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OFFICIAL WEBSITE NOTICE **Posting Date: August 9, 2022**

RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPEUTICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met virtually on Thursday, August 4, 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 ⁱ and all public comment offered, 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:

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Estrogens Class Update

While the Committee recommended making no changes to the PMPDP based on clinical evidence, the Committee recommended making the following agents preferred on the PMPDP after comparative cost consideration conducted in executive session: oral Prempro®, Premarin®, Premphase® and Angeliq®; topical Elestrin®; and vaginal Femring®, Estring®, estradiol cream, and Estrace®.

DRUG	CHANGE
Prempro® (conjugated estrogens /	Make preferred on the PMPDP
medroxyprogesterone)	
Premarin® (conjugated estrogen tablets)	Make preferred on the PMPDP
Premphase® (conjugated estrogens /	Make preferred on the PMPDP
medroxyprogesterone)	
Angeliq® (drospirenone and estradiol)	Make preferred on the PMPDP
Elestrin® (estradiol gel)	Make preferred on the PMPDP
Femring® (estradiol acetate vaginal ring)	Make preferred on the PMPDP
Estring® (estradiol vaginal ring)	Make preferred on the PMPDP
estradiol cream	Make preferred on the PMPDP
Estrace® (estradiol vaginal cream)	Make preferred on the PMPDP

<u>Proprotein Convertase Subtilisin Kexin type 9 (PCSK9) Modulator Class Update and</u> New Drug Evaluation

The Committee supported changing the name of the class to "PCSK9 modulators" and recommended making no changes to the PMPDP based on clinical evidence. The Committee also recommended maintaining Leqvio[®] (inclisiran) as non-preferred and to implement the proposed PA criteria to limit use to its FDA indication and require trial of agents with evidence of cardiovascular risk reduction. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Oral Thyroid Hormones Class Review

The Committee recommended adding the Thyroid Hormone class to the PMPDP, designating levothyroxine preferred, and making all other agents non-preferred.

DRUG	CHANGE
levothyroxine tablets	Make preferred on the PMPDP

Oral Beta Blocker Class Update

The Committee recommended designating acebutolol non-preferred on the PMPDP based on clinical evidence and to make Hemangeol® open access for children up to six months old. After comparative cost consideration in executive session, the Committee recommended making propranolol SA 24-hour capsules, generic oral propranolol solution, and nadolol tablets preferred on the PMPDP.

DRUG	CHANGE
acebutolol	Make non-preferred on the PMPDP
Hemangeol® (propranolol oral solution)	Make preferred on the PMPDP
propranolol SA 24-hour capsules	Make preferred on the PMPDP
generic propranolol oral solution	Make preferred on the PMPDP
nadolol tablets	Make preferred on the PMPDP

Nasal Allergy Inhaler Class Update

The Committee recommended making no changes to the PMPDP based on clinical evidence and to remove the PA requirement for preferred intranasal allergy products for children up to their 21st birthday. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Sedative Class Update and New Drug Evaluation

The Committee recommended making no changes to the PMPDP based on clinical evidence. Based on the recent guidance from the Mental Health Clinical Advisory Group (MHCAG) the Committee recommended updating the PA criteria as proposed to facilitate benzodiazepine tapers. After comparative cost consideration in executive session, the Committee recommended making no changes to 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 7 days from the date this notice is posted on the web site.

Patrick Allen

Director, Oregon Health Authority

August 9, 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).

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