Background:
The Evidence Based Benefit Review Advisory Committee (the Committee) met on December 15, 2016. Ten committee members attended along with staff from the Center for Evidence Based Policy (CEbP) at Oregon Health and Science University (OHSU) and staff from the New York State (NYS) Department of Health (the Department).

Clinical evidence was presented on the topics identified below by OHSU's research physicians to the Committee. The Committee was tasked with making a recommendation regarding coverage for purposes of the Medicaid program. The specific topics and recommendations are discussed below.

- Implantable Infusion Pumps for non-cancer pain
- Lorcaserin (Belviq®)
- Digital Breast Tomosynthesis

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Topic Under Review: Implantable Infusion Pumps for non-cancer pain

Position of Public Presenters: Three members of the public that included a physician and two industry representatives made presentations in support of NYS Medicaid coverage of implantable infusion pumps for non-cancer pain.

Safety & Health Outcomes Data Submitted by the Public: There was no Safety or Health Outcomes Data submitted by the public.

Response of the Committee to Public Presentations: The Committee questioned public presenters on:
  - the ability of patients to taper dose versus life-long use,
  - the role of implantable infusion pumps as an alternative to chronic oral pain medication, and
• the accessibility of other forms of pain management therapy.

Clinical Evidence Presented to the Committee: See the following links to the evidence presented by CEbP at OHSU:
https://www.health.ny.gov/health_care/medicaid/ebbrac/docs/implant_infusion_pump_addition_sub.pdf

Summary of the Committee’s deliberations: The Committee focused deliberations on:
• how implantable infusion pumps for non-cancer pain fit into the larger opioid misuse problem in NYS,
• whether opioids are the best treatment for chronic pain,
• why most studies measure pain scores when patient function is a better measure of effectiveness, and
• the need for additional studies on the effects of implantable infusion pumps on patient function.

Evidence-Based Systematic Assessment: See the “Summary” section on page 36 of CEbP at OHSU’s Evidence-based systematic assessment of Implantable Infusion Pumps for Non-cancer Pain at the following link:

Also, see the “Summary” section on page 11 of CEbP at OHSU’s Evidence-based systematic assessment of the Additional Evidence Submissions on Implantable Infusion Pumps for Non-cancer Pain at the following link:
https://www.health.ny.gov/health_care/medicaid/ebbrac/docs/implant_infusion_pump_addition_sub.pdf

The Committee’s Findings and Recommendations: The Committee reviewed the OHSU Report and the systemic assessment of the evidence reviewed and presented by the CEbP at OHSU. The Committee unanimously recommended non-coverage of implantable infusion pumps for non-cancer pain.

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Topic Under Review: Lorcaserin (Belviq®)

Position of Public Presenters: Four members of the public that included one physician, one director of a weight control center and two industry representatives made presentations in support of NYS Medicaid coverage of lorcaserin (Belviq®) for weight management.
Safety & Health Outcomes Data Submitted by the Public:


Response of the Committee to Public Presentations: The Committee questioned public presenters on:

- the meaningfulness of the data presented by public presenters,
- the availability of studies comparing lorcaserin to bariatric surgery, and
- the impact of the drug’s long-term use.

Clinical Evidence Presented to the Committee: See the following link to the evidence presented by CEbP at OHSU:


Summary of the Committee’s deliberations: The Committee focused deliberations on:

- the need for additional research regarding interactions between lorcaserin and other medications,
- the relative cost of lorcaserin compared to other weight loss drugs and treatments,
- the effectiveness of lorcaserin compared to other weight loss drugs and treatments, and
- the use of lorcaserin for some population(s) to avoid bariatric surgery.

Evidence-Based Systematic Assessment: See the “Summary” section on page 26 of CEbP at OHSU’s evidence-based systematic assessment of Lorcaserin (Belviq®) at the following link:


The Committee’s Findings and Recommendations: The Committee reviewed the OHSU Report and the systemic assessment of the evidence reviewed and presented by the CEbP at OHSU. The Committee unanimously recommended non-coverage of lorcaserin (Belviq®) for the pharmacologic management of weight.

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Topic Under Review: Digital Breast Tomosynthesis (DBT)
Position of Public Presenters: Two members of the public that included one physician and one industry representative made presentations in support of NYS Medicaid coverage of digital breast tomosynthesis.

Safety & Health Outcomes Data Submitted by the Public:


Response of the Committee to Public Presentations: The Committee questioned public presenters on:
- the follow-up protocol after a positive DBT finding,
- the accuracy of DBT,
- the risk of over diagnosis, and
- the efficacy of DBT when used on dense breast tissue.

Clinical Evidence Presented to the Committee: See the following link to the evidence presented by CEbP at OHSU:

Summary of the Committee’s deliberations: The Committee focused deliberations on:
- the availability of DBT for NYS Medicaid members, particularly those living in underserved and rural areas,
- whether there is sufficient outcome data to support a coverage recommendation,
- the harms associated with DBT, and
- the cost per DBT test.

Evidence-Based Systematic Assessment: See the “Summary” section on page 26 of CEbP at OHSU’s evidence-based systematic assessment of DBT at the following link:

The Committee’s Findings and Recommendations: The Committee reviewed the OHSU Report and the systemic assessment of the evidence reviewed and presented by the CEbP at OHSU. The Committee recommended coverage of DBT for the diagnosis and screening of breast cancer by a vote of 7 to 3.