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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 virtually on Thursday, August 6, 2020. 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:

Antipsychotic Class Update with New Drug Evaluation (NDE)

The Committee recommended making no changes to the PMPDP based on clinical evidence. After comparative cost consideration in executive session, the Committee recommended making Abilify® (aripiprazole tablets) and Geodon® (ziprasidone capsules) and their generic alternatives preferred on the PMPDP.

DRUG	CHANGE
Abilify® (aripiprazole tabs)	Make preferred on the PMPDP
Geodon® (ziprasidone caps)	Make preferred on the PMPDP

Vascular Endothelial Growth Factors (VEGF) Class Update with NDE

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.

ADHD Literature Scan

The Committee recommended making no changes to the PMPDP based on clinical evidence. After comparative cost consideration in executive session, the majority of the Committee recommended making Vyvanse® (lisdexamphetamine) chewable tablets preferred on the PMPDP.

DRUG	CHANGE
Vyvanse® (lisdexamphetamine chewable tabs)	Make preferred on the PMPDP

Cardiovascular Outcomes of Newer Diabetes Drugs Drug Effectiveness Review Project (DERP) Summary

The Committee recommended removal of requirement for step therapy - other than metformin - for dipeptidyl peptidase-4 (DPP-4) inhibitors, glucagon-like peptide-1 (GLP-1) receptor agonists and sodium-glucose transport protein-2 (SGLT-2) inhibitors. After comparative cost consideration in executive session, the Committee recommended making Onglyza® (saxagliptin HCl), Trulicity® (dulaglutide), Farxiga® (dapagliflozin propanediol), Jardiance® (empagliflozin) and Invokana® (canagliflozin) preferred on the PMPDP.

DRUG	CHANGE
Onglyza® (saxagliptin HCl)	Make preferred on the PMPDP
Trulicity® (dulaglutide)	Make preferred on the PMPDP
Farxiga® (dapagliflozin propanediol)	Make preferred on the PMPDP
Jardiance® (empagliflozin)	Make preferred on the PMPDP
Invokana® (canagliflozin)	Make preferred on the PMPDP

Non-statin Drugs for Dyslipidemia Class Update with NDE

The Committee recommended maintaining Nexletol™ (bempedoic acid) and Nexlizet™ (bempedoic acid/ezetimibe) as non-preferred on the PMPDP and to implement the proposed Bempedoic Acid PA criteria to limit utilization to high-risk cardiovascular patients requiring additional LDL-lowering on maximally tolerated statin therapy and ezetimibe. The Committee also recommended updating the Omega-3 Fatty Acid PA criteria to include the new Food and Drug Administration (FDA) approved indication for icosapent ethyl. After comparative cost consideration in executive session, the Committee recommended making generic omega-3 fatty acids preferred and to no longer require clinical PA criteria based on that decision; and to make Triglide™/Tricor® (fenofibrate nanocrystalized tablets), Antara® (fenofibrate micronized capsules), Trilipix® (choline fenofibrate capsules) and their generic alternatives preferred on the PMPDP.

DRUG	CHANGE
Triglide™ (fenofibrate nanocrystalized tabs)	Make preferred on the PMPDP
Tricor® (fenofibrate nanocrystalized tabs)	Make preferred on the PMPDP
Antara® (fenofibrate micronized caps)	Make preferred on the PMPDP
Trilipix® (choline fenofibrate capsules)	Make preferred on the PMPDP

Multiple Sclerosis (MS) DERP Summary

The Committee recommended making no changes to the PMPDP based on clinical evidence. The Committee also recommended revising the Oral Multiple Sclerosis Drugs PA criteria to include newly approved drugs - monomethyl fumarate, diroximel fumarate, ozanimod, cladribine, and siponimod – and to add the proposed safety monitoring metrics and renewal criteria. The Committee also approved revising the Natalizumab PA criteria to reflect the expanded indication for all forms of relapsing MS (clinically isolated syndrome, relapsing-remitting multiple sclerosis, and secondary progressive multiple sclerosis). After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Serotonin Agonists (formerly Triptans) Class Update and NDE

The Committee recommended making no changes to the PMPDP based on clinical evidence. After comparative cost consideration in executive session, the Committee recommended making Tosymra® (sumatriptan nasal spray) non-preferred on the PMPDP.

DRUG	CHANGE
Tosymra® (sumatriptan nasal spray)	Make non-preferred on the PMPDP

Calcitonin Gene-Related Peptide (CGRP) Inhibitors DERP Summary

The Committee recommended making no changes to the PMPDP based on clinical evidence. The Committee also recommended updating the CGRP Antagonists PA criteria as proposed to include acute migraine treatments - rimegepant and ubrogepant - and the expanded indication for cluster headache prevention for galcanezumab. After comparative cost consideration in executive session, the Committee recommended making Emgality® (galcanezumab-gnlm) preferred on the PMPDP, but still subject to the clinical PA criteria.

DRUG	CHANGE
Emgality® (galcanezumab-gnlm)	Make preferred on the PMPDP

Topical Analgesics and Anesthetics Class Update

The Committee recommended renaming the Topical Analgesics class the Topical Pain Medications and to add topical anesthetics to this new PMPDP class. The Committee recommended designating at least one topical anesthetic with an indication for a funded condition on the HERC prioritized list as a preferred agent. After comparative cost consideration in executive session, the Committee recommended making lidocaine-prilocaine cream, diclofenac gel, viscous lidocaine, lidocaine cream, solution and jelly w/applicator preferred; and to make everything else non-preferred on the PMPDP.

DRUG	CHANGE
lidocaine-prilocaine cream	Make preferred on the PMPDP
diclofenac gel	Make preferred on the PMPDP
viscous lidocaine	Make preferred on the PMPDP
lidocaine cream, solution and jelly w/applicator	Make preferred on the PMPDP

Drug Use Review (DUR) Recommendations:

Immunoglobulins Drug Use Evaluation (DUE)

The Committee reviewed the DUE and recommended no policy changes at this time and to reanalyze off-label use annually to inform future restrictions within the class.

Oncology Policy Updates

The Committee recommended adding the new FDA-approved antineoplastic agents to Table 1 in the Oncology Agents PA criteria.

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use based on the expanded FDA-approved indication.

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 7 days from the date this notice is posted on the web site.

8/11/2020

Patrick M. Allen
Director, Oregon Health Authority

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 7 calendar days from the date of this notice. 2019 OR law, HB 2692

[i] https://www.orpdl.org/durm/meetings/meetingdocs/2020_08_06/finals/2020_08_06_PnT_Complete.pdf
[ii] https://www.orpdl.org/durm/meetings/meetingdocs/2020_08_06/finals/2020_08_06_WrittenTestimony.pdf