



OFFICIAL WEBSITE NOTICE

Posting Date: June 23, 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, May 25, 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 ⁱand 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 (OHA):

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Hepatitis C Policy Update

The Committee reviewed the Memorandum of Understanding (MOU) that the OHA entered into with the Oregon Law Center and the updated PA criteria that reflect the changes required under sections 9 a, b, and c in the MOU. While the Committee acknowledged the OHA will make the changes they deem necessary to comply with the MOU, the majority of the Committee recommended that the new language regarding interpretation of fibrosis scores falling in a range should be removed from the PA criteria and instead be addressed by the OHA in their coverage guidance to CCOs. The Committee also recommended changes to clarify question #14, to include a link to the Health Evidence Review Commission’s (HERC) fibrosis testing coverage guidance, and to designate Sovaldi® and Daklinza™ as non-preferred on the PMPDP as they are no longer recommended regimens by the OHA under the risk corridor agreement with the CCOs.

DRUG	CHANGE
Daklinza™ (daclatasvir)	Make non-preferred on the PMPDP
Sovaldi® (sofosbuvir)	Make non-preferred on the PMPDP

HERC Novel Treatments

The Committee reviewed the HERC’s Statement of Intent 3 regarding health services with low importance, with respect to novel treatments such as prescription drugs with low cost effectiveness or marginal clinical benefit and discussed the proposed P & T High Cost and Marginal Benefit (HCMB) Therapies policy. The Committee recommended modifying item #3 of the proposed policy to replace the word “elect” with “vote” and to adopt the policy.

Pediatric Antipsychotic Metabolic Monitoring

The Committee approved the recommendation to discontinue this RetroDUR fax initiative due to the minimal change in metabolic monitoring rates detected after implementation.

NOACS Scan & Policy Evaluation

The Committee recommended that no further research is currently needed, agreed that the evidence does not support a clinical prior authorization on NOACs at this time and to continue to monitor for appropriate use. After comparative cost consideration in executive session the Committee recommended making no changes to the PMPDP.

PPI Scan & Policy Evaluation

The Committee recommended that no further research is needed at this time, to update the PA criteria as presented and to add dexlansoprazole SoluTabs to the criteria. After comparative cost consideration in executive session the Committee recommended making ranitidine 150mg and 300mg tablets and famotidine 20mg and 40mg tablets preferred on the PMPDP.

DRUG	CHANGE
ranitidine 150mg & 300mg tablets	Make preferred on the PMPDP
famotidine 20mg & 40mg tablets	Make preferred on the PMPDP

Ophthalmic VEGF Class Update

The Committee approved the proposed PA criteria for non-preferred drugs and recommended applying to both pharmacy and physician administered claims.

After comparative cost consideration in executive session the Committee recommended making no changes to the PMPDP.

Tetracycline Antibiotic Class Update

The Committee recommended changing the quantity limit for the class to allow two 14 day supplies in a three month timeframe. The Committee also recommended removing the quantity limit and PDL status for demeclocycline. After comparative cost consideration in executive session the Committee recommended making no changes to the PMPDP.

ACEIs, ARBs, DRIs and Entresto® Scan

The Committee agreed that no further research is needed at this time and recommended maintaining the current PA criteria. After comparative cost consideration in executive session the Committee recommended adding irbesartan and valsartan as preferred agents to the PMPDP.

DRUG	CHANGE
irbesartan	Make preferred on the PMPDP
valsartan	Make preferred on the PMPDP

Anaphylaxis Rescue Agents 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.

Antianginal Agents Scan

The Committee recommended that no further research is needed at this time and to maintain sublingual nitroglycerin powder (GONITRO™) as non-preferred. After comparative cost consideration in executive session the Committee recommended making no changes to the PMPDP.

Otic Antibiotics Scan

The Committee recommended that no further research is needed at this time and to continue to have at least one preferred product for treatment of acute otitis media in patients with tympanostomy tubes and at least one ototopical aminoglycoside antibiotic

as an option for otitis externa. After comparative cost consideration in executive session the Committee recommended making no changes to the PMPDP.

Abbreviated Drug Reviews

Intrarosa™ (prasterone)

The Committee recommended continuing to require PA to restrict use to OHP-funded conditions.

Eucrisa™ (crisaborole 2%)

The Committee recommended continuing to require PA to restrict use to OHP-funded conditions.

Amulez® (aminolevulinic acid 10%)

The Committee recommended continuing to require PA to restrict use to OHP-funded conditions.

Levulan® (aminolevulinic acid 20%)

The Committee recommended continuing to require PA to restrict use to OHP-funded conditions.

Rhofade™ (oxymetazoline 1%)

The Committee was informed that this agent was coded as not covered as it is indicated for an excluded condition.


Belviq (lorcaserin)

The Committee was informed that this agent was coded as not covered as it is indicated for an excluded condition.

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, with the exception of the recommendation to remove the interpretation of fibrosis scores falling in a range from the DAA PA criteria, as inclusion is required under the MOU the OHA has entered into with the OLC. 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

6/23/17

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

¹http://www.orpdl.org/durm/meetings/meetingdocs/2017_05_25/finals/2017_05_25_PnT_Complete.pdf

²<http://pharmacy.oregonstate.edu/drug-policy/oregon-pharmacy-therapeutics-committee/meetings-agenda>