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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, December 3, 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 (OHA):

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Substance Use Disorder (SUD) Literature Scan

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.

Newer Antiemetics Literature Scan

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.

Sedative Class Update and New Drug Evaluation (NDE)

The Committee recommended the OHA seek CMS approval as necessary to cover melatonin, make melatonin open access for children up to 18 years old and update the clinical prior authorization (PA) criteria as proposed. After comparative cost consideration in executive session, the Committee recommended making melatonin tablets and similarly priced generic products preferred, with this status effective upon CMS approval.

DRUG	CHANGE
melatonin	Make preferred on the PMPDP

Teprotumumab NDE

The Committee recommended designating Tepezza® (teprotumumab) as non-preferred on the PMPDP and to implement the proposed clinical PA criteria.

DRUG	CHANGE
Tepezza® (teprotumumab)	Make non-preferred on the PMPDP

Gout Class Update

The Committee recommended making no changes to the PMPDP based on clinical evidence and to update the PA criteria to allow for colchicine use in patients with pericarditis and Behçet's Syndrome (BS). The Committee also recommended implementing a quantity limit to permit an initial fill without requiring PA. After comparative cost consideration in executive session, the Committee recommended making Colcrys® (colchicine) tablets preferred.

DRUG	CHANGE
Colcrys® (colchicine)	Make preferred on the PMPDP

Risdiplam NDE

The Committee recommended designating Evrysdi™ (risdiplam) as non-preferred on the PMPDP and to implement the proposed clinical PA criteria after amending to evaluate pulmonary function.

DRUG	CHANGE
Evrysdi™ (risdiplam)	Make non-preferred on the PMPDP

Cenegermin NDE

The Committee recommended designating Oxervate™ (cenegermin) as non-preferred on the PMPDP and to implement the proposed clinical PA criteria.

DRUG	CHANGE
Oxervate™ (cenegermin)	Make non-preferred on the PMPDP

Calcitonin Gene-Related Peptide (CGRP) Inhibitors

After comparative cost consideration in executive session, the Committee recommended making Ajovy® (fremanezumab-vfrm) preferred on the PMPDP, but still subject to the clinical PA criteria.

DRUG	CHANGE
Ajovy® (fremanezumab-vfrm)	Make preferred on the PMPDP

Drug Use Review (DUR) Recommendations:

Oncology Policy Updates

The Committee recommended adding the following new FDA-approved antineoplastic agent to Table 1 in the Oncology Agents PA criteria: Gavreto™ (pralsetinib)

ICS/LABA/LAMA Prior Authorization (PA) Criteria Updates

The Committee recommended modifying the PA criteria with updated indication for Trelegy Ellipta (fluticasone furoate, umeclidinium & vilanterol) as proposed.

Inflammatory Skin Conditions: HERC Guideline Note Revision and PA Criteria Updates

The Committee recommended revising the PA criteria for biologic therapies, dupilumab, atopic dermatitis, and topical antipsoriatics to include an assessment of severe disease using a validated scoring tool such as the Dermatology Life Quality Index or Children's Dermatology Life Quality Index per HERC guidance.

Drug Discontinuation Case Management Policy Proposal

The Committee recommended implementing the proposed case management referral program for patients with gaps in therapy for high-risk maintenance medications.

Consultation for Antipsychotics in Kids Policy Evaluation

The Committee recommended continuing to monitor drug therapy changes after referral and consultation in pediatric patients on long-term antipsychotics.

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 December 3, 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

12/9/2020
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).

[i] https://www.orpdl.org/durm/meetings/meetingdocs/2020_12_03/finals/2020_12_03_PnT_Complete.pdf
[ii] https://www.orpdl.org/durm/meetings/meetingdocs/2020_12_03/finals/2020_12_03_WrittenTestimony.pdf