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OFFICIAL WEBSITE NOTICE

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RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPY COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met in Salem, Oregon on Thursday, September 26th, 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 staffⁱ and all public comment offered,ⁱⁱ 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:

Lomitapide & Mipomersen Updated Prior Authorization (PA) Criteria

The Committee approved of the modified PA criteria to include more details on optimal combination therapy and recommended referring to an expert on the necessity of criteria #5 – allowing coverage if LDL apheresis is not available.

Sapropterin

The Committee recommended approving the modified PA criteria to include clinical target ranges and specification for use in both adults and children.

DUR Report: Metabolic Monitoring of Antipsychotics in Children

The Committee approved the DUR proposal to fax quarterly reports to providers addressing the absence of glucose monitoring in children receiving antipsychotics. The reports will contain the following information: a dashboard comparing the target provider to other Medicaid providers and providers within their specialty; educational materials highlighting recommendations for monitoring and management of metabolic abnormalities in children; a list of patients without claims for glucose monitoring within the past 12 months; and a form indicating the status of metabolic monitoring for each patient for the provider to complete and return to the Medical Assistance Program. The Committee amended the proposal from annual reminder for children without glucose monitoring to a reminder every 6 months.

DUR Report: Follow up for Children prescribed their first ADHD Medication

The Committee approved the DUR proposal to fax reports biweekly to promote follow up care for children prescribed their first ADHD medication. These reports will contain the following information: a dashboard comparing the target provider to other Medicaid providers as well as providers within their specialty; a list of patients filling a prescription for their first ADHD medication within the last 2 weeks; a form indicating the status of a scheduled follow-up visit for each patient for the provider to complete and return to the Medical Assistance Program; and educational materials highlighting recommendations for monitoring and management of ADHD pharmacotherapy in children.

DUR Report: RetroDUR for the use of Psychotropic Medications in Children

The Committee approved the DUR proposal to send providers an annual request for additional clinical data for children receiving any of the following regimens:

- Five or more chronic psychotropics in children
- Two or more chronic antipsychotics in children
- Non-stimulant Psychotropics in children under 6 years old
- CNS Stimulants in children under 4 years old

The Committee recommended the definitions for “chronic” and “concurrent therapy” be included on the provider message that will be faxed and agreed that these annual requests should contain the following information:

- Indications and target symptoms for all current medications
- Request for clinical rationale for regimen
- List of psychosocial interventions being used or barriers to using these interventions
- Dates of the last assessment of safety and efficacy
- Documentation that risks, benefits, and alternatives have been discussed with the caregiver

DUR Report: Synagis Policy Evaluation

The Committee approved the continuation of the palivizumab PA for the 2013-2014 RSV season with no adjustments and recommended a follow-up study be performed in December or January to ensure safety indicators remain acceptable.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Newer Diabetes Medications

The Committee recommended sulfonylurea therapies be considered a preferred second-line treatment option for patients without contraindications or tolerance issues and recommended hypoglycemic risk be added to the Incretin Mimetics PA criteria as a contraindication to sulfonylureas. The Committee also recommended requiring prior authorization for canagliflozin with designation as a fourth-line treatment option for patients unable to tolerate, or who have

contraindications to metformin, sulfonylurea therapy, and other third line treatments. The Committee also recommended prior authorization for alogliptin and designation as a third-line treatment option for patients unable to tolerate, or have contraindications to metformin and/or sulfonylurea therapy. After comparative cost consideration in executive session, the Committee recommended making canagliflozin and alogliptan non-preferred agents on the PMPDP.

DRUG	CHANGE
canagliflozin	Make non-preferred on PMPDP
alogliptin	Make non-preferred on PMPDP

Other Lipotropics

The Committee recommended making isocapent ethyl a non-preferred lipotropic agent and apply the non-preferred prior authorization criteria due to its use as an alternative to a fibric acid derivatives and niacin for hypertriglyceridemia. After comparative cost consideration in executive session, the Committee recommended making Trilipix preferred and brand Tricor preferred over its generic alternatives. The Committee also recommended making Vascepa, Restora, Inositol and Lipogen non-preferred.

DRUG	CHANGE
Trilipix	Make preferred on PMPDP
Tricor (brand preferred)	Make preferred on PMPDP
Vascepa	Make non-preferred on PMPDP
Restora	Make non-preferred on PMPDP
Lipogen	Make non-preferred on PMPDP
Inositol	Make non-preferred on PMPDP

Parkinson's Disease Drugs

The Committee agreed that no further research or review is needed at this time and approved the inclusion of Neupro to the Parkinson's class and plan to evaluate price in November. The Committee also recommended fixing the clerical issues in the PA criteria. After comparative cost consideration in executive session, the Committee recommended making carbidopa/levodopa ER preferred.

