



OFFICE OF THE DIRECTOR

Tina Kotek, Governor

Oregon
Health
Authority

500 Summer St. NE E-20

Salem, OR 97301

Voice: 503-947-2340

Fax: 503-947-2341

www.oregon.gov/oha

OFFICIAL WEBSITE NOTICE

Posting Date: February 8, 2024

OREGON HEALTH AUTHORITY DIRECTOR'S DECISION ON PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS DATED FEBRUARY 8, 2024

I have reviewed the recommendations of the Pharmacy and Therapeutics Committee set out below and have reviewed a staff memo dated February 8, 2024. Based on my review:

The recommendations of the Pharmacy and Therapeutics Committee are approved.

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

Sejal Hathi, MD MBA
Interim Director

2/8/2024

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, Feb. 1, 2024. 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 Oregon Practitioner-Managed Prescription Drug Plan (PMPDP), or for any other preferred drug list established by the Oregon Health Authority:

Drug Use Review Recommendations:

Oncology Policy Updates

The Committee recommended adding the following antineoplastic agents recently approved by the U.S. Food and Drug Administration (FDA) to Table 1 in the Oncology Agents prior authorization (PA) criteria: Akeega™ (abiraterone acetate/niraparib tosylate); Truqap™ (capivasertib); Xalkori® (crizotinib); Fruzaqla™ (fruquintinib); Hepzato Kit™ (Melphalan HCl/hepatic delivery kit (HDS)); Ogsiveo™ (nirogacestat hydrobromide); Augtyro™ (repotrectinib); and Loqtorzi™ (toripalimab-tpzi).

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of Reblozyl® (luspatercept-aamt); and Bylvay™ (odevixibat).

Spravato® (esketamine) Prior Authorization Update

The Committee recommended updating the safety edit for esketamine to include outpatient initiation for people with suicidal ideation who have optimized first-line alternative treatments for depression.

Antipsychotics in Children Policy Evaluation

The Committee recommended updating the Antipsychotics in Children safety edit to include assessment of rapid weight gain for members without glucose monitoring, allowing longer initial therapy (up to 60 days) before PA is required, and to apply the policy to members who are three to six years of

age. The Committee also recommended staff explore options to notify providers about the policy before members have a denied claim.

Melatonin Policy Evaluation

After consideration of the drug use evaluation, the Committee recommended making no changes to the melatonin policy.

Practitioner-Managed Prescription Drug Plan (PMPDP)

Recommendations:

Lantidra™ (donislecel) New Drug Evaluation (NDE)

The Committee recommended implementing the proposed PA for donislecel to ensure that it is used in patients in which the benefits outweigh the risks of transplant.

Maintenance Inhalers for Asthma/COPD

Based on 2023 Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines, the Committee recommended designating at least one long-acting muscarinic antagonist-long-acting beta agonist (LAMA-LABA) combination agent preferred on the PMPDP and to remove PA requirements for preferred LAMA-LABA and preferred long-acting muscarinic antagonist-long-acting beta agonist-inhaled corticosteroid (LAMA-LABA-ICS) combination products. The Committee also recommended maintaining Airsupra™ (albuterol-budesonide) and Symbicort® Aerosphere™ (budesonide 160 mcg-formoterol 4.8 mcg) as non-preferred inhalers on the PMPDP. After comparative cost consideration in the executive session, the Committee recommended making Arnuity™ Ellipta® preferred on the PMPDP.

DRUG	CHANGE
Arnuity™ Ellipta® (fluticasone furoate)	Make preferred on the PMPDP

Duchenne Muscular Dystrophy (DMD) Drug Effectiveness Review Project (DERP) Report Summary and NDE

The Committee recommended implementing the proposed PA criteria for delandistrogene moxeparvovec (Elevidys™) to limit use to the FDA-approved indication. After further discussion, the Committee modified the PA to require prescribing by a neuromuscular specialist and to require documentation of informed consent for members with deletions of exons 1-17 or 59-71. Based on review of the clinical evidence, the Committee made no changes to the

preferred corticosteroids and recommended updating the DMD PA criteria to apply to all non-preferred corticosteroids for DMD. After comparative cost consideration in the executive session, the Committee recommended designating all targeted DMD therapies as non-preferred and making Emflaza[®] and Agamree[®] non-preferred on the PMPDP.

DRUG	CHANGE
Agamree [®] (vamorolone)	Make non-preferred on the PMPDP
Emflaza [®] (deflazacort)	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.

ⁱ https://www.orpdl.org/durm/meetings/meetingdocs/2024_02_01/finals/2024_02_01_PnT_Complete.pdf

ⁱⁱ https://www.orpdl.org/durm/meetings/meetingdocs/2024_02_01/finals/2024_02_01_WrittenTestimony.pdf