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OFFICIAL WEBSITE NOTICE
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RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPTUETICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met in Wilsonville, Oregon on Thursday, March 26, 2015. 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 finally, 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 special populations, the Committee makes the following recommendations for the Oregon Practitioner-Managed Prescription Drug Plan (PMPDP) or for any other preferred drug list established by the Oregon Health Authority:

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Hepatitis C Class Update and New Drug Evaluation

The Committee reviewed the Viekira Pak™ (ombitasvir, paritaprevir and ritonavir plus dasabuvir (OMB/PTV-R + DAS)) new drug evaluation and after comparative cost consideration in executive session, recommended making preferred on the PMPDP as soon as the supplemental rebate offer is available. The Committee also recommended amending the PA criteria to include OMB/PTV-R + DAS and to approve for 12 weeks and limit the 24-week regimen to post-liver transplant patients or patients with Genotype 1a with cirrhosis who are previous null responders. The Committee also agreed with the recommendation to exclude patients from treatment who have decompensated liver disease, patients with HCV genotype 2, 3, 4, 5 or 6 infection, patients with a contraindicated drug interaction with OMB/PTV-R +DAS, and HIV/HCV co-infected patients not receiving suppressive antiretroviral therapy, who may be at increased risk of HIV-1 protease inhibitor drug resistance. The Committee recommended amending questions #19 and #21 of the proposed PA criteria to permit for appropriate discontinuation and clearance of contraindicated medications. Finally, the Committee asked staff to perform a RetroDUR evaluation.

DRUG	CHANGE
OMB/PTV-R + DAS	Make preferred on the PMPDP

Long Acting Opioid Class Update

The Committee recommended maintaining hydrocodone ER (Hysingla™) and morphine sulfate /naltrexone (Embeda™) as non-preferred on the PMPDP and to make oxycodone/naloxone ER (Targiniq™) non-preferred when it becomes available. After comparative cost consideration in executive session, the Committee recommended no changes to the PMPDP.

Drugs for Constipation Class Review

The Committee recommended adopting the proposed PA criteria for linaclotide, lubiprostone, alvimopan, methylnaltrexone and naloxegol to assure use for OHP-funded conditions and to establish a Laxatives drug class on the PMPDP. Based on the evidence for effectiveness and safety the Committee recommended polyethylene glycol 3350, lactulose and senna products be preferred products. After comparative cost consideration in executive session, the Committee recommended making Bulk-Forming Laxatives less than $1/unit preferred and all other Bulk-Forming Laxatives non-preferred; making Osmotic Laxatives less than $1/unit preferred and all other Osmotic Laxatives non-preferred; making all Lubricant Laxatives non-preferred; and making all Surfactant, Stimulant , and Saline Laxatives preferred on the PMPDP.

DRUG	CHANGE
polyethylene glycol 3350	Make preferred on the PMPDP
lactulose	Make preferred on the PMPDP
senna products	Make preferred on the PMPDP
bulk forming laxatives less than $1/unit	Make preferred on the PMPDP
bulk forming laxatives $1/unit or more	Make non-preferred on the PMPDP
osmotic laxatives less than $1/unit	Make preferred on the PMPDP
osmotic laxatives $1/unit or more	Make non-preferred on the PMPDP
lubricant laxatives	Make non-preferred on the PMPDP
surfactant, stimulant , and saline laxatives	Make preferred on the PMPDP

Antiepileptic Scan

The Committee recommended discontinuing the dedicated PA criteria for pregabalin and to apply the proposed "Drugs Used for Non-Funded Pain Conditions" PA criteria. The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended removing the PA criteria for preferred topiramate products due to cost effectiveness. The Committee recommended making no changes to the PMPDP.

Topical Corticosteroid Scan

The Committee recommended that no further research is needed at this time and to continue to include at least one agent in each of the potency categories as preferred with options for different formulations. After comparative cost consideration in executive session, recommended making no changes to the PMPDP.

Drug Use Review Recommendations:

Fibromyalgia Review and Drug Use Evaluation

The Committee recommended retiring the milnacipran-specific PA criteria and adopting the proposed comprehensive drug use criteria for high cost drugs used for fibromyalgia, chronic low back pain and chronic pain syndrome. The Committee recommended applying the "Drugs Used for Non-Funded Pain Conditions" PA criteria to pregabalin and milnacipran, while allowing for automatic approval for prior claims and evidence of epilepsy for pregabalin. The Committee declined recommending applying the new criteria to duloxetine due to the recent change in price and asked to review generic pricing at the May P&T meeting.

Proton Pump Inhibitor and Histamine 2 Receptor Antagonist Class Update and Drug Use Evaluation

The Committee recommended maintaining open access to preferred Histamine 2 Receptor Antagonists due to their low overall utilization, low cost and established safety profiles. The Committee also recommended open access to preferred Proton Pump Inhibitors for up to 60 days to allow for short-term treatment of GERD and H. pylori. Staff were asked to identify and present - at the May P&T/DUR Board meeting - proven strategies that can be shared for patients needing to be weaned after 60 days of treatment and to implement the new PA criteria, if no amendments are needed, to encourage use of preferred PPIs and limit use of all PPIs for more than 60 days to conditions funded by OHP.

The Committee recommended performing broad education outreach to prescribers before applying these new criteria and to grandfather current long-term PPI users to phase-in implementation. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP and to reevaluate the policy 1 year after implementation.

High Dose Opioid Policy Evaluation

The Committee recommended maintaining the high-dose opioid PA policy and to collaborate with the Prescription Drug Monitoring Program to determine if high dose opioid therapy was continued in patients who did not have a Prior Authorization approved. The Committee asked staff to perform a provider analysis to look at location, specialty, or identify other distinguishing characteristics.

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

APPROVAL BY THE DIRECTOR OF THE OREGON HEALTH AUTHORITY

The recommendations of the Drug Use Review / Pharmacy and Therapeutics Committee are approved. Recommendations with respect to the inclusion of a drug on the Practitioner-Managed Prescription Drug Plan will be put into place no earlier than 60 days from the date this notice is posted on the web site.

Lynne Saxton
Director, Oregon Health Authority

4-8-15
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 30 calendar days from the date of this notice. 2011 OR law, CH 730 (HB2100) Section 4

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[i] http://pharmacy.oregonstate.edu/drug_policy/sites/default/files/pages/dur_board/meetings/meetingdocs/2013_07_25/finals/2013_07_25_PnT_Complete.pdf

[ii] http://pharmacy.oregonstate.edu/drug_policy/sites/default/files/pages/dur_board/meetings/meetingdocs/2013_07_25/finals/2013_07_25_WrittenTestimony.pdf