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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, October 7, 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 people, populations and communities who have been most impacted by historic and contemporary injustices and health inequities including but not limited to Tribal Nations, Tribal communities, Latino, Latina/Latinx, Black/African American, Asian, Pacific Islander and American Indian/Alaska Native populations, communities of color, people with disabilities, people with limited English proficiency, and immigrants and refugees, 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:

Drug Use Review (DUR) Recommendations:

Oncology Policy Updates

The Committee recommended adding the following new FDA-approved antineoplastic agents to Table 1 in the Oncology Agents prior authorization (PA) criteria: Rylaze™ (asparaginase erwinia chrysanthemi (recombinant)-rywn); and Welireg™ (belzutifan).

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of Ryplazim® (plasminogen, human-tvmh) and Rezurock™ (belumosudil mesylate) based on FDA-approved labeling.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Inhaled Anticholinergics 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 Combivent® Respimat® & Incruse® Ellipta® preferred on the PMPDP.

DRUG	CHANGE
Combivent® Respimat® (ipratropium bromide/albuterol)	Make preferred on the PMPDP
Incruse® Ellipta® (umeclidinium)	Make preferred on the PMPDP

Non-Injectable Antiepileptics 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.

Biologics for Autoimmune Disorders Class Update

The Committee recommended making no changes to the PMPDP based on clinical evidence, to rename the "Biologics for Autoimmune Disease" to "Targeted Immune Modulators" and to modify the PA criteria to include expanded ages and indications. The Committee also recommended modifying the "Multiple Sclerosis Oral Agents" PA criteria to include the expanded indication for ozanimod in adults with moderate-to-severe ulcerative colitis. After comparative cost consideration in executive session, the Committee recommended making Cosentyx® preferred on the PMPDP.

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

Calcitonin Gene-Related Peptide (CGRP) Inhibitors Class Update

The Committee recommended making no changes to the PMPDP based on clinical evidence. The Committee also recommended updating the PA criteria to clarify the difference between acute (abortive) and prophylactic (preventative) treatment, to update the recommended drugs for cluster headache, and to add a question to require providers assess for uncontrolled hypertension prior to initiation of therapy for applicable agents - including Aimovig®. After comparative cost consideration in executive session, the

Committee recommended making Aimovig® preferred and Emgality® non-preferred on the PMPDP.

DRUG	CHANGE
Aimovig® (erenumab)	Make preferred on the PMPDP
Emgality® (galcanezumab)	Make non-preferred on the PMPDP

Hepatitis C, Direct-Acting Antiviral (DAA) Literature Scan

The Committee recommended updating the PA criteria and treatment table to include new pediatric indications and clerical updates. After comparative cost consideration in executive session, the Committee recommended making branded Epclusa® non-preferred on the PMPDP.

DRUG	CHANGE
Epclusa® (sofosbuvir/velpatasvir)	Make non-preferred on the PMPDP

Pulmonary Arterial Hypertension Class Update

The Committee recommended updating the PA criteria to include expanded indications and to make no changes to the PMPDP based on the clinical evidence. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Alzheimer's Disease Class Update and New Drug Evaluation

The Committee recommended maintaining Aduhelm™ (aducanumab) as non-preferred on the PMPDP and to implement the proposed PA criteria after amending to change question #7 to mirror mild disease, as defined in studies including a Mini-Mental Status Exam (MMSE) between 24-30 and Clinical Dementia Rating-Global Score (CDR-GS) of 0.5, and to modify renewal criteria to prevent continuation of therapy in patients with any evidence of microhemorrhage to ensure appropriate use. Further, the Committee recommends that the OHA consider not covering Aduhelm™ due to its significant toxicity and unproven clinical benefit. After comparative cost consideration in executive session, the Committee recommended making donepezil, rivastigmine, memantine, and Namzaric® preferred on the PMPDP.

DRUG	CHANGE
donepezil	Make preferred on the PMPDP
rivastigmine	Make preferred on the PMPDP
memantine	Make preferred on the PMPDP
Namzaric® (memantine/donepezil ER)	Make preferred on the PMPDP

Topical Antiparasitic Agents Class Update and New Drug Evaluation

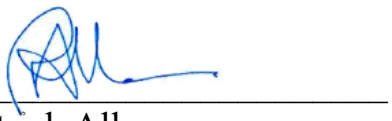
The Committee recommended maintaining Xeglyze™ (abametapir) as non-preferred on the PMPDP and to include Soolantral® in the topical antiparasitic class and designate as non-preferred. No other changes to the PMPDP were recommended based on the clinical evidence. After comparative cost consideration in executive session, the Committee recommended making Vanalice™ non-preferred on the PMPDP.

DRUG	CHANGE
Soolantral® (ivermectin cream)	Make non-preferred on the PMPDP
Vanalice™ (piperonyl butoxide/pyrethrum gel)	Make non-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 except for the recommendation to not cover Aduhelm®. 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 Allen
Director, Oregon Health Authority

10/13/2021
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).

[i] https://www.orpdl.org/durm/meetings/meetingdocs/2021_10_07/finals/2021_10_07_PnT_Complete.pdf
[ii] https://www.orpdl.org/durm/meetings/meetingdocs/2021_10_07/finals/2021_10_07_WrittenTestimony.pdf