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OFFICIAL WEBSITE NOTICE
Posting Date: April 20, 2017

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 23, 2017. 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 [i] 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:

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Hepatitis B Class Update

The Committee recommended maintaining either tenofovir disoproxil or entecavir as preferred and tenofovir alafenamide as non-preferred on the PMPDP, based on the clinical evidence. The Committee approved the revised clinical prior authorization (PA) criteria to include the pediatric indication for telbivudine and to update recommendations for undetectable HBV DNA as defined by consensus guidelines below 10 IU/ml. After comparative cost consideration in executive session the Committee recommended no other changes to the PMPDP.

Non-analgesics for pain

The Committee recommended retiring the "Drugs Used for Non-Funded Pain" PA criteria and replace with separate PA criteria - to restrict use to funded pain conditions - which include: Pregabalin; Milnacipran; Topiramate Extended Release (non-preferred products); and Lidocaine Patches. The Committee also recommended a quantity limit of 3 patches/24 hours for topical lidocaine patches to insure safe use. The Committee amended the proposed PA criteria to remove "lifetime approval" from all PA criteria for pain conditions. For the lidocaine patch and pregabalin criteria, the Committee recommended requests for renewals be required to provide documented response and then to renew the PA for up to 1 year. The Committee also recommended an adequate

trial of gabapentin for at least 90 days before pregabalin be approved. After comparative cost consideration in executive session the Committee recommended making gabapentin tablets preferred on the PMPDP.

DRUG	CHANGE
Gabapentin tablets	Make preferred on the PMPDP

Skeletal Muscle Relaxants Class Update

The Committee recommended no changes to the PMPDP based on clinical evidence and approved the revised PA criteria, after amending, to limit approval to three months. The Committee also recommended adding a question after #5 in the proposed criteria, to verify whether an opioid or benzodiazepine had been prescribed within the last 30 days; and if so, to deny any carisoprodol claim. After comparative cost consideration in executive session the Committee recommended making no changes to the PMPDP.

Tramadol Classification and Review

The Committee agreed that no further research or review was needed and recommended maintaining tramadol in the current opioid prior authorization policy.

Sedatives Class Update

The Committee recommended making benzodiazepine sedatives non-preferred due to limited efficacy data. The Committee also approved the proposed changes to the PA criteria to: restrict use of sedatives to OHP-funded conditions; prevent therapeutic duplication; and to apply quantity limits of 30 tablets/60 days for all agents in the class. The Committee amended the proposal and recommended requiring PA for all sedatives and to also evaluate whether the patient is on concomitant opioids or benzodiazepines; and if so, to deny the sedative claim. The Committee further recommended implementing quantity limits for zolpidem IR of 10mg for males and 5mg for females; and12.5mg for males and 6.25mg for females for zolpidem ER, to reduce use exceeding the FDA recommended maximum daily dose and to retire the Non-Benzodiazepene and Quantity Limits PA criteria. After comparative cost consideration in executive session the Committee recommended making no changes to the PMPDP.

Abbreviated Drug Reviews

Cholbam® (cholic acid)

The Committee recommended that no further research or review was needed and to refer PA requests to the Medical Director for review.

Exondys 51™ (eteplirsen)

The Committee recommended that no further research or review was needed and to refer PA requests to the Medical Director for review.

Spinraza™ (nusinersen)
The Committee recommended that no further research or review was needed and approved the proposed PA criteria – which will be applied to both pharmacy and physician administered claims – after revising question #3 to specify if the drug is being prescribed by a neurologist or a provider with experience treating spinal muscular atrophy and adding renewal criteria which refers requests to the Medical Director for review.

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
Director

4-20-17
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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[i] http://www.orpdl.org/durm/meetings/meetingdocs/2017_03_23/finals/2017_03_23_PnT_Complete.pdf
[ii] http://www.orpdl.org/durm/meetings/meetingdocs/2017_03_23/finals/2017_03_23_WrittenTestimony.pdf