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OFFICIAL WEBSITE NOTICE

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RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPEUTICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met in Salem, Oregon on Thursday, March 31, 2016. 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 Practitioner-Managed Prescription Drug Plan (PMPDP) or for any other preferred drug list established by the Oregon Health Authority:

Drug Use Review Recommendations:

Compounded Drugs Drug Use Evaluation

The Committee recommended staff produce and publish educational documents to support appropriate compounded claim billing and approved the proposed data integrity edits and quantity limits. The Committee also recommended implementing a cap on paid amounts to require prior authorization (PA) when those are exceeded and to perform and present a policy evaluation in two years.

Oral Multivitamin Prior Authorization (PA) Policy Evaluation

The Committee recommended maintaining the current PA policy as presented.

Biologics Policy Evaluation

The Committee recommended continuing to require PA for non-preferred biologics and to require PA for medical claims with auto-approval for cancer and MS diagnoses. The Committee recommended requiring PA on preferred biologics to promote step therapy through appropriate DMARD therapy.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Pulmonary Arterial Hypertension (PAH) Class Update and New Drug Evaluation (NDE)

The Committee recommended continuing the current PA criteria for oral, inhaled and parenteral PAH agents. The Committee recommended making epoprostenol a preferred agent on the PMPDP and to not require PA. After comparative cost consideration in executive session, the Committee recommended no other changes to the PMPDP.

DRUG	CHANGE
epoprostenol	Make preferred on the PMPDP

Phosphate Binder Class Update and NDE

The Committee recommended maintaining ferric citrate as non-preferred and to incorporate into current PA criteria. The Committee also recommended continuing to prefer at least one calcium-based phosphate binder and one non-calcium-based phosphate binder on the PMPDP. After comparative cost consideration in executive session, the Committee recommended no other changes to the PMPDP.

ADHD Class Update

The Committee recommended maintaining QuilliChew ER™ and Adzenys XR-ODT™ as non-preferred on PMPDP based on limited evidence for safety and efficacy. The Committee also recommended adopting the proposed updates to the Safety Edit including removing modafinil and armodafinil from the edit since these drugs go through separate PA criteria. After comparative cost consideration in executive session, the Committee recommended no other changes to the PMPDP.

SGLT2 Inhibitor Class Update

The Committee rejected the proposal to modify current PA criteria to allow use of SGLT2 inhibitors as a third-line option with metformin and sulfonylureas.

Calcium & Vitamin D Class Update

The Committee recommended adopting the proposed PA criteria to restrict non-preferred vitamin D and calcium supplements to patients who are either: pregnant; have a nutrient deficiency; have a diagnosis of osteopenia or osteoporosis; or are patients 65 years of age or older who are at risk for falls. The Committee also recommended allowing pharmacies to dispense 90 day supplies for these products. After comparative cost consideration in executive session, the Committee recommended removing calcitriol and derivatives from class to allow open access and to designate all other calcium and vitamin D products non-preferred on the PMPDP.

DRUG	CHANGE
Calcium	Make non-preferred on the PMPDP
Vitamin D	Make non-preferred on the PMPDP

Opioid Reversal Agent Class Review

The Committee recommended limiting the quantity of naloxone to 2 units every 12 months without prior authorization and to refer clients to case management when they request a refill of more frequently. However, the OHA has elected to not adopt this recommendation at this time and will instead monitor utilization.

After comparative cost consideration in executive session, the Committee recommended adding the class to PMPDP and to designate the auto injector as non-preferred and all other formulations preferred.

DRUG	CHANGE
Evzio®	Make non-preferred on the PMPDP
Narcan® Nasal	Make preferred on the PMPDP
Injectable Naloxone	Make preferred on the PMPDP

Insulin Degludec NDE

The Committee recommended maintaining insulin degludec as non-preferred on the PMPDP and to apply the current PA criteria for insulin. The Committee also recommended making insulin degludec/aspart non-preferred and subject to current PA criteria for insulin if it receives FDA approval.

Triptan Scan

The Committee recommended that no further research is needed at this time, but to continue to include at least one agent available for each route of administration (oral, nasal, subcutaneous) and maintain current PA criteria. After comparative cost consideration in executive session, recommended making no changes to the PMPDP.

NSAIDs Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making no changes to the PMPDP.

Topical Antibiotics Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making no changes to the PMPDP.

Topical Antiparasitics Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making no changes to the PMPDP. The Committee also directed staff to investigate the opportunity to move market share to less costly alternatives through a RetroDUR proposal.

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 except as noted. 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.



Lynne Saxton
Director, Oregon Health Authority

4-27-16
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://www.orpdl.org/durm/meetings/meetingdocs/2016_03_31/finals/2016_03_31_PnT_Complete.pdf

ⁱⁱNo written testimony was submitted for this meeting