OFFICIAL WEBSITE NOTICE
Posting Date: April 10, 2025

OREGON HEALTH AUTHORITY DIRECTOR'S DECISION ON PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS DATED APRIL 10, 2025

I have reviewed the recommendations of the Pharmacy and Therapeutics Committee set out below and have reviewed a staff memo dated April 7, 2025. Based on my review:

The recommendations of the Pharmacy and Therapeutics Committee are approved.

Recommendations with respect to the inclusion of a drug on the Oregon Practitioner-Managed Prescription Drug Plan will be put into place no earlier than 7 days from the date this notice is posted on the website.

Kristine M Kautz

_____ _April 10, 2025_____
Kris Kautz Approval date
Interim Director

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).

RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPEUTICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met virtually on Thursday, April 3, 2025. 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 Oregon Tribal Nations, American Indian or Alaska Native persons, Hispanic, Latino, Latina, or Latinx persons, Black or African American persons, Asian or Asian American persons, Pacific Islander or Native Hawaiian persons, 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:

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs Prior Authorization (PA) criteria to support medically appropriate use of: Lenmeldy™ (atidarsagene autotemcel); Ctexli™ (chenodiol); Crenessity™ (crinecefont); Camzyos® (mavacamten); Gomekli™ (mirdametinib).

Oncology Drug Policy Evaluation

Based on the policy evaluation the Committee concluded there were few delays in members accessing therapy and the PA has not been a barrier to access, so recommended continuing to require PA for newer antineoplastic medications due to their high costs and ongoing accelerated approvals. The Committee recommended adding Romvimza™ (vimseltinib) - recently approved by the U.S. Food and Drug Administration (FDA) - to Table 1 in the Oncology Agents PA criteria, and to explore implementing evidence-based

step therapy for certain cancer indications when supported by clinical guidelines.

Drugs for Weight Management PA Update for Obstructive Sleep Apnea

The Committee recommended amending the Weight Management Drugs PA criteria to allow coverage of tirzepatide for patients with obstructive sleep apnea (OSA) and obesity. After comparative cost consideration in the executive session, the Committee recommended making Zepbound® preferred on the PMPDP and subject to the clinical PA criteria, pending acceptance of a supplemental rebate offer when covered for OSA.

DRUG	CHANGE
Zepbound® (tirzepatide)	Make preferred on the PMPDP

Antiepileptics, Noninjectable Class Update

The Committee recommended retiring the Clobazam PA criteria based on compendia support for treatment-resistant seizures and to make at least one formulation of clobazam preferred. The Committee also approved revising the Pregabalin PA criteria to include medically appropriate use for fibromyalgia in patients covered by the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. After comparative cost consideration in executive session, the Committee recommended making generic clobazam tablets and oral suspension preferred; making pregabalin capsules and generic levetiracetam extended-release (ER) 24-hour tablets preferred; and making carbamazepine oral suspension non-preferred.

DRUG	CHANGE
clobazam tablets	Make preferred on the PMPDP
clobazam oral suspension	Make preferred on the PMPDP
pregabalin capsules	Make preferred on the PMPDP
levetiracetam ER 24H tablets	Make preferred on the PMPDP
carbamazepine oral suspension	Make non-preferred on the PMPDP

Tryvio™ (aprocitentan) New Drug Evaluation

The Committee recommended implementing the proposed Tryvio™ (aprocitentan) PA criteria to ensure safe and appropriate use.

Headache Prevention and Treatment Class Update

The Committee recommended making no changes to the PMPDP based on the clinical review of the evidence and to update the CGRP Antagonist and Antimigraine - Serotonin Agonist PA criteria with clerical updates and new drug additions, after amending the CGRP PA to remove question #10 and modify question #15 to add subcutaneous sumatriptan and intranasal zolmitriptan as options. The Committee also recommended implementing the Butalbital Containing Products PA criteria. After comparative cost consideration in the executive session, the Committee recommended making rizatriptan tablets and rapid tablets, and eletriptan tablets preferred on the PMPDP.

DRUG	CHANGE
rizatriptan tablets	Make preferred on the PMPDP
rizatriptan rapid tabs	Make preferred on the PMPDP
eletriptan tablets	Make preferred on the PMPDP

Treatments for Hyperhidrosis Class Review

The Committee recommended implementing the proposed PA criteria for topical anticholinergics and onabotulinumtoxinA to limit use to people with:

- a diagnosis of primary axillary hyperhidrosis;
- severe symptoms that interfere with daily activities;
- when prescribed by, or in consultation with, a dermatologist;
- and when symptoms have failed to respond to non-pharmacologic lifestyle management.

The Committee also recommended onabotulinumtoxinA as a preferred option for the treatment of hyperhidrosis based on the large treatment effect size and relatively long duration of effect, and to make the topical anticholinergics non-preferred on the PMPDP.

Botulinum Toxins Class Update

The Committee recommended making no changes to the policy for use in migraine headache, strabismus, or other previously reviewed and funded

indications and to update the Botulinum Toxins PA criteria to incorporate coverage for chronic anal fissures in eligible populations. After comparative cost consideration in executive session the Committee recommended removing the PDL status for all botulinum toxin products.

The Committee has made these recommendations to the Oregon Health Authority for approval by the Director of the Oregon Health Authority.

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[i] https://www.orpdl.org/durm/meetings/meetingdocs/2025_02_06/finals/2025_02_06_PnT_Complete.pdf
[ii] https://www.orpdl.org/durm/meetings/meetingdocs/2025_02_06/finals/2025_02_06_WrittenTestimony.pdf