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HRC Reports Evidence in First Classes for OHP Drug Plan

By Kathy Ketchum, OSU College of Pharmacy

During the last Oregon legislative session, SB 819 created the Practitioner-Managed Prescription Drug Plan (PMPDP). The bill mandated the Oregon Health Plan (OHP) fee-for-service program (open-card) identify the most cost-effective drugs to contain drug cost increases expected to be more than 60% in the next biennium.

The Health Resources Commission (HRC) (http://www.ohpr.state.or.us/) was charged with recommending a list of drugs from selected classes for inclusion on a PMPDP Drug List. This Plan Drug List (PDL) identifies the most effective and safe drugs for the majority of patients. Local experts and practitioners created the list using standardized evidence-based research methods.

The HRC worked with the Oregon Health & Science University Evidence-based Practice Center to gather and evaluate clinical data. In addition, dossiers were requested from pharmaceutical manufacturers. All information was evaluated according to established evidence methods and in a public forum. These recommendations were given to the Office of Medical Assistance Programs (OMAP) for pricing. OMAP selects the most cost-effective drugs for the list and will send provider notices to pharmacies and prescribers with those selections and with implementation details.

The PDL was developed as a tool to identify the most cost-effective drugs for open-card OHP patients. All drugs on the list will be covered by OHP. Drugs not on the PDL will be covered only if a notation of "medically necessary" or similar language in the prescriber's handwriting accompanies the prescription. The notation may be faxed and filed with the prescription within 30 days. This documentation allows the pharmacist to process and be paid for a non-preferred drug claim. Without this notation, a non-preferred drug claim will be denied. Pharmacists can process drug claims with appropriate documentation by using the DAW 1, and noting a 5 in the PA/MC field.

The benefits of using recommended plan drugs are: 1) the chosen drugs have been extensively researched and determined to be the most effective and safest in the class for the majority of patients and, 2) taxpayer money is being efficiently used. Additionally, if practitioners use the plan drugs predominantly, it promotes price competition among similar drug products.

The exception process has few barriers and relies on practitioners to be aware of the PDL and voluntarily use it. Other states and commercial plans have implemented similar plans using prior authorization for non-preferred drugs. The legislators crafting this bill placed considerable trust in practitioners to "do the right thing" in return for a "no hassle" exception process.

Pharmacists will begin receiving messages on submitted claims noting non-plan drugs on July 1. On August 1, claims for non-plan drugs will not be paid without the exception process documentation.

Four classes were initially evaluated (Long-Acting Opioids, Proton Pump Inhibitors, Non-Steroidal Anti-inflammatory Drugs and HMG-COA Reductase Inhibitors). The full evidence reports and summary reports are available on the HRC website. Subcommittees to review angiotensin converting enzyme inhibitors, migraine drugs and estrogens for replacement therapy are forming now. Practitioners interested in participating should contact Kelley Cullison at kelley.cullison@state.or.us or (503) 378-2422 Ext. 227.

Two classes have completed the process. Excerpts from the summary reports and the results of the OMAP cost analysis are printed below.

LONG-ACTING OPIOIDS

Definition of Long-acting Opioids for Chronic Pain:

- Morphine
- Oxycodone
- Methadone
- Transdermal fentanyl
- Levorphenol
- Long-acting Codeine or Dihydrocodeine (not available in the U.S. at this time)
- Any other long-acting opioid identified (none)

It is the decision of the HRC Opioid Subcommittee that there is insufficient evidence to draw any conclusions about the comparative effectiveness of long-acting opioids. There is also insufficient evidence to draw conclusions about incidence and nature of adverse effects, including discontinuation rates and addiction and abuse of these drugs. No evidence supports differences in efficacy or adverse effects in subpopulations by race and ethnicity, age, gender, or type of pain in this class of drugs.

Even though evidence does not demonstrate a difference between long-acting opioids or between long-acting opioids when compared to other drugs, limitations of studies currently available for review preclude a confident conclusion that no differences exist. It is possible that better constructed studies may yet demonstrate such differences.

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The bolded drug in the proposed list below represents the OMAP selected benchmark drug for this class. All drugs listed can be prescribed without an exception. Medicaid eligible drugs not listed below can be prescribed using the exception process. Immediate release opioid analgesics are not affected by this process.

LA- MORPHINE SULFATE (generic)
KADIAN
ORAMORPH SR
METHADONE (generic)
DOLOPHINE
METHADOSE
LEVORPHANOL (generic)
LEVO-DROMORAN
DURAGESIC

Proton Pump Inhibitors

Definition of Proton Pump Inhibitors:

- Omeprazole
- Lansoprazole
- Pantoprazole
- Rabeprazole
- Esomeprazole

It is the decision of the HRC Proton Pump Inhibitor Subcommittee that there is insufficient evidence to draw any conclusions about the comparative effectiveness, nor incidence and nature of adverse events between omeprazole, lansoprazole, pantoprazole, rabeprazole and esomeprazole. There are no significant, demonstrable differences among them whether treatment is for GERD, peptic ulcer, non-steroidal anti-inflammatory drug-induced ulcer, duodenal ulcer, or eradication of Heliobacter pylori.

Although 17–25% of Asians are deficient in the enzyme(s) that metabolizes proton pump inhibitors giving the drugs a longer half-life, the adverse effect profiles of the drugs do not differ. No other evidence supports differences in efficacy or adverse effects in sub-populations by race and ethnicity, age, gender, or co-morbidities.

Future relevant studies may yet demonstrate that greater similarities or greater differences amongst PPIs exist.

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The bolded drug in the proposed list below represents the OMAP selected benchmark drug for this class. All drugs listed can be prescribed without an exception. Medicaid eligible drugs not listed below can be prescribed using the exception process. H-2 antagonists are not affected by this process.

PROTONIX (pantoprazole)
ACIPHEX (rabeprazole)
PREVACID (lansoprazole)

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