

Tina Kotek, Governor

OFFICIAL WEBSITE NOTICE
Posting Date: December 11, 2025

**OREGON HEALTH AUTHORITY DIRECTOR'S DECISION ON PHARMACY
AND THERAPEUTICS COMMITTEE RECOMMENDATIONS
DATED DECEMBER 5, 2025**

I have reviewed the recommendations of the Pharmacy and Therapeutics Committee set out below and have reviewed a staff memo dated December 5, 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

12/11/2025
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, December 4, 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: Inluriyo™ (imlunestrant) and Keytruda Qlex™ (pembrolizumab + berahyaluronidase alfa-pmph).

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of: Strensiq® (asfotase alfa); Vimizim® (elosulfase alfa); Naglazyme® (galsulfase); Elaprased® (Idursulfase) and Mepsevii™ (vestronidase alfa-vjbc). The Committee also recommended removing drugs for which specific PA criteria are proposed and update Table 1 to clarify the high-cost drugs that will be carved out and covered by fee-for-service (FFS).

Antifungals Class Update

The Committee recommended making no changes to the PMPDP based on the clinical review of the evidence. After comparative cost consideration in the executive session, the Committee recommended to make the following preferred on the PMPDP: terbinafine tablets; miconazole (solution & powder); ciclopirox (gel, solution & cream); ketoconazole (shampoo & cream); clotrimazole cream; clotrimazole-betamethasone cream; nystatin-triamcinolone cream; and miconazole 3-day suppository kit.

DRUG	CHANGE
terbinafine tablets	Make preferred on the PMPDP
miconazole solution & powder	Make preferred on the PMPDP
ciclopirox gel, solution & cream	Make preferred on the PMPDP
ketoconazole shampoo & cream	Make preferred on the PMPDP
clotrimazole cream	Make preferred on the PMPDP
clotrimazole-betamethasone cream	Make preferred on the PMPDP
nystatin-triamcinolone cream	Make preferred on the PMPDP
miconazole 3-day suppository kit	Make preferred on the PMPDP

Epidermolysis Bullosa New Drug Evaluations

The Committee recommended implementing the proposed PA criteria for high-cost treatments for epidermolysis bullosa, including Filsuvez[®] (birch triterpenes), Vyjuvek[®] (beremagene geperpavec) and Zevaskyn[™] (prademagene zamikeracel). After review of confidential pricing in the executive session the Committee recommended making all three agents non-preferred on the PMPDP and further explore supplemental rebate offers and value-based agreements.

DRUG	CHANGE
Filsuvez [®] (birch triterpenes)	Make non-preferred on the PMPDP
Vyjuvek [®] (beremagene geperpavec)	Make non-preferred on the PMPDP
Zevaskyn [™] (prademagene zamikeracel)	Make non-preferred on the PMPDP

Carbaglu® (carglumic acid) New Drug Evaluation

The Committee recommended making one carglumic acid product preferred on the PMPDP and implement the proposed Carglumic Acid PA criteria to ensure appropriate use. After comparative cost consideration in the executive session, the Committee recommended making brand Carbaglu® (carglumic acid) dispersible tablets preferred and generic carglumic acid tablets non-preferred on the PMPDP.

DRUG	CHANGE
Carbaglu®	Make preferred on the PMPDP
carglumic acid	Make non-preferred on the PMPDP

Niemann-Pick Type C New Drug Evaluations

The Committee recommended to designate Miplyffa® (arimocloamol) and Aqneursa® (levacetylleucine) non-preferred on the PMPDP and implement the proposed PA for high-cost treatments for Niemann-Pick disease type C. The Committee also recommended implementing separate PA criteria for the miglustat 100 mg formulations, with corresponding updates to PA criteria for Pompe Disease and Gaucher disease. After review of comparative costs in the executive session the Committee recommended making Zavesca® (miglustat) preferred on the PMPDP.

DRUG	CHANGE
Miplyffa® (arimocloamol)	Make non-preferred on the PMPDP
Aqneursa® (levacetylleucine)	Make non-preferred on the PMPDP
Zavesca® (miglustat)	Make preferred on the PMPDP

Papzimeos™ (zopapogene imadenovec-drba) New Drug Evaluation

The Committee recommended designating Papzimeos™ (zopapogene imadenovec-drba) non-preferred on the PMPDP and implement the proposed PA criteria to allow coverage for adult patients when other recurrent respiratory papillomatosis treatments have failed.

DRUG	CHANGE
Papzimeos™ (zopapogene imadenovec-drba)	Make non-preferred on the PMPDP

Sohonos® (palovarotene) New Drug Evaluation

The Committee recommended to designate Sohonos® (palovarotene) non-preferred on the PMPDP and implement the proposed Palovarotene PA criteria to ensure safe and appropriate use for children and adults with fibrodysplasia ossificans progressive.

DRUG	CHANGE
Sohonos® (palovarotene)	Make non-preferred on the PMPDP

Topicals for Inflammatory Skin Disease Class Update with New Drug Evaluations

The Committee recommended revising the Topical Agents for Inflammatory Skin Conditions PA criteria to include expanded indications for ruxolitinib cream, ruxolitinib foam, roflumilast cream, sirolimus gel, and tapinarof cream. The Committee also recommended to maintain delgocitinib cream as non-preferred and make sirolimus topical gel non-preferred on the PMPDP. After comparative cost consideration in executive session, the Committee did not recommend any changes to the PMPDP.

DRUG	CHANGE
delgocitinib cream	Make non-preferred on the PMPDP
sirolimus topical gel	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 or their designee.

ⁱ https://www.orpdl.org/durm/meetings/meetingdocs/2025_12_04/finals/2025_12_04_PnT_Complete.pdf

ⁱⁱ https://www.orpdl.org/durm/meetings/meetingdocs/2025_12_04/finals/2025_12_04_WrittenTestimony.pdf

