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OFFICIAL WEBSITE NOTICE
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OREGON HEALTH AUTHORITY DIRECTOR'S DECISION ON PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS DATED APRIL 9, 2024

I have reviewed the recommendations of the Pharmacy and Therapeutics Committee set out below and have reviewed a staff memo dated April 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
Director

4/9/2024
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 (Committee) met virtually on Thursday, April 4, 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 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 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: Iwilfin™ (eflornithine); and Amtagvi™ (lifileucel).

Vascular Endothelial Growth Factor 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 after comparative cost consideration in the executive session.

Inhalers for Asthma and Chronic Obstructive Pulmonary Disease

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 tiotropium capsules non-preferred the PMPDP.

DRUG	CHANGE
Tiotropium capsules	Make non-preferred on the PMPDP

Orphan Drug Policy Updates

The Committee recommended simplifying the Orphan Drug PA criteria by linking to FDA labeling instead of including and maintaining details of the approved labeling in the PA. The Committee also recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of: Adzynma (ADAMTS13, recombinant-krhn); Rethymic® (allogeneic processed thymus tissue-agdc); Filsuvev (birch triterpenes); Vyjuvek™ (beremagene geperpavec-svdt); Skysona® (elivaldogene autotemcel); and Recorlev® (levoketoconazole).

Tepezza® (teprotumumab-trbw) Prior Authorization Update

The Committee recommended updating the Teprotumumab PA criteria as proposed to ensure appropriate use of Teprotumumab in patients with Thyroid Eye Disease.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Drugs for Weight Loss Drug Effectiveness Review Project (DERP) Report Summary and Glucagon-like Peptide-1 (GLP1) Receptor Agonist (RA) Literature Scan

The Committee recommended OHA perform a budgetary analysis and identify a funding plan before opening coverage for weight loss drugs in adults. The Committee also recommended that OHA establish clinically appropriate minimum standards for required diet and lifestyle modifications. The Committee recommended implementing the proposed Weight Management for Youth PA criteria for members who qualify for coverage under the Early Periodic Screening Diagnostic and Treatment (EPSDT) Program.

The Committee recommended making no changes to the PMPDP for GLP1 and dual GLP1-GIP (glucose dependent insulinotropic polypeptides) RAs based on review of recently published clinical evidence and after comparative cost consideration in the executive session.

Drugs for Bowel Prep Class Review

The Committee recommended adding the "Bowel Preparations" class to the PMPDP - including polyethylene glycol (PEG) 3350 products and saline-laxatives approved for colonoscopy – and make at least one PEG product and one saline-laxative preferred. After comparative cost consideration in the executive session, the Committee recommended making MoviPrep® powder pack, SuTab® tablet, and Clenpiq® solution non-preferred on the PMPDP and designate all other bowel prep agents preferred.

DRUG	CHANGE
MoviPrep® powder pack	Make non-preferred on the PMPDP
SuTab® tablet	Make non-preferred on the PMPDP
Clenpiq® solution	Make non-preferred on the PMPDP

Antivirals for SARS-CoV2 Class Review

The Committee recommended adding the "COVID-19 Antivirals" class to the PMPDP and designate ritonavir-boosted nirmatrelvir and remdesivir preferred. If approved by the FDA, the Committee recommended making molnupiravir preferred on the PMPDP with age restrictions in patients younger than 18 years due to risk of adverse effects.

DRUG	CHANGE
Paxlovid™ (ritonavir-boosted nirmatrelvir)	Make preferred on the PMPDP
Veklury® (remdesivir)	Make preferred on the PMPDP

Syfovre® (pegcetacoplan) and Izervay™ (avacincaptad pegol) New Drug Evaluations

The Committee recommended adding the "Ophthalmologic Complement Inhibitors" class to the PMPDP and designate pegcetacoplan and avacincaptad pegol non-preferred. The Committee recommended implementing the proposed Ophthalmic Complement Inhibitors PA criteria to limit use to the FDA approved indications.

DRUG	CHANGE
Syfovre® (pegcetacoplan)	Make non-preferred on the PMPDP
Izervay™ (avacincaptad pegol)	Make non-preferred on the PMPDP

Phosphorus Binder Class Update New Drug Evaluation

The Committee recommended revising the name of the PMPDP class "Phosphate Binders and Absorption Inhibitors" due to the unique mechanism of action for the newest product, tenapanor. The Committee recommended maintaining tenapanor as non-preferred and to amend the Phosphate Binders and Absorption Inhibitors PA criteria to allow coverage for clinically appropriate use as add-on therapy in hyperphosphatemia and chronic kidney disease. After comparative cost consideration in the executive session, the Committee recommended making sevelamer hydrochloride (HCL) tablets non-preferred on the PMPDP.

DRUG	CHANGE
Sevelamer HCL tablet	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_04_04/finals/2024_04_04_PnT_Complete.pdf
[ii] https://www.orpdl.org/durm/meetings/meetingdocs/2024_04_04/finals/2024_04_04_WrittenTestimony.pdf