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www.Oregon.Gov/OHAwww.health.oregon.gov**OFFICIAL WEBSITE NOTICE****Posting Date: October 16, 2018****RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND
THERAPEUTICS COMMITTEE**

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met in Salem, Oregon on Thursday, September 27, 2018. 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 ⁱand 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:**Overactive Bladder Drug Effectiveness Review Project (DERP) Summary**

The Committee recommended making no changes to the PMPDP based on the efficacy and safety data and that no further review or research was needed at this time. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Antipsychotics Literature Scan

The Committee recommended making no changes to the PMPDP based on the efficacy and safety data and that no further review or research was needed at this time. After comparative cost consideration in executive session, the Committee recommended making Vraylar®, Aristada® Initio™, Invega® Sustenna® and Trinza® syringes, and Perseris™ preferred agents on the PMPDP.

DRUG	CHANGE
Aristada® Initio™	Make preferred on the PMPDP
Invega® Sustenna®	Make preferred on the PMPDP
Invega® Trinza®	Make preferred on the PMPDP
Perseris™	Make preferred on the PMPDP
Vraylar®	Make preferred on the PMPDP

Pancreatic Enzymes Literature Scan

The Committee recommended making no changes to the PMPDP based on the efficacy and safety data and that no further review or research was needed at this time. After comparative cost consideration in executive session, the Committee recommended making Zenpep® preferred on the PMPDP.

DRUG	CHANGE
Zenpep®	Make preferred on the PMPDP

Pulmonary Arterial Hypertension (PAH) Class Update

The Committee recommended updating the PAH PA criteria to include contraindications for riociguat in patients with idiopathic interstitial pneumonias. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Attention Deficit Hyperactivity Disorder (ADHD) Literature Scan

The Committee recommended making no changes to the PMPDP based on the efficacy and safety data and that no further review or research was needed at this time. The Committee also recommended updating the guanfacine ER dosing in the ADHD PA criteria to clarify FDA-recommended max daily doses for monotherapy versus adjunctive therapy. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Vaginal Antibiotics Class Review

The Committee recommended adding the Vaginal Antibiotics class to the PMPDP and to make at least one metronidazole and clindamycin formulation preferred. After comparative cost consideration in executive session, the Committee recommended making clindamycin phosphate cream with applicator, clindamycin phosphate vaginal

suppositories, and metronidazole gel preferred and to designate all other agents non-preferred on the PMPDP.

DRUG	CHANGE
clindamycin phos. cream w/ applicator	Make preferred on the PMPDP
clindamycin phos. vaginal suppositories	Make preferred on the PMPDP
metronidazole gel	Make preferred on the PMPDP

Aimovig™ (erenumab-aooe) New Drug Evaluation

The Committee recommended adding the calcitonin gene-related peptide (CGRP) antagonists class to the PMPDP and to implement the proposed PA criteria after modifying: question #6 to specify migraine prophylaxis classes rather than specific agents; change required specialists to a neurologist or headache specialist; and add a question to assess medication overuse in initial approval and renewal criteria.

Palynziq™ (pegvaliase-pqpz) New Drug Evaluation

The Committee recommended adopting the proposed PA criteria for pegvaliase after amending to add a question to ensure epinephrine is prescribed concurrently.

Hepatitis C Direct Acting Antiviral (DAA) Class Update

The Committee approved the proposed changes to the Hep C DAA PA criteria to remove the treatment requirements for those with substance use disorder, alcohol abuse and illicit injectable drug use and incorporate the necessary additional support into case management programs. After comparative cost consideration in executive session, the Committee recommended limiting Vosevi use to genotypes where there are no other treatment options available.

Drug Use Review Recommendations:

Benzodiazepine Policy Evaluation & DERP Report

The Committee recommended adopting the proposed changes to the Benzodiazepines PA criteria after amending to add a requirement to both the approval and renewal criteria that providers assess the Prescription Drug Monitoring Program.

Cystic Fibrosis

The Committee approved the proposed changes to the Oral Cystic Fibrosis Modulators PA criteria to reflect updated FDA labeling based on approved indications.

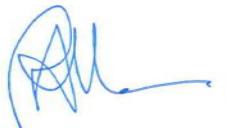
Botulinum Toxins

The Committee approved the proposed changes to the Botulinum Toxins PA criteria after amending to modify step therapy to specify migraine prophylaxis classes rather than specific agents including beta blockers, tricyclic antidepressants, or anticonvulsants.

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.



Patrick M. Allen
Director

10/15/2018
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

ⁱ http://www.orndl.org/durm/meetings/meetingdocs/2018_09_27/finals/2018_09_27_PnT_Complete.pdf

ⁱⁱ http://www.orndl.org/durm/meetings/meetingdocs/2018_09_27/finals/2018_09_27_WrittenTestimony.pdf