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OFFICIAL WEBSITE NOTICE
Posting Date: April 18, 2019

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 21, 2019. 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:

Drug Use Review Recommendations:

GLP-1 Receptor Agonists Literature Scan

The Committee recommended making no changes to the PMPDP based on the efficacy and safety data and that no further review or research was needed at this time. The Committee amended the prior authorization (PA) criteria to reorganize to ask about concomitant insulin use in question #6; allow use of basal insulin when in combination with a GLP-1; and auto-PA preferred products for patients with claims for metformin use in the previous 40 days. After comparative cost consideration in executive session, the Committee recommended adding exenatide vials (Bydureon®) and liraglutide (Victoza® 2 and 3 Pak) to the to the PMPDP.

DRUG	CHANGE
Bydureon®	Make preferred on the PMPDP
Victoza® 2 and 3 Pak	Make preferred on the PMPDP

Calcium/Vitamin D Prior Authorization Update

The Committee recommended adding a vitamin D solution suitable for infants to the PMPDP. After comparative cost consideration in executive session, the Committee recommended making cholecalciferol (vitamin D3) Baby Ddrops® preferred on the PMPDP.

DRUG	CHANGE
Baby Ddrops®	Make preferred on the PMPDP

Hydroxyprogesterone Prior Authorization Update

The Committee recommended updating the PA criteria to accommodate new generics for Makena®.

Benzodiazepine Prior Authorization Update

The Committee recommended updating the PA criteria to include outpatient management of alcohol withdrawal syndrome and amended to add "prescribing specialists in mental health" to questions #9 and #11.

Cannabidiol Prior Authorization Update

The Committee recommended updating the PA criteria to include maximum dose limits.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Tetracycline Class Update and New Drug Evaluation

The Committee recommended making no changes to the PMPDP based on clinical evidence. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Hereditary Angioedema Agents Class Review

The Committee recommended implementing the proposed PA criteria after amending to require laboratory documentation of diagnosis, add a dosing table, and moving the question regarding preferred/nonpreferred drugs to later in the PA after all clinical criteria are met.
The Committee also recommended making ecallantide non-preferred due to concerns with anaphylaxis. After comparative cost consideration in executive session, the Committee recommended making C1 esterase inhibitors Berinert® and Haegarda® preferred on the PMPDP.

DRUG	CHANGE
Berinert®	Make preferred on the PMPDP
Haegarda®	Make preferred on the PMPDP

Endometriosis Class Review

The Committee approved the proposal to combine the PA criteria for GnRH analogs and antagonists into one criterion entitled GnRH Modifiers, after amending to limit approval to the FDA approved duration for GnRH analogues. The Committee also supported: retiring previous criteria; revising the step therapy for elagolix to remove the requirement for trial of acetaminophen or a nonsteroidal anti-inflammatory agent; to add endometriosis diagnosis with step therapy for leuprolide, goserelin, and nafarelin; and to reinforce warnings about bone mineral density (BMD) loss with use of GnRH modifiers. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Antipsychotics for Schizophrenia Drug Use Evaluation

The Committee recommended making no changes to the PMPDP for oral or parenteral antipsychotics based on clinical evidence and to continue to explore opportunities for provider education and Drug Use Review (DUR) initiatives. After comparative cost consideration in executive session, the Committee 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. 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.

April 18, 2019

Patrick M. Allen — Date

Director

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

[i] http://www.orpdl.org/durm/meetings/meetingdocs/2019_03_21/finals/2019_03_21_PnT_Complete.pdf
[ii] http://www.orpdl.org/durm/meetings/meetingdocs/2019_03_21/finals/2019_03_21_WrittenTestimony.pdf