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OFFICIAL WEBSITE NOTICE
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RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPTUETICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met in Wilsonville, Oregon on Thursday, November 29th, 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:

Vascular Endothelial Growth Factor (VEGF) Inhibitors

The Committee reviewed the VEGF inhibitor class update and based upon the clinical evidence presented approved the recommendation to make pegaptanib non-preferred. Following review of confidential pricing in executive session the Committee recommended making bevacizumab preferred, with a liberal exception policy for non-preferred agents, and grandfathering of current patients.

Erythropoiesis Stimulating Agents

The Committee reviewed the updated PA criteria and approved the change in length of authorization to 12 weeks, consistent with the OHP guideline note.

Phosphate Binders

Following the review of confidential pricing in executive session the Committee recommended adding Calphron and Renagel as preferred agents and to require a step edit through calcium acetate for Renagel approval.

DPP-4 Inhibitors

Following the review of confidential pricing in executive session the Committee recommended making Januvia and Janumet preferred after step therapy.

Physician Administered Drugs (PAD)

The Committee reviewed the Drug Use Evaluation of physician administered drugs and made the following recommendations: Close any new PAD HCPC codes until reviewed by P&T for appropriateness (PDL class, OHP coverage, etc.); coordinate coverage of drugs billed via pharmacy claims and medical claims; evaluate HCPC codes for self-administered drugs and consider closing NDCs for clinic administered drugs; establish a duplicate claim edit across all claims (same patient, same drug, same DOS) where it is appropriate to bill in either program; phase in the current drug PA requirements for medical claims starting with classes with limited numbers of providers, to target education of the PA process; and insure that provider reimbursed amounts are similar in both programs.

The Committee also directed staff to work with oncology specialists to develop a management plan using best practices to possibly include the following: implement PA for NCCN guidelines adherence for high cost/high risk oncology drugs; implement value-based reimbursement of oncology drugs providing a higher reimbursement margin to providers and no barriers for high value drugs while limiting coverage or limiting the reimbursement margin for drugs with marginal benefit at higher cost.

The Committee also recommended: the use of IU and vaginal ring contraception versus other forms be evaluated; to consider prior authorization of natalizumab, due to limited indications and a black box warning for risk of progressive multifocal leukoencephalopathy; and to follow-up with specific DUEs of immune globulin and muscular blockade drugs.

Obesity Drugs

The Committee reviewed the new drug evaluations of lorcaserin and phentermine/tiopiramate and recommended that obesity drugs be covered only for OHP covered diagnoses. As the treatment of obesity with medications is an OHP unfunded diagnosis, the Committee recommended eliminating current prior authorization criteria for weight loss medications and to move all medications to the excluded list, including: orlistat, benzphetamine, phentermine resin, diethylpropion, phentermine, and Bontril.

Benign Prostatic Hypertrophy (BPH)

The Committee reviewed the BPH abbreviated class update and recommended maintaining at least one alpha-blocker and one 5-alpha reductase inhibitor as preferred agents on the PMPDP.

The Committee also recommended making tadalafil non-preferred for the treatment of BPH. Because medications to treat impotency or erectile dysfunction are not covered by the Oregon Health Plan, the Committee approved the proposed PA criteria for indication of tadalafil for the simultaneous occurrence of BPH and erectile dysfunction, to continue to require prior authorization in accordance with the Oregon Health Plan list of prioritized health services and to limit cosmetic use. After reviewing confidential pricing in executive session the Committee recommended no changes to preferred agents.

Pancreatic Enzyme Replacement Products

The Committee reviewed the pancreatic enzyme replacement products abbreviated class review and due to no apparent difference in efficacy or safety, continued to recommend inclusion of at least one agent in this class in accordance with FDA recommendations and administration issues. After reviewing confidential pricing in executive session the Committee recommended maintaining generic pancrealipase and adding Creon as a preferred agents and making Zenpep non-preferred on the PMPDP.

Estrogens Scan

The Committee reviewed the scan of the estrogens class and recommended that no further class update or research was needed at this time. Following the review of confidential pricing in executive session the Committee recommended adding Climara Pro and limiting to brand Climara patches as preferred agents, removal of oral FemHRT, and vaginal Estring from preferred status on the PMPDP and to grandfather clients for 90 days.

The Committee also recommended adding an age restriction on Jinteli and Jevantique for women ≥50 y/o due to its use as oral contraception. They will be open-access for contraception but non-preferred as hormone replacement.

Cephalosporins Scan

The Committee reviewed the scan of the cephalosporins class and recommended that no further class update or research was needed at this time. The Committee also recommended that the PMPDP maintain at least one agent from each subclass (1st, 2nd, 3rd generation cephalosporin's and amoxicillin/clavulanate) as well as age appropriate dosage forms. After reviewing confidential pricing in executive session the Committee recommended making no changes to the 1st and 2nd generation classes and to make cefpodoxime and Cedax suspension non-preferred.

Ophthalmic Antibiotic-Steroid Combinations Scan

The Committee reviewed the scan of the ophthalmic antibiotic-steroid combination class and recommended that no further class update or research was needed at this time. After reviewing confidential pricing in executive session the Committee recommended no changes to preferred agents.

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 HEATLH 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.
Director

12-24-2012
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