



Office of the Director

John A. Kitzhaber, MD, Governor

Oregon  
**Health**  
Authority

500 Summer Street NE E-20

Salem, OR 97301

Voice: 503-947-2340

Fax: 503-947-2341

Website: [www.Oregon.Gov/OHA](http://www.Oregon.Gov/OHA)

## OFFICIAL WEBSITE NOTICE

Posting Date: June 18, 2012

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

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met in Salem Oregon on Thursday, May 31st, 2012. 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 and all public comment offered, 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:

#### ICS/LABA Policy Evaluation

The Committee reviewed the policy evaluation of step therapy prior authorization for Combination Inhaled Corticosteroids/Long-Acting Beta Agonists and based upon the findings presented recommended continuation of the policy. They also agreed with the recommendations to loosen the electronic criteria to require only a diagnosis of COPD or prior anti-cholinergic inhaler use and to implement RetroDUR educational lettering on LABA monotherapy in the absence of COPD indicators. The Committee recommended further study of patients without a diagnosis and to evaluate patient outcomes after encountering a PA for ICS/LABA with the inclusion of an analysis of adherence to combination products and potential shift to Short-Acting Beta-Agonists.

#### Antiemetic PA Criteria

The Committee approved the revised antiemetic PA criteria and following review of confidential pricing in executive session recommended the removal of the quantity limit for ondansetron.

#### Synagis (palivizumab)

The Committee reviewed the proposed PA criteria for palivizumab and based upon the clinical evidence presented, approved the proposed PA criteria. The Committee added the

recommendation to require a minimum of 10 tests be performed for season onset to be determined. They also recommended the link to the list-serve for regional surveillance be promoted.

#### Asthma Controller Class

The Committee reviewed the Asthma Controller class update and proposed PA criteria. Based on the clinical evidence presented the Committee approved the updated PA criteria.

Following review of confidential pricing in executive session the Committee recommended removal of Aerobid from the PMPDP as it has been removed from the market and to designating Pulmicort as non-preferred for lack of a supplemental rebate contract.

#### Seizure Medications

The Committee reviewed the Seizure Medication class update and new drug reviews. Based on the clinical evidence presented the Committee approved the staff recommendations to make ezogabine a second-line non-preferred oral anticonvulsant and to continue to prefer generic alternatives in the class where appropriate.

Following review of confidential pricing in executive session the Committee recommended making clobazam non-preferred on PMPDP and to require prior authorization to limit use as adjunctive treatment for the FDA approved indication.

#### Topical Antiparasitics

The Committee reviewed the Topical Antiparasite class update and new drug reviews. Based on the clinical evidence presented and following review of confidential pricing in executive session, the Committee recommended making both spinosad 0.9% topical suspension and ivermectin 0.5% lotion non-preferred due to insufficient evidence of effectiveness or safety relative to permethrin. The Committee recommended no action for oral ivermectin, which is currently available without restriction.

#### Other Lipotropics

The Committee reviewed the Other Lipid Lowering Agents abbreviated class review. Based on the clinical evidence presented the Committee agreed with the recommendation to add Other Non-statin Lipotropics as a class on the PMPDP. The Committee recommended making cholestyramine a preferred bile acid sequestrant and gemfibrozil as a preferred lipotropic as they have shown improved CV related or stroke outcomes. The further recommended making Niaspan and Niacor preferred lipotropics due to a demonstrated reduction in cardiovascular outcomes. The Committee recommended making ezetimibe a non- preferred agent due to insufficient outcomes data and to implement the non-PDL prior authorization criteria for use.

Following review of confidential pricing in executive session the Committee recommended making Trilipix (pending successful supplemental rebate contracting), fenofibrate tablets, and fenofibric acid tablets preferred agents.

The Committee deferred making a recommendation on Lovaza and supplemental fish oil products and asked for broader review of nutritional fish oil for alternative indications.

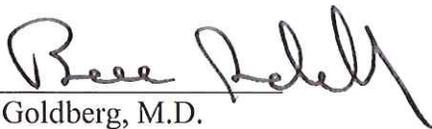
HERC Coverage Guidance: Low Back Pain

The Committee reviewed and discussed the Health Evidence Review Commission's draft Coverage Guidance for Low Back Pain: Pharmacologic Interventions. The Committee recommended the guidance be amended to delineate recommendations for acute and chronic back pain, to include a requirement for assessment of improved functionality and caveat the recommendation for nutritional supplements with a disclaimer about lack of regulation for potency and purity in the US.

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 and will be put into place no earlier than 60 days from the date this notice is posted on the web site.



Bruce Goldberg, M.D.  
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