

Tina Kotek, Governor

OFFICIAL WEBSITE NOTICE
Posting Date: October 9, 2025

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

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



Sejal Hathi, MD MBA
Director

October 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, October 2, 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:

Oral Iron Replacement Literature Scan

The Committee recommended making no changes to the PMPDP based on the clinical review of the evidence, and to maintain ferric maltol as non-preferred. After comparative cost consideration in executive session, the Committee recommended making all single ingredient iron products costing less than \$0.25 per unit preferred on the PMPDP, which includes formulations of: ferrous gluconate tablets; iron polysaccharide complex capsules, tablets, liquid, and chewable tablets; ferrous fumarate tablets and chewable tablets; and ferrous sulfate ER tablets, solution, drops, and elixir.

Multiple Sclerosis Literature Scan

The Committee recommended maintaining Ocrevus Zunovo™ (ocrelizumab and hyaluronidase-ocsq) and Tyruko® (natalizumab-sztn) as non-preferred on the PMPDP and add to the Multiple Sclerosis, Injectable Drugs PA criteria.

No other changes to the PMPDP were recommended based on the clinical review of the evidence. The Committee recommended the Multiple Sclerosis, Oral Drugs PA criteria be revised to include a skin exam prior to initiation of sphingosine-1-phosphate (S1P) receptor modulators, based upon FDA safety alerts. After comparative cost consideration in executive session, the Committee did not recommend any changes to the PMPDP.

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 PA criteria: Modeyso™ (dordaviprone) and Hernexeos® (zongertinib).

Oral Cystic Fibrosis Modulators Class Update

The Committee recommended maintaining Alyftrek® (vanzacaftor/tezacaftor/deutivacaftor) as non-preferred on the PMPDP and to add to the Cystic Fibrosis Modulators, Oral PA criteria. The Committee also recommended updating the PA criteria with new indications and dosing and to address appropriate step-therapy based on current guidelines. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Targeted Immune Modulators (TIMs) for Asthma and Atopic Dermatitis (AD) Class Update and New Drug Evaluations

The Committee recommended updating the Immune Modulators for Severe Asthma and Atopic Dermatitis PA criteria to:

- Include Ebglyss™ (lebrikizumab-lbkz), Nemluvio™ (nemolizumab-ilto), and expanded indications for dupilumab and mepolizumab
- Define coverage of chronic spontaneous urticaria (CSU) under EPSDT
- Remove requirement for co-prescribed EpiPen for all TIMs except omalizumab
- Remove required trial of an oral immunosuppressant before initiating dupilumab for management of AD in adolescent and pediatric patients

The Committee recommended maintaining nemolizumab and lebrikizumab as non-preferred and after comparative cost consideration in executive session, recommended making no changes to the PMPDP.

Targeted Immune Modulators Class Update

The Committee recommended modifying the Targeted Immune Modulators for Autoimmune Conditions PA criteria to include expanded indications for recent FDA approvals and reflect recent recommendations from published guidelines. Based upon American Gastroenterological Association 2024 guidance the Committee recommended adding at least one other higher efficacy treatment for UC along with adalimumab. After comparative cost consideration in executive session, the Committee recommendation was to make generic infliximab preferred, Tier 1; Pyzchiva[®] (ustekinumab-ttwe) vials and syringes) preferred, Tier 2; and Tremfya[®] (guselkumab) preferred, Tier 2 on the PMPDP.

DRUG	CHANGE
infliximab	Make preferred on the PMPDP
ustekinumab-ttwe	Make preferred on the PMPDP
guselkumab	Make preferred on the PMPDP

Non-drug Item Evaluation of Omnipod[®] (tubeless insulin pump)

The Committee recommended designating the Omnipod 5 as non-preferred and implement the proposed Omnipod Insulin Pump PA criteria, after amending to remove quantity limits and modify renewal criteria to assess compliance instead of A1C goals.

Non-drug Item Evaluation of Continuous Glucose Monitoring Devices

The Committee recommended updating the Continuous Glucose Monitoring (CGM) PA criteria as proposed and no changes to the preferred devices based on review of the evidence. After comparative cost consideration in executive session, the Committee recommended preferring Freestyle Libre and Dexcom products and to designate all other products as non-preferred.

Sleep-wake Medications for Hypersomnia and Shift Work Disorder Class Update

The Committee recommended updating the Sleep-Wake Medications PA criteria as proposed, including adding all sodium oxybate formulations. After comparative cost consideration in executive session, the Committee recommended making no changes to 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_10_02/finals/2025_10_02_PnT_Complete.pdf
ⁱⁱ https://www.orpdl.org/durm/meetings/meetingdocs/2025_10_02/finals/2025_10_02_WrittenTestimony.pdf