OFFICIAL WEBSITE NOTICE
Posting Date: February 13, 2025

OREGON HEALTH AUTHORITY DIRECTOR'S DECISION ON PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS DATED MARCH 29, 2025

I have reviewed the recommendations of the Pharmacy and Therapeutics Committee set out below. 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

March 29, 2025
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. 6, 2025. 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:

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: Unloxcyt™ (cosibelimab-ipdl); Ensacove™ (ensartinib); Opdivo™ Qvantig (nivolumab and hyaluronidase-nvhy); Aucatzyl™ (obecabtagene autoleucel); Revuforj™ (revumenib); Ziihera® (zanidatamab-hrii); and Bizengri® (zenocutuzumab-zbco).

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of: Kebilidi (eladocagene exuparvovec-tneq).

Sodium-Glucose Co-Transporter 2 (SGLT-2) Inhibitors Literature Scan

The Committee recommended making no changes to the PMPDP based on the clinical review of the evidence, and to update the SGLT-2 Inhibitor PA criteria to include evidence of benefit for empagliflozin in patients with chronic kidney disease without diabetes. After comparative cost consideration in the executive session, the Committee recommended making canagliflozin non-preferred on the PMPDP.

DRUG	CHANGE
canagliflozin	Make non-preferred on the PMPDP

Laxative, Antidiarrheal, & Rifamycin Class Updates

The Committee recommended making rifaximin non-preferred, to update the Rifaximin & Rifamycin PA criteria with the expanded indication for rifaximin in the management of irritable bowel syndrome (IBS) with diarrhea, and to auto-PA rifamycin when prescribed with lactulose. The Committee also recommended adding alosetron, attapulgite, difenoxin/atropine, and telotristat etiprate to the Antidiarrheals class and designate as non-preferred, as well as add a pathway to coverage for adults with IBS with either constipation or diarrhea to the Drugs for Constipation PA criteria. After comparative cost consideration in the executive session, the Committee did not recommend any other changes to the PMPDP.

DRUG	CHANGE
rifaximin	Make non-preferred on the PMPDP
alosetron	Make non-preferred on the PMPDP
attapulgite	Make non-preferred on the PMPDP
difenoxin/atropine	Make non-preferred on the PMPDP
telotristat etiprate	Make non-preferred on the PMPDP

Parkinson's Disease Drugs Class Update

The Committee recommended updating the Parkinson's Disease Drugs PA criteria to support medically appropriate use of foscarbidopa/foslevodopa in advanced Parkinson's disease. No changes to the PMPDP were recommended based on the clinical evidence. After comparative cost consideration in the executive session, the Committee recommended making Vyalev™ (foscarbidopa-foslevodopa) non-preferred and make ropinirole preferred on the PMPDP.

DRUG	CHANGE
foscarbidopa-foslevodopa	Make non-preferred on the PMPDP
ropinirole	Make preferred on the PMPDP

Cobenfy™ (xanomeline/trospium chloride) New Drug Evaluation

The Committee recommended designating Cobenfy™ (xanomeline/trospium) as voluntary non-preferred on the PMPDP and to implement the proposed PA criteria after amending to require attestation that benefits outweigh risks if intended to be used concomitantly with another antipsychotic.

DRUG	CHANGE
xanomeline/trospium	Make voluntary non-preferred on the PMPDP

Skyclarys® (omaveloxolone) Prior Authorization Update

The Committee recommended amending the clinical PA criteria to require the medication be prescribed by, or in consultation with, a neurologist, add genetic confirmation of Friedreich's ataxia (FDRA), and remove the requirement that patients be ambulatory.

Vafseo® (vadadustat) New Drug Evaluation

The Committee recommended maintaining vadadustat as non-preferred on the PMPDP, implementing the proposed Vadadustat PA criteria to ensure appropriate and safe use, and to retire the Daprodustat PA criteria.

Veozah® (fezolinetant) Prior Authorization Update

The Committee recommended revising the Fezolinetant PA criteria to stipulate duration of hormonal step therapy, add a recommendation for use of a selective serotonin reuptake inhibitor, serotonin norepinephrine reuptake inhibitor, or gabapentin in addition to hormonal therapy, and add recent FDA guidance for liver function monitoring while taking fezolinetant.

The Committee has made these recommendations to the Oregon Health Authority for approval by the Director of the Oregon Health Authority or the Director's Designee.

[i] https://www.orpdl.org/durm/meetings/meetingdocs/2025_02_06/finals/2025_02_06_PnT_Complete.pdf
[ii] https://www.orpdl.org/durm/meetings/meetingdocs/2025_02_06/finals/2025_02_06_WrittenTestimony.pdf