



OFFICE OF THE DIRECTOR

Kate Brown, Governor

Oregon  
**Health**  
Authority

500 Summer St NE E20

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: June 7, 2022**

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

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met virtually on Thursday, June 2, 2022. 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<sup>i</sup> and all public comment offered,<sup>ii</sup> 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:

#### **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: Carvykti™ (ciltacabtagene autoleucel); Pluvicto™ (lutetium Lu 177 vipivotide tetraxetan); Opdualag™ (nivolumab; relatlimab-rmbw); and Vonjo™ (pacritinib).

##### Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of Vijoice® (alpelisib) and Pyrukynd® (mitapivat).

### Tetracycline Quantity Limit

The Committee recommended implementing the proposed Tetracyclines PA criteria to support the approved quantity limits.

### Sublingual Buprenorphine Policy Evaluation

The Committee recommended making no policy changes at this time.

### Attention Deficit Hyperactivity Disorder (ADHD) Drug Use Evaluation (DUE) and Drug Effectiveness Review Project (DERP) Summary

The Committee recommended making no changes to the PMPDP based on clinical evidence, but did request staff review and update the maximum doses for extended-release versions listed in table 2 in the PA criteria. Based on the DUE, the Committee recommended: continue to monitor for the use of combination therapies; evaluate for any changes in drug-use trends over time; and consider provider education about the need for appropriate treatment of mental health disorders in those with ADHD. After comparative cost consideration in executive session, the Committee recommended making Concerta<sup>®</sup> preferred on the PMPDP.

DRUG	CHANGE
Concerta <sup>®</sup> (methylphenidate tab ER 24)	Make preferred on the PMPDP

### **Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:**

#### Diuretics Literature Scan and New Drug Evaluation

The Committee recommended making no changes to the PMPDP based on clinical evidence and to maintain Kerendia<sup>®</sup> (finerenone) as non-preferred on the PMPDP. The Committee also recommended implementing the proposed PA criteria to limit use to patients with chronic kidney disease and type 2 diabetes on background therapy with an angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB). After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

## Targeted Immune Modulators for Asthma and Drugs for Inflammatory Skin Conditions

The Committee recommended updating the PA criteria for drugs used to manage atopic dermatitis (AD) to reflect an update to Guideline Note 21 from the Health Evidence Review Commission’s Prioritized List of Health Services to include facial involvement in the severity assessment of inflammatory skin conditions and add severe vitiligo as a funded condition. The Committee also supported renaming the AD and psoriasis PA criteria the “Topical Agents for Inflammatory Skin Conditions” and apply to topical Opzelura™ (ruxolitinib) while maintaining as non-preferred on the PMPDP. The Committee recommended renaming the “Monoclonal Antibodies for Severe Asthma” PA criteria the “TIMs for Severe Asthma and Atopic Dermatitis” and apply to: Cibinqo™ (abrocitinib); Adbry™ (tralokinumab); and Tezspire™ (Tezepelumab) and maintain them as non-preferred on the PMPDP. The Committee recommended including severe AD as an FDA-approved diagnosis for Rinvoq® (upadacitinib) in the “TIMs for Autoimmune Conditions” PA criteria and: reduce the threshold for blood eosinophils to 150 cells/μL for monoclonal antibodies prescribed for eosinophilic asthma; update the definition of severe asthma exacerbation; and include the use of oral corticosteroids in asthma exacerbation criteria. After comparative cost consideration in executive session, the Committee recommended making the following topical steroid products preferred on the PMPDP: betamethasone-propylene glycol cream; clobetasol propionate solution; desoximetasone cream; and hydrocortisone cream.

DRUG	CHANGE
betamethasone-propylene glycol cream	Make preferred on the PMPDP
clobetasol propionate solution	Make preferred on the PMPDP
desoximetasone cream	Make preferred on the PMPDP
hydrocortisone cream	Make preferred on the PMPDP

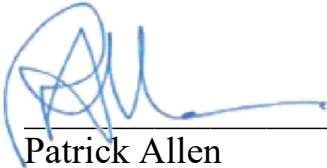
## Mycobacterium Agents Class Review

The Committee recommended removing the PA requirement and PMPDP coding for Sirturo® (bedaquiline) and to keep open access for all agents.

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 7 days from the date this notice is posted on the web site.



Patrick Allen  
Director, Oregon Health Authority

June 7, 2022

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.orpd.org/durm/meetings/meetingdocs/2022\\_06\\_02/finals/2022\\_06\\_02\\_PnT\\_Complete.pdf](https://www.orpd.org/durm/meetings/meetingdocs/2022_06_02/finals/2022_06_02_PnT_Complete.pdf)

<sup>ii</sup> [https://www.orpd.org/durm/meetings/meetingdocs/2022\\_06\\_02/finals/2022\\_06\\_02\\_WrittenTestimony.pdf](https://www.orpd.org/durm/meetings/meetingdocs/2022_06_02/finals/2022_06_02_WrittenTestimony.pdf)