Drug Use Research & Management Program
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OREGON DRUG USE REVIEW BOARD- MEETING MINUTES
Thursday, May 21, 2009 2:00-5:00 PM
Department of Human Services (DHS) Bldg. Room 137AB
500 Summer St NE in Salem

1) CALL TO ORDER

Members Present: Rickland G Asai, DMD; Patrick Bowman, RPh; Deanna Bucki-Moretz, Pharm D; Fara Etzel, MD; George Gerding, RPh; Robert Ingle, Jr., MD, MPH **Members Present by phone**: Jennifer DeVoe, MD, DPhil; David Evans, MD; Jordan Laub, MD, MPH; Dean Haxby, PharmD **Members Not Present**: Maggie Bennington-Davis, MD; Laura DeSimone, RPh **Staff Present:** Ann Hamer (OSU); Kathy Ketchum (OSU); Ralph Magrish (DMAP); Dominica Oberholtzer (OSU); Cheryl Schollenberg (DMAP); Paul Combs (EDS) **Guests Present:** Stephanie Davis, Daniel Campbell, Purvibahen Patel, Robert Spivock, Jacob Knee, David Hudson, Anthony Molchan, Michael Willett, Elisabeth Jones

a. Mr. Bowman called the meeting to order at approximately 2:04 pm. Attendees were introduced.
b. Membership was reviewed. Two new members were introduced: Jennifer DeVoe, MD, DPhil; Deanna Bucki-Moretz, Pharm. D.
c. The Conflict of Interest Declaration was reviewed and updated.
d. The March minutes and May meeting agenda was approved with no corrections.
e. Jake Knee from Forest Laboratories presented public comment regarding Milnacipran (Savella). It delivers simultaneous improvements on 3 measures of fibromyalgia: Pain Reduction, Improvement in patient global function and Improvement in physical function. It provided significant pain reductions as early as week 1 in some patients with a stable dose. Pain relief sustained through the 3-month study end point, and 6-month study end point. It has a low potential for pharmacokinetic drug-drug interactions but pharmacodynamic interactions may occur. It has demonstrated tolerability through a 10 year history in Europe. It is a dual reuptake inhibitor that blocks the uptake of norepinephrine over serotonin with approximately 3 times great potency in vitro. It is covered by many Northwest Medicaid's for Fibromyalgia. It has simple dosing. Study designs excluded depressed patients to avoid false positives in Fibromyalgia trials.

2) OLD BUSINESS

a. Pediatric Psychotropic Drug Use Legislative Update: Ms Ketchum presented the updates on House Bill 3114. There were some comments and questions about the impact of this Legislation House Bill. Ms Ketchum pointed to the emergency clause and would notify the DUR Board about the rule writing process.

ACTION: Notify DUR Board rule writing process

b. Generic Immunosuppressant Legislative Update: Ms Ketchum presented summary on Senate Bill 876 and it would be adopted soon. There were no questions.

3) NEW BUSINESS

a. PPI PA Criteria Update: Ms Ketchum presented criteria and summary. Board had questions about QD dosing vs. BID dosing as infants and why there was 60 days no prior authorization prior to requiring generic omeprazole trial. Ms Ketchum provided historical information on the PPI criteria for the Board.

ACTION: Board suggested revisions for pediatric use which will be presented at the September meeting.

b. Methadone Drug Use Evaluation: Ms Ketchum presented criteria, summary of dosing and safety considerations. Recommendations; 1) Initiate a prospective high dose denial for >100mg / day; approval would require an assessment of QTc risk factors. 2) Create an automated fax-back education piece to physicians and pharmacies for all does >40mg / day that includes QTc risk factors and general dosing guidelines. 3) Further evaluate potentially significant drug interactions for September meeting.

ACTION: Board recommended criteria as presented.

c. Suboxone Drug Use Evaluation: Ms. Hope presented utilization analysis, literature review and criteria/ recommendations. Recommendations: 1) Place prior authorization on Suboxone and Subutex to deny for use in pain and for below the line indications. 2) Include educational reminders to decrease potential for drug interactions. 3) Assess patients for Q-T potential. 4) Automatically enroll patients prescribed Subutex or Suboxone into lock-in program to prevent obtaining opioids from other prescribers. Dr. Haxby suggested that ProDUR Edits may be a more efficient way to address the drug interactions and disease contraindications. Ms. Ketchum clarified that only Severity level one alerts are sent and those could be reviewed by the Board. Mr. Bowman did not believe pharmacists were actually seeing the DUR Edits in the current Point of Sale system.

ACTION: Board Approved all recommendations.

ACTION: EDS to clarify ProDUR edit transmission at next meeting.

d. Savella New Drug Review: Dr. Hamer presented indications, background, clinical pharmacology, clinical efficacy, drug safety, adverse effects and summary and recommendations. It is approved only for fibromyalgia which is not a covered diagnosis under the Oregon Health Plan. Prior authorization criteria should be established to reflect its limited use under the Oregon Health Plan.

ACTION: Board Approved prior authorization recommendations with removal of anxiety disorder from the criteria.

4) REPORTS

a. DMAP Pharmacy Program Report: Mr. Magrish presented information on Sovereign States Drug Consortium for multi-state supplemental rebate pool, Prescriber NPI Requirement and updated the H1N1 Flu information.

d. ProDUR Report: Ms Ketchum presented on behalf of EDS the Medicaid Management Information System (MMIS) DUR Alerts, Overrides, Cancellations and number of alerts by type.

ACTION: Board request to have definitions or each DUR Alert type, DD, ER, HD, MX

c. Retro DUR Report: Ms. Hope reviewed the RetroDUR Report.

b. Quarterly Utilization Reports: Ms. Ketchum reviewed the Utilization reports.

e. Prescriber Tools Report, DUR Newsletter, ePocrates: Ms. Ketchum reported there was a recent Newsletter on Pediatric Psychotropic Drug Use and that ePocrates is in process of being updated with new vendor information (i.e. switch to EDS). Mr. Magrish asked for feedback on ePocrates in preparation for meeting with them and contract renewal.

ACTION: Board request to DMAP to ask ePocates for more counseling patient information.

f. OHPR Report, HRC/DERP, and HSC: Ms. Ketchum reported no new information on these reports.

Meeting adjourned at approximately 4:05 pm.
Next meeting is Thursday Sept 24th at Wilsonville
Minutes respectfully submitted by Cheryl Schollenberg.