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OFFICIAL WEBSITE NOTICE
Posting Date: April 13, 2023

RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPEUTICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met virtually on Thursday, April 6, 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 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: Orserdu™ (elacestrant); Lunsumio™ (mosunetuzumab-axgb); Adstiladrin® (nadofaragene firadenovec-vncg) and Jaypirca™ (pirtobrutinib).

Non-preferred Drugs in Select PDL Classes PA Update

The Committee approved updating PA criteria for Non-Preferred Drugs in Select PDL Classes to allow approval durations of up to 12 months for patients with a previously approved PA.

Glucagon-like Peptide-1 (GLP-1) Receptor Agonists for Diabetes Policy Evaluation

The Committee recommended maintaining the current PA policy for the GLP-1 Receptor Agonists.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Glaucoma Drug Class Update and New Drug Evaluation (NDE)

The Committee recommended making no changes to the PMPDP based on review of recently published clinical evidence and to maintain omidenepag as non-preferred. After comparative cost consideration in the executive session, the Committee recommended making brimonidine tartrate 0.1% ophthalmic drops preferred on the PMPDP.

DRUG	CHANGE
Alphagan® P (brimonidine tartrate 0.1)	Make preferred on the PMPDP

Tzield™ (teplizumab-mzwv) NDE

The Committee recommended including teplizumab-mzwv with the Miscellaneous Antidiabetic Agents on the PMPDP and to designate as non-preferred. The Committee also recommended implementing the proposed PA criteria to limit use to people with stage 2 type 1 diabetes mellitus (T1DM) and high risk of progression to stage 3 T1DM after adding question #4 to deny coverage to those patients who have already progressed to stage 3 T1DM diagnosis and amending question #7 to include dysglycemia as defined by fasting plasma glucose, oral glucose tolerance test, 2-hour plasma glucose or hemoglobin A1c.

DRUG	CHANGE
Tzield™ (teplizumab-mzwv)	Make non-preferred on the PMPDP

Growth Hormone for Adults Targeted Class Review

The Committee recommended making no changes to the PMPDP based on review of recently published clinical evidence and to revise the PA criteria as proposed. After comparative cost consideration in the executive session, the Committee recommended making no changes to the PMPDP.

Circadian Rhythm Sleep Disorders Indication Review

The Committee recommended to continue to require PA to limit use to FDA-labeled and funded indications and update PA criteria as proposed. If medically necessary for funded circadian rhythm sleep-wake disorders, or if covered under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program, require a trial of a melatonin agonist or melatonin before approving sedating drugs and to designate at least one melatonin agonist preferred on the PMPDP. After comparative cost consideration in the executive session, the Committee recommended making ramelteon tablets preferred but to still require PA.

DRUG	CHANGE
ramelteon tablets	Make preferred on the PMPDP

Amyotrophic Lateral Sclerosis Class Update and NDE

The Committee recommended designating riluzole as preferred and edaravone and sodium phenylbutyrate-taurursodiol as non-preferred on the PMPDP. The Committee also recommended implementing the PA criteria for sodium phenylbutyrate-taurursodiol and updating the edaravone PA criteria as proposed. After comparative cost consideration in the executive session, the Committee recommended making riluzole tablets preferred and both riluzole film and riluzole oral suspension non-preferred on the PMPDP.

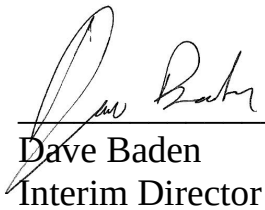
DRUG	CHANGE
Rilutek® (riluzole tablet)	Make preferred on the PMPDP
Radicava® (edaravone)	Make non-preferred on the PMPDP
Relyvrio™(sod phenylbutyrate/taurursodiol)	Make non-preferred on the PMPDP
Exservan™ (riluzole film)	Make non-preferred on the PMPDP
Tiglutik® (riluzole oral susp)	Make non-preferred on the PMPDP

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

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 PMPDP will be put into place no earlier than 7 days from the date this notice is posted on the web site.



Dave Baden
Interim Director

4/13/2023
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).

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[i] https://www.orpdl.org/durm/meetings/meetingdocs/2023_04_06/finals/2023_04_06_PnT_Complete.pdf
[ii] no written testimony was submitted