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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, April 1, 2021. 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 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 Drug Use Review, the Oregon Practitioner-Managed Prescription Drug Plan (PMPDP), or for any other preferred drug list established by the Oregon Health Authority (OHA):

Drug Use Review (DUR) Recommendations:

Oncology Prior Authorization (PA) Update

The Committee recommended adding the following new FDA-approved antineoplastic agents to Table 1 in the Oncology Agents PA criteria: Onureg® (azacitidine); Breyanzi® (lisocabtagene maraleucel); Polivy™ (olatuzumab vedotin-piiq); Iclusig® (ponatinib); Tepmetko® (tepotinib); Cosela™ (trilaciclib); and Ukoniq™ (umbralisib).

Opioid Literature Scan and Policy Evaluation

The Committee recommended updating the current policy to include two newly approved opioid formulations and to add an assessment for opioid use disorder (OUD) in the renewal criteria for both short-acting and long-acting PA criteria. The Committee also recommended modifying the high-risk opioid RetroDUR program criteria to include patients who may be paying cash for chronic opioid prescriptions

and patients with a diagnosis of substance abuse or history of overdose and to notify providers about risk mitigation strategies and opportunities to improve care.

Antipsychotics in Children Drug Effectiveness Review Project (DERP) Summary Report and Mental Health Polypharmacy Drug Use Evaluation (DUE)

The Committee recommended making no changes to the PMPDP based on clinical evidence, but to bring back proposed safety-edit criteria to ensure appropriate use of antipsychotics for members less than five years old when initiating therapy with an antipsychotic and to require psychiatric/specialty consultation. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

The Committee also supported reviewing profiles of patients within the following high-risk categories to identify opportunities for therapy optimization or de-prescribing: long-term use of multiple mental health drugs; patients with possible contraindications to therapy; or very young children. The Committee also recommended identifying provider education opportunities to more broadly address off-label use of antipsychotics in kids and pursue strategies to notify prescribers.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Imcivree™ (setmelanotide) Abbreviated Drug Review

The Committee supported continuing to designate setmelanotide as not covered per the Oregon Medicaid State Plan. Medications for weight loss are excluded from OHA coverage.

Lumizyme® (alglucosidase alfa) New Drug Evaluation (NDE)

The Committee recommended adding alglucosidase alfa to the PMPDP class for lysosomal storage disorders and designate as non-preferred. The Committee also recommended implementing the proposed PA criteria to ensure medically appropriate use.

DRUG	CHANGE
Lumizyme® (alglucosidase alfa)	Make non-preferred on the PMPDP

Neuromyelitis Optica Spectrum Disorder (NMOSD) Class Review

The Committee recommended adding the "Biologics for Rare Diseases" class to the PMPDP and to include inebilizumab and satralizumab. The Committee also recommended implementing the proposed PA criteria for these biologic agents. After comparative cost consideration in executive session, the Committee recommended making satralizumab and inebilizumab preferred on the PMPDP.

DRUG	CHANGE
Enspryng™ (satralizumab)	Make preferred on the PMPDP
Uplinza® (inebilizumab-cdon)	Make preferred on the PMPDP

Monoclonal Antibody C5 Inhibitors Class Review

The Committee recommended adding eculizumab and ravulizumab to the "Biologics for Rare Diseases" class on the PMPDP and to implement the proposed PA criteria these biologic agents. After comparative cost consideration in executive session, the Committee recommended making ravulizumab preferred and eculizumab non-preferred on the PMPDP.

DRUG	CHANGE
Ultomiris® (ravulizumab)	Make preferred on the PMPDP
Soliris® (eculizumab)	Make non-preferred on the PMPDP

Statins Class Update

The Committee recommended to continue to maintain preferred statins that are considered low-, moderate- and high-intensity and to combine the high potency and low-medium potency PDL classes into one statin class. After comparative cost consideration in executive session, the Committee recommended making rosuvastatin preferred on the PMPDP.

DRUG	CHANGE
Rosuvastatin	Make preferred on 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 seven days from the date this notice is posted on the web site.

Patrick M. Allen
Director, Oregon Health Authority

4/6/2021
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).

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[i] https://www.orpdl.org/durm/meetings/meetingdocs/2021_04_01/finals/2021_04_01_PnT_Complete.pdf
[ii] https://www.orpdl.org/durm/meetings/meetingdocs/2021_04_01/finals/2021_04_01_WrittenTestimony.pdf