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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 6, 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,[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:

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Targeted Immune Modulators (TIMs) Drug Effectiveness Review Project Summary

The Committee recommended making no changes to the PMPDP based on clinical evidence and to modify the TIMs for Autoimmune Conditions prior authorization (PA) criteria to reflect updated indications for risankizumab, baricitinib, and ustekinumab. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Colony Stimulating Factors 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 Granix® non-preferred on the PMPDP.

DRUG	CHANGE
Granix® (tbo-filgrastim)	Make non-preferred on the PMPDP

Antiepileptic Drug Class Update and New Drug Evaluation (NDE)

The Committee supported changing the name of the class to "Outpatient Antiepileptics" to include a new autoinjector of midazolam, and recommended making no changes to the PMPDP based on clinical evidence. The Committee also recommended designating Ztalmy® as voluntary non-preferred and to implement the proposed safety edit to restrict use to its FDA-approved indication and dose. After comparative cost consideration in executive session, the Committee recommended making Nayzilam® and Valtoco® preferred on the PMPDP.

DRUG	CHANGE
Ztalmy® (ganaxolone)	Make voluntary non-preferred
Nayzilam® (midazolam spray)	Make preferred on the PMPDP
Valtoco® (diazepam spray)	Make preferred on the PMPDP

Multiple Sclerosis (MS) Class Update

The Committee recommended making no changes to the PMPDP based on clinical evidence. The Committee also recommended consolidating the injectable MS PA criteria as proposed and amending the oral MS PA criteria to remove required step therapy. After comparative cost consideration in executive session, the Committee recommended making Plegridy® preferred on the PMPDP.

DRUG	CHANGE
Plegridy® (peginterferon)	Make preferred on the PMPDP

Human Immunodeficiency Virus (HIV) Literature Scan

The Committee recommended designating stavudine, didanosine, Invirase®, and Viracept® non-preferred on the PMPDP as they are no longer recommended in current guidelines and there have been no recent pharmacy claims.

DRUG	CHANGE
stavudine	Make non-preferred on the PMPDP
didanosine	Make non-preferred on the PMPDP
Invirase® (saquinavir mesylate)	Make non-preferred on the PMPDP
Viracept® (nelfinavir mesylate)	Make non-preferred on the PMPDP

Glucagon-like Peptide-1 (GLP-1) Receptor Agonists (RAs) & Sodium-Glucose Cotransporter-2 (SGLT-2) Inhibitors Drug Class Updates with NDE

The Committee recommended renaming the GLP-1 RAs PA criteria and class to include glucose-dependent insulinotropic polypeptide (GIP) therapies; removing the concomitant prandial insulin restriction; and maintaining Mounjaro™ (tirzepatide) as non-preferred. The Committee also recommended continuing to require PA for all SGLT-2 inhibitors, so they remain second line after metformin in patients with diabetes, and to update the criteria to require renal function be evaluated annually. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Drug Use Review (DUR) Recommendations:

Dupixent® (dupilumab) PA Criteria Update

The Committee recommended updating the PA criteria to: approve treatment of eosinophilic esophagitis in patients aged 12 years of age and older who weigh at least 40 kg; allow appropriate step therapy for proton pump inhibitors (PPIs) in patients with eosinophilic esophagitis; and approve treatment of moderate-to-severe atopic dermatitis in patients 6 months or older who are not adequately controlled with topical therapies or when topical therapies are not advisable.

Caplyta® (lumateperone) Drug Use Evaluation (DUE)

The Committee supported outreach to providers and regions with higher use of lumateperone to identify reasons for practice differences and recommended provider education programs to raise awareness of the similar outcomes and higher costs associated with lumateperone.

Attention-Deficit/Hyperactivity Disorder (ADHD) Literature Scan and DUE

The Committee recommended making no changes to the PMPDP based on clinical evidence and to update PA criteria to reflect maximum age and dose limits as

specified in product labeling or supported by compendia. For patients initiated on an ADHD medication as a child, the Committee recommended they be exempt from PA if they exceed the maximum age limit. After comparative cost consideration in executive session, the Committee recommended making Qelbree® preferred on the PMPDP.

DRUG	CHANGE
Qelbree® (viloxazine)	Make preferred on the PMPDP

Annovera® (ethinyl estradiol/segesterone) PA Criteria Update

The Committee recommended: implementing a 300-day minimum supply for pharmacy point of sale (POS) prescriptions; requiring POS override for 1st refill if less than 300 days from previous prescription fill; and to implement a quantity limit for 2nd refill within 12-months.

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 M. Allen
Director

10/12/2022
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).

[i] https://www.orpdl.org/durm/meetings/meetingdocs/2022_10_06/finals/2022_10_06_PnT_Complete.pdf
[ii] https://www.orpdl.org/durm/meetings/meetingdocs/2022_10_06/finals/2022_10_06_WrittenTestimony.pdf