OVERVIEW Oregon’s Practitioner Managed Prescription Drug Plan
(Evidence-based and comparative review of prescription drugs)

1. Oregon enacted Senate Bill 819 (2001), requiring the implementation of the Oregon Practitioner-Managed Prescription Drug Plan (PMPDP). The purpose of the PMPDP is to ensure that enrollees of Oregon’s Medicaid Program, the Oregon Health Plan, receive the most effective prescription drug available at the best possible price.

2. ORS 414.334 PMPDP for Oregon Health Plan specifically directs the Health Resources Commission (HRC) to advise the Department of Human Services (DHS) on the drug(s) within chosen drug categories for inclusion on the Plan Drug List (PDL).

3. The DHS in conjunction with the HRC is charged with developing the PDL. DHS is the final decision maker that determines the choice dependent on the recommendations of the HRC and best possible price.

4. The HRC selects a subcommittee for each drug class to evaluate and interpret the OHSU Evidence-based Practice Center (EPC) Report, which is provided by OHSU’s Center for Evidence-based Policy (Center). The Center contracts with the EPC to conduct a systematic review of all publicly available evidence and produce a report on specific drug classes.

5. Members of the HRC subcommittees consist of physicians, pharmacists, nurse practitioners, other health care professionals, and consumers.

6. The EPC through the Center develops Key Questions upon which the Oregon EPC will direct its research and base its report. The Key Questions include reviewing effectiveness, adverse effects and subgroups.

7. The Center notifies drug manufacturers by letter and email to submit a dossier by the specified due date for the drug class being reviewed.

8. Upon receiving the EPC report, the subcommittee convenes to review the EPC report and reach consensus on conclusions of comparative efficacy for each of the Key Questions for the specific drug class being reviewed.

9. All meetings are public and adhere to state public meeting laws.

10. Interested persons are allowed a 10-minute presentation at subcommittee meetings. See Public Testimony Policy below.

11. Upon reaching consensus, the subcommittee submits its report to the Health Resources Commission.

12. Upon approval by the HRC, the HRC submits the report to DHS. DHS then determines which drugs to place on the PDL based on HRC recommendations and best possible price. These proposed PDL changes will receive a public hearing using the rulemaking process before going into effect.

13. Drug classes are reviewed every year, and revised if appropriate for evidenced-based information about new drugs or new research comparing established drugs. If the EPC’s Update Report categorizes the new evidence as a 1 or 2 (no new evidence or evidence won’t change
conclusion), the Standing Update Committee will review the new evidence, hear public testimony and revise the report accordingly and present to HRC for approval. If the EPC’s Update Report categorizes the new evidences as a 3, the new evidence could change the conclusion. Then, at least two members from the original subcommittee, who wish to join, will convene with the Standing Update Committee to review the evidence, hear public testimony, amend the original report, and present to HRC for approval. The Standing Update Committee meetings are also public and adhere to public meeting laws. Interested persons are allowed a 10-minute presentation at these meetings also.


For questions on the PMPDP process or to be placed on the email group, contact:

Kathleen Weaver, MD, Director or Karen Eaton, Assistant
Health Resources Commission Health Resources Commission
Office for Health Policy & Research Office for Health Policy & Research
Public Service Bldg., 5th Floor Public Service Bldg., 5th Floor
255 Capitol St NE 255 Capitol St NE
Salem, OR 97310 Salem, OR 97310
Phone: 503-378-2422, ext 406 Phone: 503-378-2422, ext 444
Email: kathy.weaver@state.or.us Email: Karen.eaton@state.or.us

For questions about the PDL, DHS or its processes, contact:
Joni Killgore
Office of Medical Assistance Programs
Oregon Dept. of Human Services, 500 Summer St. NE, Salem, 97301-1077
Ph: (503) 945-6529
Email: Joni.Killgore@state.or.us

For questions about the Center for Evidence-based Policy contact:
Alison Little, MD, MPH
Assistant Director for Health Projects
Oregon Health & Science University
Center for Evidence-based Policy
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Portland, OR 97201-4950
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THANK YOU FOR YOUR INTEREST IN
OREGON’S PRACTITIONER-MANAGED PRESCRIPTION DRUG PLAN

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FLOW CHART OF DRUG REVIEW PROCESS

NEW DRUG CLASS

EPC drafts Key Questions. KQ are presented to subcommittee for review. Public comment is invited. KQ are presented at HRC. Public testimony is invited. Recommendations from HRC are given to Center.

Center sends request for dossiers to drug manufacturers. Dossiers that meet criteria are sent to EPC.

EPC grades & produces evidence-based review of all published literature and grades evidence into a report.

EPC sends draft report to Drug Evaluation Review Project (DERP) who then finalized draft report. DERP sends report to HRC.

HRC convenes Subcommittee to review EPC final report in a public meeting.

Subcommittee prepares their report synthesizing EPC evidence to determine which drugs are most effective based on Key Question criteria previously established and submits their report to HRC.

When HRC approves the Subcommittee’s Report, it is sent to DHS for use in determining the drugs on the OHP Drug List. DHS conducts one public hearing.

UPDATE PROCESS

Within a year the EPC drafts updated KQ. KQ are presented to the subcommittee or update committee for review. Public comment is invited. KQ are presented at HRC. Public testimony is invited. Recommendations from HRC are given to Center.

Center sends request for dossiers to drug manufacturers. Dossiers that meet criteria are sent to EPC.

Within a year the EPC produces a preliminary update review of the new evidence giving the new evidence a rating between 1 and 3. EPC sends this report to Center. Center sends the report to HRC.

The Standing Update Committee will convene to review the new evidence and hear public testimony. This committee will revise the HRC Report with the new information and present to HRC for approval.

If the evidence suggests a major change to the previous conclusions, then two members of the original subcommittee who wish to join will convene with the Standing Update Committee to review the new evidence, hear public testimony and amend the original report to present to HRC for approval. If there are less than two original subcommittee members who wish to serve, the HRC will be consulted about adding new members to the committee.

When HRC approves the Update Report, it is sent to DHS for use in determining the drugs on the OHP Drug List. DHS conducts one public hearing.
General Information for Individuals Offering Information or Testimony to the
HEALTH RESOURCES COMMISSION or SUBCOMMITTEE or STANDING UPDATE COMMITTEE

1. Please sign in at the “Sign-In Sheet” at the door.

2. For the sake of the public and the committee members, be prepared to identify
   - yourself
   - your profession
   - your consulting and voluntary affiliations

3. Maximum of 10 MINUTES oral testimony that is evidence-based and comparative relating to your dossier information or subcommittee testimony only. Written testimony presented to the project coordinator at least 3 days in advance would be appreciated.

4. Evidence acquired or developed subsequent to the dossier submission due date for the drug class currently under review will be reviewed later at the next update by the EPC.

5. The last half hour of a subcommittee meeting will be reserved for all public testimony (usually 8:00 p.m. – 8:30 p.m.)

6. The college closes at 9 p.m. and in respect to the time of the volunteer subcommittee members, we will terminate the meeting at 9 p.m.

7. Time will be allotted at the next subcommittee meeting if there are individuals who are unable to testify because of time limitations.

THANK YOU FOR YOUR INTEREST IN THE HEALTH OF OREGONIANS!