



500 Summer St NE E20 Salem OR 97301 Voice: 503-947-2340 Fax: 503-947-2341

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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, May 28, 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 and all public comment offered, 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:

Drug Use Review Recommendations:

Pediatric SSRI High Dose DUE Clarification

The Committee recommended requiring prior authorization (PA) for children less than five years old and to apply the maximum initial dose of the 5-9 age range. They also recommended amending the proposed PA criteria to require consultation with a child psychiatrist and to reference the OPAL-K program and asked staff to bring back to the July meeting for approval.

Tapering Clarification for PPI PA Criteria

The Committee recommended approving the updated PA criteria and to end grandfathering of current patients after one year with retro-DUR education being performed three months in advance. In addition to the Oregon State Drug Review being written, the Committee directed staff to notify prescribers through their licensing board's newsletters.

Ivacaftor Drug/Policy Update

The Committee recommended expanding the Cystic Fibrosis (CF) Class to include non-inhaled products and deferred taking action on the expanded labeling, directing staff to work with the experts at the OHSU CF Center to define clinical improvement and to bring back to the July P&T meeting.

Oral Anticoagulants Class Update / Policy Evaluation

The Committee recommended discontinuing the clinical PA requirement for all direct-acting oral anticoagulants (DOACs) and to develop a Retrospective DUR program to monitor appropriate dosing and use in the presence of contraindications, as well as to review utilization after one year. The Committee also recommended evaluating comparative costs in executive session.

Leuprolide Drug/Policy Update

The Committee recommended modifying the current PA criteria allow approval of leuprolide in adolescents with documented gender dysphoria at the beginning of puberty confirmed by pubertal levels of hormone but no earlier than Tanner stages 2-3 and to require it be prescribed by a pediatric endocrinologist.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

PDL Status of Simeprevir

The Committee recommended designating Olysio® (simeprevir) as nonpreferred on PMPDP.

DRUG	CHANGE
Simeprevir	Make nonpreferred on the PMPDP

Oral Anticoagulants Class Update

After comparative cost consideration in executive session, the Committee recommended making all DOACs preferred.

DRUG	CHANGE
Dabigatran	Make preferred on the PMPDP
Rivaroxaban	Make preferred on the PMPDP
Apixaban	Make preferred on the PMPDP
Edoxaban	Make preferred on the PMPDP

Otic Antibiotics Class Update

The Committee recommended that either ofloxacin or ciprofloxacin / dexamethasone be a preferred product for the treatment of acute otitis media in patients with tympanostomy tubes; to maintain at least one ototopical aminoglycoside antibiotic as an option for otitis externa; to maintain finafloxacin as non-preferred due to its limited indication for otitis externa only and lack of comparative evidence, unless it is cost-effective and to evaluate comparative costs in executive session. After comparative cost consideration in executive session, the Committee recommended no changes to the PMPDP and to maintain finafloxacin as non-preferred when added to the drug file.

DRUG	CHANGE
finafloxacin	Make nonpreferred on the PMPDP

Oxazolidinone Antibiotic Class Review

The Committee recommended adding the Oxazolidinone Antibiotics Class to the PMPDP and to prefer linezolid because of proven benefit. The Committee also recommended implementing the proposed PA criteria and to also apply to physician administered drugs. After comparative cost consideration in executive session the Committee recommended making tedizolid nonpreferred.

DRUG	CHANGE
tedizolid	Make nonpreferred on the PMPDP

Rifaximin New Drug Evaluation

The Committee recommended implementing the proposed PA criteria after removing traveler's diarrhea from question #3 and renumbering.

Antibiotics for Clostridium Difficile Infection Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making no changes to the PMPDP.

Fluoroquinolones Scan

The Committee recommended that no further research is needed at this time After comparative cost consideration in executive session, recommended making no changes to the PMPDP.

Ophthalmic Anti-inflammatory Drugs Scan

The Committee recommended that no further research is needed at this time After comparative cost consideration in executive session, recommended making no changes to the PMPDP.

Cystic Fibrosis Drugs Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making Tobi PodhalerTM and KitabisTM Pak preferred and accept SR and making KalydecoTM non-preferred on the PMPDP.

DRUG	CHANGE
Tobi Podhaler TM	Make preferred on the PMPDP
Kitabis™ Pak	Make preferred on the PMPDP
ivacaftor	Make non-preferred on the PMPDP

Gout Agents Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making no changes to the PMPDP.

Short-acting Opioids Scan

The Committee recommended updating the current PA criteria for excessive dose limits on opioid/non-opioid combination products, to remove discontinued products and that no further research is needed at this time. After comparative cost consideration in executive session, the Committee recommended making all rectal subclass products, all ibuprofen containing products, all APAP with codeine products and hydrocodone with APAP solution preferred and making all butalbital products non-preferred on the PMPDP. The Committee also recommended an age restriction on all codeine products for children ages 0-6 years old.

Tetracyclines Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making no changes to the PMPDP.

Second-generation Antihistamines Scan

The Committee recommended updating the PA criteria with the proposed minor administrative edits and that no further research is needed at this time. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Beta-blockers Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making metoprolol succinate preferred and no other changes to the PMPDP.

DRUG	CHANGE	
Metoprolol succinate	Make preferred on the PMPDP	

Overactive Bladder Drugs Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, 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.

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

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