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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, September 28, 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 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:

Hydroxyzine HCl Clinical Prior Authorization (PA) Criteria

The Committee recommended discontinuing requiring PA for all formulations (solutions and tablets) of hydroxyzine HCl.

Biologics for Autoimmune Conditions Clinical PA Criteria

The Committee recommended updating the PA criteria to include new indications.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Antidiabetic Agents, Non-Insulin Class Update

The Committee recommended maintaining the current PA criteria and to apply to the new formulations. After comparative cost consideration in executive session the Committee recommended making no changes to the PMPDP.

Antidiabetic Agents, Insulin Class Update

The Committee recommended revising the PA criteria to remove the requirement that patients must use 40 units or less per day of insulin to be candidates for an insulin pen. After review in executive session the Committee also recommended amending the proposed PA criteria to: allow Lantus and Novolog pens without PA and to require the trial of Lantus or Novolog before approving other long-acting or short-acting insulin pens. No other changes to the PMPDP were recommended.

Hepatitis C Class Update and New Drug Evaluations

The Committee reviewed the Memorandum of Understanding (MOU) that the OHA entered into with the Oregon Law Center and considered the proposed updates to the PA criteria that reflect the changes required under sections 10 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 against expanding coverage for HCV treatment to stage F2, or to expand coverage for all individuals with HCV co-infected with HIV. The Committee did recommend the PA criteria be amended to include additional extrahepatic manifestations, baseline HBV monitoring, inclusion of Fibosure as an acceptable test to determine the stage of fibrosis and to allow for the re-treatment of HCV in those who have failed therapy with a NS5A inhibitor. After comparative cost consideration in executive session, the Committee recommended making Mavyret and Vosevi preferred agents on the PMPDP and to make Harvoni non-preferred.

DRUG	CHANGE
Mavyret	Make preferred on the PMPDP
Vosevi	Make preferred on the PMPDP
Harvoni	Make non-preferred on the PMPDP

ADHD Class Update

The Committee recommended maintaining the current PA criteria. After comparative cost consideration in executive session the Committee recommended making dextroamphetamine-amphetamine extended release capsules preferred on the PMPDP.

DRUG	CHANGE
dextroamphetamine-amphetamine CAP ER 24 H	Make preferred on the PMPDP

Antipsychotics, Parenteral 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.

Growth Hormones Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making Nutropin AQ preferred and Omnitrope non-preferred on the PMPDP.

DRUG	CHANGE
Nutropin AQ	Make preferred on the PMPDP
Omnitrope	Make non-preferred on the PMPDP

Newer Antiemetics 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.

Pancreatic Enzymes 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.

Platelet Inhibitors 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 Steroids 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 Antipsoriatics Scan

The Committee recommended that no further research is needed at this time and to include coal tar preparations in the antipsoriatic class as non-preferred agents. After comparative cost consideration in executive session, recommended making no changes to 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, with the exception noted below. 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.

Exception to approval of the recommendations: In compliance with the terms of the Memorandum of Understanding (MOU) the Oregon Health Authority has entered into with the Oregon Law Center, the Committee's recommendation to not expand Hepatitis C coverage is rejected and expanded coverage will commence on 1/1/18 consistent with the MOU.



Patrick Allen
Director

10/26/17
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

http://www.orpd.org/durm/meetings/meetingdocs/2017_09_28/finals/2017_09_28_PnT_Complete.pdf

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