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OFFICIAL WEBSITE NOTICE

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OREGON HEALTH AUTHORITY DIRECTOR'S DECISION ON PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS DATED JUNE 17, 2024

I have reviewed the recommendations of the Pharmacy and Therapeutics Committee set out below and have reviewed a staff memo dated June 11, 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

6/17/2024

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, June 6, 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 agent recently approved by the U.S. Food and Drug Administration (FDA) to Table 1 in the Oncology Agents prior authorization (PA) criteria: Tevimbra[®] (yislelizumab-jsgr).

Insulins Literature Scan

The Committee recommended making no changes to the PMPDP based on the clinical review of efficacy and safety, and after comparative cost consideration in the executive session.

Inhalers for Asthma and Chronic Obstructive Pulmonary Disease

The Committee recommended no new changes to the PMPDP based on efficacy and safety. After comparative cost consideration in executive session, the Committee recommended making Qvar Redihaler[®] (beclomethasone dipropionate HFA) and Asmanex[®] HFA (mometasone furoate) preferred, and fluticasone propionate HFA non-preferred on the PMPDP.

DRUG	CHANGE
beclomethasone dipropionate HFA	Make preferred on the PMPDP
mometasone furoate HFA	Make preferred on the PMPDP
fluticasone propionate HFA	Make non-preferred on the PMPDP

Attention Deficit Hyperactivity Disorder (ADHD) Drug Utilization Evaluation and Policy Evaluation

The Committee recommended making extended-release 12-hour clonidine tablets and extended-release guanfacine tablets preferred on the PMPDP and removing age restrictions and quantity limits to permit off-label use in adults.

Drugs for Weight Loss Prior Authorization Update

The Committee recommended updating the Weight Management Drugs PA criteria as proposed to ensure appropriate use of Wegovy (semaglutide) in people with overweight and obesity who are 45 years of age and older for secondary prevention of major cardiovascular events.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Pompe Disease Class Update and New Drug Evaluation

The Committee recommended updating the Agents for Pompe Disease PA criteria for cipaglucosidase alfa and miglustat combination therapy as proposed, and to maintain the agents as non-preferred. After comparative cost consideration in the executive session, the Committee recommended making no changes to the PMPDP.

Gabapentinoids, Off-label Indication Review

The Committee recommended modifying the Pregabalin PA criteria to allow use for generalized anxiety disorder in those who have trialed or have a contraindication to first line treatment with a SSRI and SNRI without a prior trial of gabapentin.

Gene Therapy for Sickle Cell Disease (SCD) and Transfusion Dependent Beta Thalassemia (TDT) New Drug Evaluations

The Committee recommended implementing the proposed PA criteria to ensure safe and appropriate use of gene therapy for SCD and TDT and to maintain Casgevy™ (exagamglogene autotemcel) and Lyfgenia™ (lovotibeglogene autotemcel) as non-preferred on the PMPDP.

Antidepressants Class Update with New Drug Evaluation

The Committee recommended making no changes to the PMPDP based on the clinical review of recent literature, and to maintain Exxua™ (gepirone) as voluntary non-preferred on the mental health preferred drug list (PDL). Based on recommendations from the Mental Health Clinical Advisory Group, the Committee approved updating the Tricyclic Antidepressant PA criteria as proposed. After comparative cost consideration in the executive session, the Committee recommended assigning voluntary non-preferred status to trazodone, Zulresso® (brexanolone) and Symbyax® (olanzapine/fluoxetine HCL) on the mental health PDL, and supported the retroDUR proposal to ask prescribers to consider switching patients from fluvoxamine ER capsules to IR tablets for those taking 100 mg or less.

DRUG	CHANGE
<u>trazodone</u>	Make voluntary non-preferred
<u>brexanolone</u>	Make voluntary non-preferred
<u>olanzapine/fluoxetine HCL</u>	Make voluntary non-preferred

Veozah™ (fezolinetant) New Drug Evaluation

The Committee recommended adding Veozah™ (fezolinetant) to the PMPDP, designate as non-preferred, and implement the proposed PA criteria.

DRUG	CHANGE
<u>fezolinetant</u>	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_06_06/finals/2024_06_06_PnT_Complete.pdf

ⁱⁱ https://www.orpdl.org/durm/meetings/meetingdocs/2024_06_06/finals/2024_06_06_WrittenTestimony.pdf