

Tina Kotek, Governor

OFFICIAL WEBSITE NOTICE

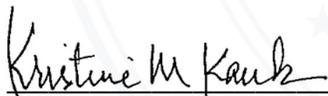
Posting Date: June 9, 2025

**OREGON HEALTH AUTHORITY DIRECTOR'S DESIGNEE'S DECISION
ON PHARMACY AND THERAPEUTICS COMMITTEE
RECOMMENDATIONS
DATED JUNE 9, 2025**

I have reviewed the recommendations of the Pharmacy and Therapeutics Committee set out below and have reviewed a staff memo dated June 6, 2025. 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.



Kris Kautz
Interim Director, Oregon Health Authority

__June 9, 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, June 5, 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 of the Oncology Agents Prior Authorization (PA) criteria: Datroway[®] (datopotamab deruxtecan-dlnk).

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of: Niktimvo[™] (axatilimab-csfr); Vykat[™] XR (diazoxide choline); Ryoncil[®] (remestemcel-L-rknd).

Actinic Keratosis Class Review

The Committee recommended adding the Topical Agents for Actinic Keratosis drug class to the PMPDP. Based on the clinical review of evidence the Committee recommended designating at least one topical formulation of 5-fluorouracil (5-FU) and imiquimod – which are indicated for treatment of basal cell carcinoma and genital warts – as preferred agents, to maintain diclofenac 3% gel as non-preferred, and make tirbanibulin 1% ointment and aminolevulinic acid gel non-preferred on the PMPDP. After comparative cost consideration in the executive session, the Committee recommended making 5% imiquimod cream and 5% 5-FU cream preferred and to make all other products non-preferred.

DRUG	CHANGE
5% imiquimod cream	Make preferred on the PMPDP
5% 5-FU cream	Make preferred on the PMPDP
All other products in the class	Make non-preferred on the PMPDP

Egrifta SV® (tesamorelin) Prior Authorization Update

The Committee recommended revising the Tesamorelin PA criteria to define medical necessity and clinical appropriateness for patients eligible for coverage under the Early Periodic Screening Diagnostic and Treatment (EPSDT) program.

Drugs for Dry Eye Disease

The Committee recommended adding a Drugs for Dry Eye drug class to the PMPDP and make all prescription products for the treatment of dry eye and vernal keratoconjunctivitis non-preferred based on clinical evidence. The Committee recommended implementing the proposed Targeted Drugs for Dry Eye Disease PA criteria to provide a pathway for coverage for therapies for vernal keratoconjunctivitis for patients with comorbidities which allow for funding of dry eye, or who qualify under Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT). After comparative cost consideration in the executive session, the Committee recommended making all products non-preferred.

Spravato® (esketamine) Prior Authorization Update and Drug Use Evaluation

The Committee recommended updating the Esketamine PA criteria to clarify documentation required to support diagnosis and permit monotherapy with esketamine in people with treatment-resistant depression.

Journavx™ (suzetrigine) New Drug Evaluation

The Committee recommended implementing the proposed Suzetrigine PA criteria for use beyond 48 hours and to limit use to no more than 14 days.

Topical Drugs for Molluscum Contagiosum

The Committee recommended adding a Molluscum Contagiosum drug class to the PMPDP which will include cantharidin topical solution 0.7% (Ycanth®) and berdazimer gel 10.3% (Zelsuvmi™). The Committee recommended implementing the proposed Molluscum Contagiosum PA criteria for cantharidin and berdazimer to define medical necessity under EPSDT.

Nutritional Supplements Prior Authorization Update

The Committee recommended adding coverage for oral solid dosage forms, powders, and concentrated liquids of nutritional supplements for people with inborn errors of metabolism and to implement the proposed Nutritional Supplements as Prescribed Drugs for Special Conditions PA criteria to limit coverage to specific nutritional supplements based on current standards of care for those eligible under EPSDT.

Nuedexta® (dextromethorphan/quinidine) New Drug Evaluation

The Committee recommended implementing the proposed Dextromethorphan/Quinidine PA criteria to define medical necessity under EPSDT and to maintain Nuedexta[®] as 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 or their designee.

ⁱ https://www.orpdl.org/durm/meetings/meetingdocs/2025_06_05/finals/2025_06_05_PnT_Complete.pdf

ⁱⁱ https://www.orpdl.org/durm/meetings/meetingdocs/2025_06_05/finals/2025_06_05_WrittenTestimony.pdf