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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, December 1, 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:

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: Lytgobi® (futibatinib); Tecvayli™ (teclistamab-cqyv); and Imjudo® (tremelimumab).

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of Pedmark® (sodium thiosulfate).

Polypharmacy Drug Utilization Evaluation

The Committee recommended making no policy changes at this time.

Early and Periodic Screening, Diagnostic & Treatment (EPSDT) Program Prior Authorization (PA) Criteria Update

The Committee recommended updating all PA criteria to support individualized review for members younger than 21 years of age who have an unfunded diagnosis (a diagnosis located below the funding line of the Oregon Prioritized List of Health Services), to evaluate on a case-by-case basis whether the requested medication is medically appropriate and necessary. In the absence of more specific criteria already approved by the Committee, standard definitions for medically appropriate and necessary use will include: FDA-approved or compendia-supported indication; trial and failure, contraindication, or intolerance to at least two preferred products (when available in the class); and documentation that the disease is of sufficient severity that it impacts the patient's health.

Sedatives PA Criteria Update

The Committee recommended updating the Sedatives PA criteria to limit sedative use to 30 days in alignment with the Health Evidence Review Commission (HERC) coverage guidance and to encourage use of cognitive behavioral therapy for insomnia unless the member is unable to access such therapy.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Growth Hormone PA Criteria Update

The Committee recommended updating the Growth Hormones PA criteria to align with HERC coverage guidance and FDA-approved indications. After comparative cost consideration in executive session, the Committee recommended making Nutropin AQ® Nuspin non-preferred on the PMPDP.

DRUG	CHANGE
Nutropin AQ® Nuspin (somatropin)	Make non-preferred on the PMPDP

Drugs for Asthma/COPD Class Update

The Committee recommended making no changes to the PMPDP based on review of recently published clinical evidence and to update PA criteria to align with current guidelines. The Committee recommended retiring the ICS/LABA specific PA criteria and subject non-preferred therapies to the general PA criteria for non-preferred products. After comparative cost consideration in executive session, the Committee recommended making Combivent® Respimat non-preferred and Spiriva® Respimat preferred on the PMPDP.

DRUG	CHANGE
Spiriva Respimat® (tiotropium)	Make preferred on the PMPDP
Combivent Respimat® (ipratropium / albuterol)	Make non-preferred on the PMPDP

Influenza Class Update

The Committee recommended making no changes to the PMPDP based on review of recently published clinical evidence and to update PA criteria with expanded indications and age ranges for peramivir and baloxavir. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Topical Products for Inflammatory Skin Conditions Class Update and New Drug Evaluations

The Committee recommended updating the Topical Agents for Inflammatory Skin Conditions PA criteria to include use of ruxolitinib in patients 12 years and older, to align with HERC coverage guidance for severe nonsegmental vitiligo, or having hand, foot, face, or mucous membrane involvement. The Committee also recommended designating Zoryve™ and Vtama® non-preferred on the PMPDP and subject to the proposed PA criteria which limits use to FDA-approved ages for individuals who meet the HERC guidance for severe plaque psoriasis, or who have hand, foot, face, or mucous membrane involvement and who have a history of inadequate response to at least two moderate-to-high potency topical corticosteroids for at least four weeks. The Committee approved updating the PA criteria to incorporate individual review as required under EPSDT and to no longer require PA for preferred products. The Committee recommended combining the “Topical Anti-Psoriatic” class with the “Topical Agents for Inflammatory Skin Conditions”

class and after comparative cost consideration in executive session, the Committee recommended making tazarotene gel non-preferred on the PMPDP.

DRUG	CHANGE
Zoryve™ (roflumilast)	Make non-preferred on the PMPDP
Vtama® (tapinarof)	Make non-preferred on the PMPDP
tazarotene 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. 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

12/8/2022
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_12_01/finals/2022_12_01_PnT_Complete.pdf
[ii] no written testimony or public comment was offered