



OFFICE OF THE DIRECTOR

Kate Brown, Governor

Oregon  
**Health**  
Authority

500 Summer St NE E-20

Salem, OR 97301

Voice: 503-947-2340

Fax: 503-947-2341

[www.Oregon.Gov/OHA](http://www.Oregon.Gov/OHA)

[www.health.oregon.gov](http://www.health.oregon.gov)

OFFICIAL WEBSITE NOTICE  
**Posting Date: October 9, 2020**

## **RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPEUTICS COMMITTEE**

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met virtually on Thursday, October 1, 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<sup>i</sup> and all public comment offered,<sup>ii</sup> 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:**

#### Atopic Dermatitis (AD) Literature Scan

The Committee recommended revising the prior authorization (PA) criteria for AD and topical antipsoriatics to reflect the expanded indication for crisaborole in children aged 3 months and older with moderate AD. The Committee also recommended revising the PA criteria for dupilumab to reflect expanded indication for management of moderate-to-severe AD not well controlled by topical prescription medications in children older than 6 years of age. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

#### Asthma/COPD Class Update

The Committee recommended making no changes to the PMPDP based on clinical evidence and to update the clinical definition of severe and very severe COPD, as well as

require a specialist in the roflumilast PA criteria. The Committee also approved clarifying the age recommendations for use of monoclonal antibodies. After comparative cost consideration in executive session, the Committee recommended making Tudorza® Pressair® (aclidinium bromide) non-preferred; and to make AirDuo RespiClick® (fluticasone/salmeterol), Anoro Ellipta (umeclidinium/vilanterol) and Stiolto® Respimat® (tiotropium/olodaterol) preferred on the PMPDP.

DRUG	CHANGE
Tudorza® Pressair® (aclidinium bromide)	Make non-preferred on the PMPDP
AirDuo RespiClick® (fluticasone/salmeterol)	Make preferred on the PMPDP
Anoro Ellipta (umeclidinium/vilanterol)	Make preferred on the PMPDP
Stiolto® Respimat® (tiotropium/olodaterol)	Make preferred on the PMPDP

### Antiepileptics (non-injectable) Class Update and New Drug Evaluation (NDE)

The Committee recommended designating Fintepla® (fenfluramine) as non-preferred on the PMPDP and to implement the proposed PA criteria to ensure medically appropriate utilization. The Committee also recommended revising the PA criteria for cannabidiol to reflect the expanded indication and appropriate dosing for tuberous sclerosis complex (TSC) in patients 1 year of age and older and to rename Antiepileptics class name from “oral and rectal” to “non-injectable” to account for nasal formulations. After comparative cost consideration in executive session, the Committee recommended maintaining Nayzilam® (midazolam nasal spray) and Valtoco® (diazepam nasal spray) as non-preferred agents on the PMPDP.

DRUG	CHANGE
Fintepla® (fenfluramine)	Make non-preferred on the PMPDP

### Antacids: Proton Pump Inhibitors (PPIs) and Histamine-2 Receptor Antagonists (H2RAs) Class Update

The Committee recommended making no changes to the PMPDP based on clinical evidence and to modify the PPI PA criteria to clarify durations of therapy. After comparative cost consideration in executive session, the Committee recommended making: famotidine/Ca carb/mag hydrox chewable tablets; nizatidine solution; Aciphex® (rabeprazole), Dexilant (dexlansoprazole), Prevacid® DR (lansoprazole) capsules and the generic formulations; and Pylera™ (bismuth/metronidazole/tetracycline) capsules and lansoprazole/amoxicillin/clarithromycin combo pack preferred on the PMPDP.

DRUG	CHANGE
famotidine/Ca carb/mag hydrox chew tab	Make preferred on the PMPDP
nizatidine solution	Make preferred on the PMPDP
Aciphex® (rabeprazole)	Make preferred on the PMPDP
Dexilant (dexlansoprazole)	Make preferred on the PMPDP
Prevacid® DR capsules (lansoprazole)	Make preferred on the PMPDP
Pylera™ (bismuth/metronid/tetracyc)	Make preferred on the PMPDP
lansopra/amoxicil/clarithro combo pack	Make preferred on the PMPDP

### Parkinson's Disease Class Update with NDEs

The Committee recommended designating Nourianz™ (istradefylline), Ogentys® (opicapone) and Kynmobi™ (apomorphine sublingual) as a non-preferred on the PMPDP based on the clinical evidence and availability of several first-line agents. The Committee also recommended updating the Anti-Parkinson's Agents PA criteria to ensure safe and appropriate use of the new agents. After comparative cost consideration in executive session, the Committee recommended making amantadine capsules and tablets preferred on the PMPDP.

DRUG	CHANGE
amantadine capsules and tablets	Make preferred on the PMPDP

### Biologics for Autoimmune Conditions Drug Effectiveness Review Project (DERP) Summary and Policy Evaluation

The Committee recommended making no changes to the PMPDP based on clinical evidence and no policy changes based on current utilization data. The Committee recommended modifying the PA criteria to reflect updated indications for the Targeted Immune Modulator agents as proposed. After comparative cost consideration in executive session, the Committee recommended making Cosentyx® (secukinumab) non-preferred on the PMPDP.

DRUG	CHANGE
Cosentyx® (secukinumab)	Make non-preferred on the PMPDP

## **Drug Use Review (DUR) Recommendations:**

### Bipolar Drug Use Evaluation (DUE)

The Committee reviewed the DUE and recommended implementing a targeted profile review of patients with bipolar disorder who have frequent hospitalizations or ED visits for psychiatric reasons, to identify areas for optimization of medications and to then notify prescribers if opportunities to improve care are identified.

The Committee supported prioritizing patients with 3 or more hospitalizations or ED visits over 6 months for psychiatric reasons and who: 1) appear non-adherent to current therapy; or 2) are prescribed regimens not recommended by the OHA and Mental Health Clinical Advisory Group. Non-recommended regimens may include patients with 3 or more bipolar medications, patients prescribed antidepressant monotherapy, or patients who use aripiprazole for bipolar depression.

### Oncology Policy Updates

The Committee recommended adding the following new FDA-approved antineoplastic agents to Table 1 in the Oncology Agents PA criteria: Blenrep (belantamab mafodotin-bldmf); Tecartus™ (brexucabtagene autoleucel); Inqovi® (decetabine & cedazuridine); and Monjuvi® (tafasitamab-cxix).

### Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of Givlaari™ (givosiran) and Revcovi™ (elapegademase-lvlr) based on FDA-approved labeling.

### Modafinil/armodafinil DUE

The Committee reviewed the DUE and recommended modifying the modafinil/armodafinil PA criteria to prevent inappropriate use during pregnancy and in women of childbearing age.

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 October 1, 2020 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.



---

Patrick M. Allen  
Director, Oregon Health Authority

10/9/2020

---

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. ORS 414.361(6)(b).

---

<sup>i</sup> [https://www.orpdl.org/durm/meetings/meetingdocs/2020\\_10\\_01/finals/2020\\_10\\_01\\_PnT\\_Complete.pdf](https://www.orpdl.org/durm/meetings/meetingdocs/2020_10_01/finals/2020_10_01_PnT_Complete.pdf)

<sup>ii</sup> none submitted