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

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 Salem Oregon on Thursday, March 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:

Hepatitis C Follow-up

The Committee voted to approve updated PA criteria that were recommended by P&T requested hepatologist consultation, which included using Child Pugh criteria instead of hematological criteria and a biopsy requirement recommending a stage II fibrosis or higher unless the patient has extrahepatic manifestations.

Dose Consolidation

The Committee reviewed the proposed list of drugs to which staff recommended daily quantity limits be applied. The Committee voted to approve the proposal, but recommended that medications generally requiring titration not be included. They also recommended staff target additional drugs to apply this policy based upon past claims history.

ADHD

The Committee reviewed the ADHD class update which included a review of the December 2011 DERP update.

Based on the clinical evidence presented the committee agreed to the staff recommendation to maintain extended release clonidine as non-preferred medication. Following review in executive session, the committee recommended the following medications be designated non-preferred: Daytrana, Concerta and the generic equivalent, Metadate CD and generic methamphetamine. The committee recommended Intuniv be designated preferred if the OHA could successfully negotiate a contract.

Multiple Sclerosis

The Committee reviewed the Multiple Sclerosis class update. Based on the clinical evidence presented and the confidential pricing reviewed in executive session, the committee recommended no changes to the preferred interferon agents.

The committee agreed with staff recommendations to designate fingolimod as a non-preferred disease modifying medication for MS and recommended a precaution be added for patients with preexisting cardiac disease.

The committee recommended dalframpridine be designated a non-preferred agent with inclusion of the following clinical criteria for approval: walking disability that requires use of a walking aid; ability to complete the T25FW in 8-45 seconds; no renal impairment, history of seizure disorder or epileptiform activity on an EEG. The committee also recommended dalframpridine be referred to the HERC for evaluation of cost effectiveness.

Atypical Antipsychotics

The Committee reviewed the antipsychotic class update and new drug review of lurasidone.

Based on the clinical evidence presented, the committee agreed to the staff recommendations to designate lurasidone as a non-preferred agent on the voluntary mental health PDL. The Committee also agreed to the staff recommendation to consider educational outreach strategies for management of this class and asked staff to come back with a specific educational proposal.

Statin Class

The Committee reviewed the statin class update and agreed to the staff recommendation to designate pitavistatin as a non-preferred agent on the PMPDP due to lack of long-term clinical outcomes and no efficacy advantage over currently available agents. The committee also recommended implementation of a prospective dose limit on simvastatin 80mg due to the FDA warnings and increased risk of muscle damage associate with the dose.

Hereditary Angioedema

The Committee reviewed the new drug evaluation of icatibant and deferred making a recommendation. The committee asked staff for more information regarding current utilization of this class and icatibant's place in therapy.

Short Acting Opioids

The Committee reviewed the drug use evaluation of the short acting opioids and agreed to staff recommendations to apply the same PA criteria to both the short and long acting opioids. They also recommended that a urine drug screen be added to the PA criteria. The committee directed staff to monitor the effects of the new PA criteria and to implement with an educational component with adequate notice to providers. Following review in executive session, the committee recommended the following medications be designated non-preferred on the PMPDP: butorphanol NS, oxycodone 5mg capsules, oxycodone concentrate, oxycodone 2.5mg/APAP and Conzip.

Sedative Hypnotic Class Scan

The Committee reviewed the scan of the Sedative Hypnotic class of drugs and based on the confidential pricing reviewed in executive session, recommended Silenor and Edular be designated as non-preferred on the PMPDP. The Committee found there was no new compelling clinical evidence or information that necessitated a full review of the class.

Skeletal Muscle Relaxant Class Scan

The Committee reviewed the scan of the Skeletal Muscle Relaxant class of drugs and agreed to the staff recommendation to designate as non-preferred all agents except baclofen, cyclobenzaprine and tizanadine. The Committee found there was no new compelling clinical evidence or information that necessitated a full review of the class.

Triptan Class Scan

The Committee reviewed the scan of the Triptan Medication class of drugs and found there was no new compelling clinical evidence or information that necessitated a full review of the class.

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, MD
Director

4-16-12
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