. Ms. Ketchum also relayed a message received from Board member Dr. Ingle that he had been contacted by Dr. Wagner from Salem who was quite concerned about the proposed step edit.

2) OLD BUSINESS

a. Dr. Hartung presented an update of the Rural Oregon Academic Detailing (ROAD) project. Four clinics have been recruited. Two are in the Klamath Falls area and two are on the coast. Initial assessments have been done and academic delivery is scheduled for Jan 10.
b. Ms. Ketchum reported the rules process has not yet started for HB 3114. There is a July 1, 2010 implementation deadline. The department was informed of Dr. Etzel's interest in participating.

ACTION: Continue to monitor the rule writing process

c. SB 876 – deferred to December meeting.

d. Ms. Ketchum presented a summary of buprenorphine concerns and recommendations for prior authorization criteria. Dr. Bennington-Davis asked if there was a definition of an opioid treatment program. There is not.

ACTION: Board recommended implementation of buprenorphine prior authorization criteria with correction to #8 to be doses ≥ 24 mg / day.

e. Dr. Oberholtzer presented the methadone dosing issues previously reviewed by the Board and the proposed prior authorization criteria for methadone doses exceeding 100mg/day. Dr. Bennington-Davis questioned the validity of excluding an entire sex (i.e. female) from high doses in the absence of real data suggesting women are more likely to get Torsades even with a longer QTc interval.

ACTION: Board recommended implementation of prior authorization of methadone doses exceeding 100mg / day. Approval criteria was amended to strike #1a female risk factor.

f. PPI PA Criteria (deferred to IIIc)
g. LAO PA Criteria (deferred to IIIc)

3) NEW BUSINESS

a. Mr. Magrish presented HB 2126 and agency steps for implementation. The DUR Board was asked to comment on PDL implementation as well as recommend criteria for authorization of non-preferred physical health drugs.

b. Ms. Ketchum presented the draft PDL. Dr. Devoe expressed concern regarding the expected volume of requests for non-preferred drugs and whether that agency had planned for this so that access would be insured. Ms. Ketchum noted that patients currently on non-preferred drugs will be grandfathered by the claim system and claims should process automatically. In addition, the current voluntary list already has >75% compliance, thus the volume of requests is expected to be manageable. Dr. Ramirez asked if there was consideration given to pharmacist management of the PDL through pharmacist overrides. Ms. Ketchum said there was not but was interested in how this could be done.

c. Ms. Ketchum presented proposed approval criteria for non-preferred physical health products.

ACTION: The Board recommended to implement all of the proposed criteria as presented with following modifications: 1) Selected Classes for Non-Preferred criteria the class for Diabetes, Oral Thiazolidinediones, Biguanides DPP-4 Enzyme Inhibitors & Combinations was amended to include only Diabetes, Oral Thiazolindinediaones. 2) Antiemetics criteria is to specify that pediatrics are contraindicated to conventional anti-emetic therapies 3) Clarified the stimulant criteria allows duplication 4) Recommended there be an evaluation of the LAO criteria implementation to determine if it reduces the number of patients on doses > 120mg Morphine Equivalent, the number of patients referred to RetroDUR, survey the number of patients that pay cash for more drug, physician complaints 5) The PPI criteria will be presented in December

d. Dr. Hartung presented an evaluation of the Advair RetroDUR intervention which noted that both prior and post intervention only approximately 10% of patients had evidence of a trial of inhaled corticosteroid. Dr. Laub asked if the evaluation was able to determine asthma severity. Dr. Hartung said it was not. Dr. Bennington-Davis noted that the asthma guideline recommendations quoted in the evaluation was different than those quoted in another letter faxed to her from Dr. Kevin Parks of the Allergy and Asthma Center of Southern Oregon. This letter was read into the public record and reviewed by the Board.

ACTION: The Board recommended that the agency solicit the opinion of a non-conflicted pulmonary or allergy specialist prior to any further action.

e. Proposed combination LABA/ICS step-edit deferred until December.

4) REPORTS

a. DMAP Pharmacy Program Report: Mr. Magrish asked that the Board officially receive the CMS Annual Report for FFY 07-08. The information in the report is presented to the Board quarterly and summarized and sent to CMS each June. Mr. Magrish also reported the agency will not be adjusting pharmacy reimbursements in response to the court ordered First DataBank AWP adjustment on Sept. 26. However, the agency is planning a public process to create new reimbursement method during the next year in response to AWP being discontinued entirely. Dr. Etzel asked if Tamiflu will be available for pediatrics. Mr. Magrish reported a known shortage of pediatric suspension coinciding with new compounding regulations that has resulted in several pharmacies no longer compounding. The agency is working with Public Health and the Board of Pharmacy to get the word to pharmacies about the need for them to continue to compound pediatric Tamiflu from the capsule. Roche is aware of the shortage and has published compounding instructions on the web. Ms. Ketchum clarified that Tamiflu is covered by the fee-for-service program and does not require prior authorization.

ACTION: The Board noted receipt of the CMS report.

b.. ProDUR Report: Mr. Holsapple presented definitions of each of the ProDUR edits and the circumstances required for them to be sent. He presented three different reports for August: 1) High Level Summary by DUR Alert 2) ProDUR Intervention/Outcome Summary 3) Intervention/Outcome Overrides by DUR Alert. He noted that a large number of the Early Refill and Pregnancy edits are overridden by the pharmacy. He suggested the Board recommend more stringent monitoring of ER overrides by turning on the "Submission Clarification Code"

ACTION: Board recommended the agency proceed with requiring the Submission Clarification Code for Early Refill in order to gather more information on this practice.

ACTION: Board requested more information on the pregnancy alert and what sets the edit (e.g. Prenatal Vitamins?) and which drugs are involved.

c. Retro DUR Report: Dr. Oberholtzer reviewed the RetroDUR Report noting that the program was successfully re-started mid-summer after the MMIS implementation in Dec 2008.

d. Quarterly Utilization Reports: Ms. Ketchum briefly presented the reports noting that PMPM drug costs have decreased over the last year. This is primarily due to an increased covered population that is mostly children and non-drug users.

e. Prescriber Tools Report, DUR Newsletter, ePocrates: Ms. Ketchum reported there was a recent Newsletter on PPIs and Treatment Resistant Depression. Future Newsletter topics include pain management/addiction screening, H1N1 policy, AWARE program and PDL. Ms. Ketchum presented a key to the ePocrates coverage coding and summary of provider downloads of the product.

f. OHPR Report, HRC/DERP, and HSC: Ms. Ketchum reported HRC reviewed New Diabetes Drugs in July and Asthma Controllers in September. The HSC is considering growth hormone guidelines changes in October.

Meeting adjourned at approximately 4:45 pm.
Next meeting is Thursday Dec 3rd in Salem
Minutes respectfully submitted by Kathy Ketchum.