



500 Summer St NE E20

Salem OR 97301

Voice: 503-947-2340

Fax: 503-947-2341

[www.Oregon.Gov/OHA](http://www.Oregon.Gov/OHA)[www.health.oregon.gov](http://www.health.oregon.gov)**OFFICIAL WEBSITE NOTICE****Posting Date: December 12, 2018****RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND  
THERAPEUTICS COMMITTEE**

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met in Salem, Oregon on Thursday, November 29, 2018. 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 <sup>i</sup>and all public comment offered,<sup>ii</sup> while considering the impact on special populations, the Committee makes the following recommendations for the Oregon Practitioner-Managed Prescription Drug Plan (PMPDP) or for any other preferred drug list established by the Oregon Health Authority:

**Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:****Long-Acting Insulins Drug Effectiveness Review Project (DERP) Summary**

The Committee recommended making no changes to the PMPDP based on the efficacy and safety data and that no further review or research was needed at this time. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

**Humira® (adalimumab) Indication Review for Hidradenitis Suppurativa**

A review of drug treatments for Hidradenitis Suppurativa was performed at the request of the Health Evidence Review Commission (HERC) to assist their prioritization discussion. The Committee recommended that no further review or research was needed at this time.

## Severe Acne Class Review

The Committee recommended implementing the proposed prior authorization (PA) criteria for the Acne PMPDP class to limit use to funded conditions and to designate at least one formulation of the following medications/classes as preferred due to guideline support for use in severe acne: oral isotretinoin, topical benzoyl peroxide, topical retinoid (adapalene or tretinoin), and topical antibiotics. After comparative cost consideration in executive session, the Committee recommended making all single source brands (SSB) agents in the Acne PMPDP class non-preferred and all other agents in the Acne PMPDP class preferred.

## Hepatitis C Direct Acting Antivirals Policy Discussion

The Committee recommended updating the PA criteria to expand access by removing fibrosis restrictions. The Committee amended the proposed PA criteria to: simplify the language in question 2a to only require a diagnosis of chronic hepatitis C infection (B18.2); modify the language in 4a to say “genotype testing in the past 3 years is required if the patient has cirrhosis, any prior treatment experience, or if prescribed a regimen which is not pan-genotypic”; remove requirement for documentation of HIV status, but add a note that HIV testing is recommended; and simplify the language in 4g to state “presence or absence of cirrhosis as clinically determined (e.g., clinical, laboratory or radiologic evidence)”.

After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP, but upon expansion to lower stages of fibrosis, to limit the use of Zepatier and Epclusa to patients where Mavyret would not be appropriate.

## Orilissa™ (elagolix) New Drug Evaluation

The Committee recommended creating a new PMPDP class for gonadotropin-releasing hormone (GnRH) receptor antagonists and to implement to proposed PA criteria for elagolix.

## Drug Use Review Recommendations:

### Growth Hormone PA Criteria Update

The Committee recommended updating the PA criteria to align with HERC coverage guidance.

## Testosterone PA Criteria Update

The Committee recommended updating the PA criteria to align with HERC coverage guidance.

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.



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Patrick Allen  
Director

December 12, 2018  
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

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<sup>i</sup> [http://www.orpdl.org/durm/meetings/meetingdocs/2018\\_11\\_29/finals/2018\\_11\\_29\\_PnT\\_Complete.pdf](http://www.orpdl.org/durm/meetings/meetingdocs/2018_11_29/finals/2018_11_29_PnT_Complete.pdf)

<sup>ii</sup> [http://www.orpdl.org/durm/meetings/meetingdocs/2018\\_11\\_29/finals/2018\\_11\\_29\\_WrittenTestimony.pdf](http://www.orpdl.org/durm/meetings/meetingdocs/2018_11_29/finals/2018_11_29_WrittenTestimony.pdf)