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OFFICIAL WEBSITE NOTICE

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RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPY TICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met in Wilsonville, Oregon on Thursday, March 28th, 2013. 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 staff¹ and all public comment offered,² 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:

ProDUR Edits

The Committee recommended that the early refill clarification code CC-7 Medically Necessary be disabled as more descriptive and appropriate override clarification codes are available and should be submitted.

Tapentadol DUE

The Committee recommended tapentadol be added to the list of medications subject to the high dose opioid prior authorization (PA) criteria.

The Committee recommended that quantity limits be applied that are consistent with the existing PA criteria, Food and Drug Administration (FDA) labeling, and optimum dosage units per day.

The Committee recommended not to grandfather patients currently receiving tapentadol.

Colony Stimulating Factor Use in Hepatitis C DUE

The Committee recommended that no additional PA was needed at this time.

IM Antipsychotics DUE

The Committee recommended to continue to allow billing of IM antipsychotics via the drug claims but to ensure professional claims and drug claims be reimbursed at the same but lowest rate.

The Committee asked staff to bring back more specific criteria to identify appropriate patients for conversion to oral antipsychotics with a proposal for educational outreach.

Linaclotide

The Committee found the only FDA indications to be irritable bowel syndrome (IBS) and constipation, which fall below the funded line on the Oregon Health Plan prioritized list.

The Committee recommended adding linaclotide to the Exclusion List and to require PA criteria to approve for OHP covered diagnoses.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Anticoagulants

The Committee found that the low molecular weight heparins clinical efficacy and safety was similar between agents and to evaluate comparative costs in executive session.

The Committee found that rivaroxaban and enoxaparin are both considered first line for orthopedic prophylaxis and to evaluate comparative cost in executive session.

The Committee found rivaroxaban and dabigatran to be second line options, after warfarin and enoxaparin, for the treatment of DVT and PE.

The Committee recommended to update the PA criteria for apixaban, rivaroxaban and dabigatran to ensure appropriate use and patient selection. The dabigatran criteria were amended to exclude patients with mechanical prosthetic heart valves.

After comparative cost consideration in executive session the Committee recommended apixaban, rivaroxaban and dabigatran be designated non-preferred.

Targeted Immune Modulators (TIMs)

The Committee recommended to update the PA criteria to include the new indication of ulcerative colitis for adalimumab and to add the diagnosis of ulcerative colitis to #8 of PA criteria.

The Committee recommended applying the current TIMs PA criteria to tofacitinib and to reserve use for patients who have tried other standard-of-care medications.

The Committee found no new clinical evidence to support changes to the PMPDP and to evaluate the comparative costs in executive session.

After comparative cost consideration in executive session the Committee recommended to designate tofacitinib as non-preferred and require an adequate trial of methotrexate or other oral DMARD and a preferred TIM before approval.

Topical Analgesics Scan

The Committee recommended that no further research was needed at this time and to evaluate comparative costs in executive session.

After comparative cost consideration in executive session the Committee recommended no changes to the PDPMP.

Topical Steroids Scan

The Committee recommended that no further research was needed at this time.

After comparative cost consideration in executive session the Committee recommended to designate all forms and strengths of hydrocortisone and hydrocortisone acetate as preferred low potency topical steroids and to remove desonide cream & ointment and alclometasone cream. The Committee recommended to designate all strengths of triamcinolone acetonide ointment and creams as well as fluocinodide 0.05% cream and ointment preferred high potency topical steroids and to remove Vanos™, Trianex™ and betamethasone dipropionate. The Committee recommended to designate clobetasol propionate 0.05% ointment, cream, emollient cream and solution preferred very-high potency topical steroids. No changes were recommended for the moderate potency topical steroids.

Oral Antifungals Scan

The Committee recommended that no further research was needed at this time.

After comparative cost consideration in executive session the Committee recommended to designate Oravig™ non-preferred.

Topical Antifungals Scan

The Committee recommended that no further research was needed at this time.

After comparative cost consideration in executive session the Committee recommended no changes to the PDPMP.

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.



Bruce Goldberg, MD
Director, Oregon Health Authority

4/24/13
Approval date

A request for reconsideration of this decision to adopt the recommendations of the Drug Use Review / Pharmacy and Therapeutics Committee with respect to the inclusion of a drug on the Practitioner-Managed Prescription Drug Plan 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

¹http://pharmacy.oregonstate.edu/drug_policy/sites/default/files/pages/dur_board/meetings/meetingdocs/2013_03_28/finals/2013_03_28_PnT_Complete.pdf

²http://pharmacy.oregonstate.edu/drug_policy/sites/default/files/pages/dur_board/meetings/meetingdocs/2013_03_28/finals/2013_03_28_Written_Testimony.pdf