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OFFICIAL WEBSITE NOTICE

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OREGON HEALTH AUTHORITY DIRECTOR'S DECISION ON PHARMACY AND THERAPEUTICS (P&T) COMMITTEE RECOMMENDATIONS DATED DECEMBER 13, 2023

I have reviewed the recommendations of the P&T Committee set out below and have reviewed a staff memo dated December 12, 2023. Based on my review, the recommendations of the P&T Committee are approved.

Recommendations with respect to the inclusion of a drug on the Practitioner-Managed Prescription Drug Plan (PMPDP) will be put into place no earlier than 7 days from the date this notice is posted on the website.



Dave Baden
Interim Director

12/13/2023

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).

RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPEUTICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met virtually on Thursday, December 7, 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 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 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: Aphexda™ (motixafortide); and Ojjaara (mometinib).

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of Rivfloza™ (nedosiran).

Ycanth™ (cantharidin) Abbreviated Drug Review (ADR)

The Committee recommended applying the Drugs for Non-funded Conditions PA criteria to limit use to funded indications.

Nexletol® (bempedoic acid) Prior Authorization Update

The Committee recommended updating the Bempedoic Acid PA criteria to include coverage for high-risk primary prevention in patients with documented statin intolerance already on ezetimibe.

Over-the-Counter (OTC) Policy Proposal & Opill™ (norgestrel) ADR

The Committee recommended updating the P&T Operating Procedures to clarify the policy and process to maintain a list of PMPDP classes that include covered OTC medications. After review of the Opill™ ADR, the Committee recommended updating the OTC list to include new daily contraceptives.

Practitioner-Managed Prescription Drug Plan (PMPDP) **Recommendations:**

Topical Moisturizers Class Review

The Committee recommended adding coverage for select topical moisturizers with PA to limit coverage to funded conditions and updating benefit plan exclusion criteria to reflect coverage and review process for exceptions. No PMPDP recommendations for specific products were proposed based on the clinical evidence; however, the Committee recommended requiring PA only for non-preferred agents. After comparative cost consideration in the executive session, the Committee recommended to: cover creams, lotions and ointments but not cover other OTC formulations or OTCs that cost more than \$1 per gram or milliliter (mL); make moisturizers preferred if they cost less than \$0.05 per gram or mL and make all other moisturizers non-preferred; and designate new products as non-preferred or non-covered based on current recommendations until they are reviewed by the P&T Committee.

Erythropoiesis Stimulating Agents (ESA) Literature Scan

The Committee recommended making no changes to the PMPDP based on review of recently published clinical evidence and to retire the ESA PA criteria due to limited pharmacy point-of-sale utilization. After comparative cost consideration in the executive session, the Committee recommended making no changes to the PMPDP.

Jesduvroq™ (daprodustat) New Drug Evaluation (NDE)

The Committee recommended maintaining daprodustat as non-preferred on the PMPDP and to implement the proposed Daprodustat PA criteria to ensure safe and appropriate use.

Antidepressants Class Update and Zurzuvae™ (zuranolone) NDE

The Committee recommended making no changes to the PMPDP based on review of recently published clinical evidence. After adding language to permit use for moderate-to-severe post-partum depression when a provider submits the diagnosis of major depressive disorder, the Committee recommended implementing the proposed Zuranolone safety edit to ensure product use is limited to populations with established safety and efficacy. After comparative

cost consideration in the executive session, the Committee recommended making no changes to the PMPDP.

Filspari™ (sparsentan) NDE

The Committee recommended making sparsentan non-preferred on the PMPDP and to implement the proposed Sparsentan PA criteria to ensure safe and appropriate use.

Oral and Topical Antifungals Class Update and Vivjoya™ (oteseconazole) NDE

The Committee recommended making no changes to the PMPDP based on review of recently published clinical evidence and to combine vaginal and topical antifungals into one class. The Committee also recommended maintaining oteseconazole as non-preferred on the PMPDP and subject to PA after amending to require a trial and failure or contraindication to oral fluconazole prior to approval. After comparative cost consideration in executive session, the Committee recommended: no changes to the oral antifungal agents; make terconazole suppositories, butoconazole, miconazole 1 kits and miconazole 3 kits, miconazole suppositories (Miconazole 3) and clotrimazole (Vaginal 3-day) non-preferred; and all other vaginal formulations 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.

ⁱ https://www.orpd.org/durm/meetings/meetingdocs/2023_12_07/finals/2023_12_07_PnT_Complete.pdf

ⁱⁱ https://www.orpd.org/durm/meetings/meetingdocs/2023_12_07/finals/2023_12_07_WrittenTestimony.pdf