



OFFICIAL WEBSITE NOTICE

**Posting Date: October 18, 2016**

**RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND  
THERAPEUTICS COMMITTEE**

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met in Salem, Oregon on Thursday, September 29, 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 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:

**Drug Use Review Recommendations:**

Botulinum Toxins Prior Authorization (PA) Criteria

The Committee recommended adopting the proposed updated PA criteria.

**Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:**

Newer Diabetes Agents Drug Class Update

The Committee agreed that no further research is needed at this time and recommended no changes to the PMPDP based on the clinical evidence. The Committee recommended continuation of current clinical PA criteria and approved GLP-1 receptor agonist PA modification. After comparative cost consideration in executive session the Committee recommended making no changes to the PMPDP.

Asthma/COPD Drug Class Update

The Committee agreed that no further research is needed at this time and recommended no changes to the PMPDP based on the clinical evidence. The Committee recommended continuation of the current clinical PA criteria after amending to add “without COPD” to #3 in the LAMA/LABA criteria . After comparative cost consideration in executive

session the Committee recommended making Ipratropium/Albuterol (Combivent Respimat®) non-preferred while grandfathering current users for 6 months and to make Ventolin® HFA Preferred on the PMPDP.

DRUG	CHANGE
Combivent Respimat®	Make non-preferred on the PMPDP
Ventolin® HFA	Make preferred on the PMPDP

#### Biologics Drug Class Update

The Committee agreed that no further research is needed at this time and recommended no changes to the PMPDP based on the clinical evidence. The Committee recommended adopting the proposed modifications to the Biologics PA criteria including adding “biologic” DMARD to #13 in the proposed criteria. After comparative cost consideration in executive session the Committee recommended making Canakinumab-PF (Ilaris®) non-preferred on the PMPDP.

DRUG	CHANGE
Ilaris®	Make non-preferred on the PMPDP

#### Substance Use Disorder Class Update

The Committee recommended removing buprenorphine sublingual tablets from the PMPDP, restricting use to pregnant women or females actively trying to conceive and to approve the proposed modifications to the Buprenorphine and Buprenorphine/Naloxone Products PA criteria. The Committee approved the Naltrexone Extended Release Injection PA criteria after amending the length of authorization to six months and incorporating the same PDMP language as the buprenorphine criteria. After comparative cost consideration in executive session the Committee recommended making no additional changes to the PMPDP.

DRUG	CHANGE
Buprenorphine sublingual tablets	Make non-preferred on the PMPDP

#### Growth Hormones Scan

The Committee recommended that no further research is needed at this time and to maintain the current PA criteria. After comparative cost consideration in executive session the Committee recommended making Genotropin® preferred and Saizen® non-preferred on the PMPDP.

DRUG	CHANGE
Saizen®	Make non-preferred on the PMPDP
Genotropin®	Make preferred on the PMPDP

### Parenteral Antipsychotics Scan

The Committee recommended that no further research is needed at this time and to maintain the current PA criteria. After comparative cost consideration in executive session the Committee recommended making Abilify Maintena® and Aristada® preferred on the PMPDP contingent upon executing supplemental rebate contracts.

DRUG	CHANGE
Abilify Maintena®	Make preferred on the PMPDP
Aristada®	Make preferred on the PMPDP

### Hepatitis C Class Update

The Committee recommended approving 12 weeks sofosbuvir/velpatasvir (Epclusa®) as the preferred treatment regimen for genotype 2 (GT2), but deferred taking action on the recommendation to allow for treatment of patients with Metavir fibrosis stage 2 without comorbidities. The Committee asked the OHA to consider having the HERC evaluate the treatment of Hepatitis C by stage of fibrosis. The Committee also recommended adopting changes to the approved imaging and blood tests used to determine staging of fibrosis, required resistance testing for specific regimens and to adopt the proposed changes to the alcohol and substance use disorder questions. After comparative cost consideration in executive session the Committee recommended making Zepatier® a preferred regimen for GT1 and GT4, except in the setting of decompensation, and to designate Epclusa® as a preferred regimen for GT3 on the PMPDP.

DRUG	CHANGE
Zepatier®	Make preferred on the PMPDP
Epclusa®	Make preferred on the 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.

*Lynne Saxton*

Lynne Saxton  
Director, Oregon Health Authority

10/18/2016  
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/2016\\_09\\_29/finals/2016\\_09\\_29\\_PnT\\_Complete.pdf](http://www.orpdl.org/durm/meetings/meetingdocs/2016_09_29/finals/2016_09_29_PnT_Complete.pdf)

<sup>ii</sup>[http://www.orpdl.org/durm/meetings/meetingdocs/2016\\_09\\_29/finals/2016\\_09\\_29\\_WrittenTestimony.pdf](http://www.orpdl.org/durm/meetings/meetingdocs/2016_09_29/finals/2016_09_29_WrittenTestimony.pdf)