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## OFFICIAL WEBSITE NOTICE

Posting Date: June 23<sup>rd</sup>, 2014

### RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPY COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met in Wilsonville, Oregon on Thursday, May 29<sup>th</sup>, 2014. The Committee considered in order of priority: the safety and efficacy of the drugs being considered, the ability of Oregonians to access effective prescription drugs that are appropriate for their clinical conditions and finally, substantial differences in costs of drugs within the same therapeutic class. Based upon the clinical information presented by staff<sup>i</sup> and all public comment offered,<sup>ii</sup> while considering the impact on special populations, the Committee makes the following recommendations for the Oregon Prescriber-Managed Prescription Drug Plan (PMPDP) or for any other preferred drug list established by the Oregon Health Authority:

#### Drug Use Review Recommendations:

##### Multivitamin Prior Authorization (PA) Criteria

The P&T Committee agreed with the proposed PA criteria to cover multi-vitamins and antioxidant MVI combinations for documented nutritional deficiency or diagnosis associated with nutritional deficiency only. The Committee also clarified that this policy does not pertain to pediatric or prenatal vitamins.

##### Hepatitis C Readiness to Treat Assessment

The Committee deferred taking action and directed staff to incorporate feedback and changes and to bring back a couple of proposals for consideration at the July P&T meeting.

##### Botulinum Toxins

The Committee deferred taking action and directed staff to conduct a drug use evaluation (DUE) including the CCO utilization and based upon those findings, to propose PA recommendations.

##### ADHD DUE

The Committee approved the plan to create a safety edit for the prescribing of ADHD medications by non-psychiatrists, psych mental health nurse practitioners, or pediatricians with developmental specialty, when the regimen is: outside of the standard ages; outside of the standard doses; or non-standard polypharmacy.

The Committee also directed staff to develop a retrospective program to survey providers and corresponding educational campaign; to perform a RetroDUR analysis to follow denials; and to bring back information on OPAL-K as it progresses.

**Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:**

Cystic Fibrosis Class Update

The Committee recommended updating the Kalydeco PA criteria to include additional FDA approved CFTR mutations. After comparative cost consideration in executive session, the Committee recommended making tobramycin 300mg/4ml (Bethkis) preferred on the PMPDP.

DRUG	CHANGE
Bethkis®	Make preferred on PMPDP

Antidepressants Class Update

The Committee recommended designating both vortioxetine and levomilnacipran as non-preferred agents on the PMPDP as the evidence does not support their superiority over other agents in this drug class. After comparative cost consideration in executive session, the Committee recommended making generic escitalopram preferred and to designate imipramine and clomipramine non-preferred on the voluntary PDL and when dispensed require brand name Anafranil® (clomipramine).

DRUG	CHANGE
escitalopram	Make preferred on voluntary PDL
imipramine	Make non-preferred on the voluntary PDL
clomipramine	Make non-preferred on the voluntary PDL and when dispensed require brand name Anafranil®

Inflammatory Bowel Agents Class Update

The Committee recommended continuing to maintain topical and oral options as preferred on the PMPDP and that no further review of research is needed at this time. After comparative cost consideration in executive session, recommended making no changes to the PMPDP.

Phosphate Binders

The Committee agreed that phosphate binders should be selected based on each patient's specific clinical needs and recommended maintaining a non-calcium-based phosphate binder as a preferred agent. After comparative cost consideration in executive session, recommended making calcium acetate tablets preferred on the PMPDP.

DRUG	CHANGE
calcium acetate tablets	Make preferred on PMPDP

#### Antiepileptic Class Update

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended maintaining Aptiom™ as nonpreferred on the PMPDP.

#### Bone Metabolism Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making no changes to the PMPDP.

#### Erythropoiesis Stimulating Agents Scan

The Committee recommended that peginesatide be removed from the PMPDP as it was pulled from the market in February 2013. The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making no changes to the PMPDP.

#### Hepatitis B Antivirals Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making no changes to the PMPDP. The Committee also recommended updating the PA criteria to specify HBV undetectable levels, to include a caveat for patients with decompensated cirrhosis and to update pediatric age restriction of entecavir on the PA criteria

#### Benign Prostatic Hypertrophy Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making no changes to the PMPDP.

Overactive Bladder Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making no changes to the PMPDP.

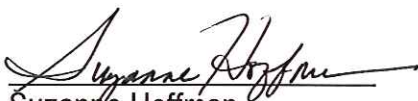
Triptans Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making brand name Imitrex® preferred over its generic on the PMPDP.

The Committee has made these recommendations to the Oregon Health Authority for approval by the Director of the Oregon Health Authority.

**APPROVAL BY THE DIRECTOR OF THE OREGON HEALTH AUTHORITY**

The recommendations of the Drug Use Review / Pharmacy and Therapeutics Committee are approved. Recommendations with respect to the inclusion of a drug on the Practitioner-Managed Prescription Drug Plan will be put into place no earlier than 60 days from the date this notice is posted on the web site.



Suzanne Hoffman  
Interim Director, Oregon Health Authority

  
Approval date

A request for reconsideration of this decision to adopt the recommendations of the Drug Use Review / Pharmacy and Therapeutics Committee must be filed with and received by the Director no later than 30 calendar days from the date of this notice. 2011 OR law, CH 730 (HB2100) Section 4

<sup>i</sup>[http://pharmacy.oregonstate.edu/drug\\_policy/sites/default/files/pages/dur\\_board/meetings/meetingdocs/2013\\_07\\_25/finals/2013\\_07\\_25\\_PnT\\_Complete.pdf](http://pharmacy.oregonstate.edu/drug_policy/sites/default/files/pages/dur_board/meetings/meetingdocs/2013_07_25/finals/2013_07_25_PnT_Complete.pdf)

<sup>ii</sup>[http://pharmacy.oregonstate.edu/drug\\_policy/sites/default/files/pages/dur\\_board/meetings/meetingdocs/2013\\_07\\_25/finals/2013\\_07\\_25\\_WrittenTestimony.pdf](http://pharmacy.oregonstate.edu/drug_policy/sites/default/files/pages/dur_board/meetings/meetingdocs/2013_07_25/finals/2013_07_25_WrittenTestimony.pdf)