DRUG	CHANGE
carbidopa/levodopa ER	Make preferred on PMPDP
Neupro	Include with PDL class and review for PMPDP placement at November meeting.

Multiple Sclerosis

The Committee recommended including dimethyl fumarate on the oral MS drug prior authorization criteria to limit to patients who have tried and failed first line agents including beta interferons

and/or glatiramer and to update PA criteria to include a pathway for approval. The Committee also recommended including either interferon beta-1a subQ or interferon beta-1b subQ as a preferred option due to evidence demonstrating improved efficacy compared to interferon beta-1a IM in relapse related outcomes. After comparative cost consideration in executive session, the Committee recommended making Betaseron and Rebif preferred.

DRUG	CHANGE
Betaseron	Make preferred on PMPDP
Rebif	Make preferred on PMPDP

Long Acting Opioids

The Committee recommended setting a maximum daily dose to 300 mg for tramadol ER per drug label.

After comparative cost consideration in executive session, the Committee recommended making Ultram ER and Conzip non-preferred.

DRUG	CHANGE
Ultram ER	Make non-preferred on PMPDP
Conzip	Make non-preferred on PMPDP

Hepatitis C Agents

The Committee recommended maintaining either one or both of peginterferon alfa-2a and peginterferon alfa-2b as preferred pegylated interferon products. The Committee also approved removal of criteria #9 of protease inhibitor PA criteria to allow approval of protease inhibitors for patients with HIV/HCV coinfection, when under supervision of an HIV specialist. After comparative cost consideration in executive session, the Committee recommended making Pegasys preferred.

DRUG	CHANGE
Pegasys	Make preferred on PMPDP

Topical Androgens Scan

The Committee found that there is no new evidence of a difference in efficacy between the various testosterone products and recommended that no further research is needed at this time. After comparative cost consideration in executive session, the Committee recommended making AndroGel preferred and making Androderm non-preferred and grandfather current patients.

DRUG	CHANGE
AndroGel	Make preferred on PMPDP
Androderm	Make non-preferred on PMPDP and grandfather current patients.

Topical Antiparasitics Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, the Committee recommended making Natroba non-preferred.

DRUG	CHANGE
Natroba	Make non-preferred on PMPDP

COPD Scan

The Committee recommended that no further research is needed at this time with the exception of adding Breo Ellipta to the class and to bring back more detailed drug review in November. After comparative cost consideration in executive session, the Committee recommended making both Combivent Respimat and Combivent MDI preferred and to remove the step edit.

DRUG	CHANGE
Combivent Respimat	Make preferred on PMPDP
Combivent MDI	Make preferred on PMPDP
Breo Ellipta	Include with PDL class and review for PMPDP placement at November meeting.

Growth Hormones Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session the Committee recommended making Norditropin preferred.

DRUG	CHANGE
Norditropin	Make preferred on PMPDP

Alzheimer's Agents Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session the Committee recommended making Exelon patch and galantamine XR preferred.

DRUG	CHANGE
Exelon patch	Make preferred on PMPDP
galantamine XR	Make preferred on PMPDP

TIMS Annual Pricing Review

After comparative cost consideration in executive session, the Committee recommended making Simponi preferred.

DRUG	CHANGE
Simponi	Make preferred on PMPDP

Antiepileptic Medications Annual Pricing Review

After comparative cost consideration in executive session, the Committee recommended making valproic acid solution preferred.

DRUG	CHANGE
valproic acid solution preferred	Make preferred on PMPDP

Ulcerative Colitis Agents Annual Pricing Review

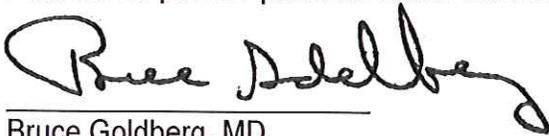
After comparative cost consideration in executive session, the Committee recommended making Lialda preferred.

DRUG	CHANGE
Lialda preferred	Make preferred on 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.



Bruce Goldberg, MD
Director, Oregon Health Authority

10-28-13
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

ⁱhttp://pharmacy.oregonstate.edu/drug_policy/sites/default/files/pages/dur_board/meetings/meetingdocs/2013_07_25/finals/2013_07_25_PnT_Complete.pdf

ⁱⁱhttp://pharmacy.oregonstate.edu/drug_policy/sites/default/files/pages/dur_board/meetings/meetingdocs/2013_07_25/finals/2013_07_25_WrittenTestimony.pdf