

**OFFICIAL WEBSITE NOTICE**
Posting Date: February 8, 2023**RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND
THERAPEUTICS COMMITTEE**

The Oregon Drug Use Review/Pharmacy and Therapeutics Committee met virtually on Thursday, February 2, 2023. 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 staffⁱ and all public comment offeredⁱⁱ—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: Krazati[®] (adagrasib); Rezlidhia[™] (olutasidenib); and Elahere[™] (mirvetuximab soravtansine-gynx).

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of Xenpozyme[™] (oplipudase alfa-rpcp) and Cuvrior[™] (trientine tetrahydrochloride).

Gonadotropin-Releasing Hormone Antagonists (GnRH) Antagonists PA Update

The Committee approved revising the PA criteria for relugolix, estradiol, and norethindrone combination therapy to include management of moderate-to-severe pain associated with endometriosis in premenopausal women. The Committee amended the proposed criteria to require a trial of at least three months' duration of first-line therapy in question #13.

Spinal Muscular Atrophy (SMA) Drug Effectiveness Review Project (DERP) Report

The Committee recommended making no changes to the PMPDP based on review of recently published clinical evidence and to combine all three treatments into one PA, with updates to clarify duration of therapy and FDA-approved age ranges. The Committee approved including a pregnancy risk assessment for risdiplam and amended the proposed renewal criteria to remove the requirement that improvement be documented within one month of the renewal request.

Medications for Substance Use Disorders, Opioid & Alcohol

The Committee recommended making no changes to the PMPDP based on review of recently published clinical evidence and to retire the PA criteria for lofexidine as there has been no utilization in the past year. Because long-acting opioid formulations are associated with increased risk of overdose and death compared to short-acting opioids, the Committee recommended updating PA criteria to limit use of all long-acting opioids to patients who have inadequate pain relief with short-acting opioids. The Committee recommended maintaining the current long-acting PA criteria after amending to replace “pain contract” with “pain agreement” and to provide longer renewal approvals – up to 12 months – for members established on treatment with no risk factors. The Committee also recommended requiring a taper plan for members new to the Oregon Health Plan for their ongoing opioid treatment when their diagnosis is unfunded or if they have certain risk factors for overdose.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Inhaled Anticholinergics

The Committee reviewed the inhaled anticholinergics at their December meeting and had recommended Combivent Respimat[®] be designated non-preferred on the PMPDP. Upon further review, it was determined that a supplemental rebate offer had not been considered. No new clinical information was presented and after

comparative cost consideration in the executive session, the Committee recommended maintaining Combivent Respimat[®] as a preferred drug on the PMPDP.

DRUG	CHANGE
Combivent Respimat [®] (ipratropium / albuterol)	Maintain as preferred on the PMPDP

Antidepressant Class Update

The Committee recommended making no changes to the PMPDP based on review of recently published clinical evidence. After comparative cost consideration in the executive session, the Committee recommended making nefazodone preferred, and making protriptyline and trimipramine voluntary non-preferred on the PMPDP.

DRUG	CHANGE
nefazodone	Make preferred on the PMPDP
protriptyline	Make voluntary non-preferred on the PMPDP
trimipramine	Make voluntary non-preferred on the PMPDP

Biologics for Rare Conditions Class Update

The Committee recommended making no changes to the PMPDP based on review of recently published clinical evidence and to revise the PA criteria for ravulizumab to include use and dosing guidance in adults with generalized myasthenia gravis who are anti-acetylcholine receptor antibody positive and add subcutaneous dosing recommendations for adults with paroxysmal nocturnal hemoglobinuria and atypical hemolytic-uremic syndrome. The Committee also recommended updating select PA criteria to support individualized review for members younger than 21 years of age who have an unfunded diagnosis to evaluate medical appropriateness and necessity. After comparative cost consideration in the executive session, the Committee recommended making no changes to the PMPDP.

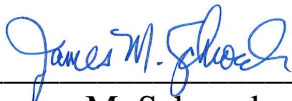
The Committee has made these recommendations to the Oregon Health Authority for approval by the Director of the Oregon Health Authority.

APPROVAL BY THE DIRECTOR OF THE OREGON HEALTH AUTHORITY

In light of the Health Evidence Review Commission’s plan to discuss and develop guidance later this year in regard to requests for continued coverage of opioids for patients already established on any opioid treatment for longer than 6 weeks (long-term, chronic treatment), recommendations regarding requirement of a taper plan in long-acting opioid prior authorization criteria are approved as clarified below:

Require a taper plan for members new to the Oregon Health Plan for their ongoing opioid treatment when their diagnosis is unfunded or based upon risk factors for overdose unless the prescriber documents that tapering is unsafe for the patient.

All other recommendations of the Drug Use Review/Pharmacy and Therapeutics Committee are approved. Recommendations with respect to the inclusion of a drug on the PMPDP will be put into place no earlier than 7 days from the date this notice is posted on the web site.



James M. Schroeder
Interim Director, Oregon Health Authority

2/8/2023

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.orpd.org/durm/meetings/meetingdocs/2023_02_02/finals/2023_02_02_PnT_Complete.pdf

ⁱⁱ [no written testimony was submitted](#)