



**OFFICIAL WEBSITE NOTICE**

**Posting Date: February 9, 2022**

**RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND  
THERAPEUTICS COMMITTEE**

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met virtually on Thursday, February 3, 2022. 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 <sup>i</sup> and all public comment offered,<sup>ii</sup> 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 Tribal Nations, Tribal communities, Latino, Latina/Latinx, Black/African American, Asian, Pacific Islander and American Indian/Alaska Native populations, communities of color, 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:

**Drug Use Review (DUR) Recommendations:**

**Oncology Policy Updates**

The Committee recommended adding the following new FDA-approved antineoplastic agents to Table 1 in the Oncology Agents prior authorization (PA) criteria: Besremi<sup>®</sup> (roposustitide alfa-2b-njft); and Fyvaro<sup>™</sup> (sirolimus albumin-bound nanoparticles).

**Respiratory Syncytial Virus (RSV) Literature Scan and Policy Update**

The Committee recommended updating the RSV PA criteria to correlate with state guidance on season onset.

## **Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:**

### Parenteral Antipsychotics Literature Scan

The Committee recommended making no changes to the PMPDP based on clinical evidence. After comparative cost consideration in executive session, the Committee recommended making Invega Hafyera™ preferred on the PMPDP.

DRUG	CHANGE
Invega Hafyera™ (paliperidone)	Make preferred on the PMPDP

### Inhibitors of the Renin-Angiotensin-Aldosterone System (RAAS) Literature Scan

The Committee recommended making no changes to the PMPDP based on clinical evidence. After comparative cost consideration in executive session, the Committee recommended making fosinopril, quinapril, and candesartan preferred on the PMPDP.

DRUG	CHANGE
fosinopril	Make preferred on the PMPDP
quinapril	Make preferred on the PMPDP
candesartan	Make preferred on the PMPDP

### Oral Antifungals Class Update and New Drug Evaluation

The Committee recommended making no changes to the PMPDP based on clinical evidence and to maintain Brexafemme® (ibrexafungerp) as non-preferred. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

### Pompe Disease Class Update and New Drug Evaluation

The Committee recommended adding Nexviazyme™ (avalglucosidase alfa) to the Lysosomal Storage Disorders class and designate as non-preferred on the PMPDP. The Committee also recommended updating the PA criteria for Pompe Disease drugs to include avalglucosidase alfa and amended the proposed criteria so that question #5 asks for provider assessment of risk factors for adverse events and so that question #14 asks whether baseline tests have been performed. After comparative cost consideration in executive session, the Committee recommended making no further changes to the PMPDP.

DRUG	CHANGE
Avalglucosidase alfa (Nexviazyme™)	Make non-preferred on the PMPDP

### Immunosuppressant Class Update and New Drug Evaluations

The Committee recommended making no changes to the PMPDP based on clinical evidence and to move Saphnelo™ (anifrolumab-fnia) into the Targeted Immune Modulators (TIMS) class. The Committee also recommended: update the belimumab PA criteria; implement the PA for voclosporin; and implement the proposed anifrolumab-fnia PA criteria to ensure appropriate use. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

### Oral Glucocorticoids Class Review

The Committee recommended adding the Oral Glucocorticoids class to the PMPDP and designate at least one oral formulation of each glucocorticoid preferred. After comparative cost consideration in executive session, the Committee recommended making the following agents non-preferred on the PMPDP: Hemady®; Alkindi® Sprinkle; Pediapred®; Millipred™; prednisolone sodium phosphate solution; and prednisolone sodium phosphate disintegrating tablets. The Committee recommended making all other currently available oral formulations preferred on the PMPDP. New oral glucocorticoid formulations will be designated non-preferred until reviewed by the Committee.

DRUG	CHANGE
Hemady® (dexamethasone) tablets	Make non-preferred on the PMPDP
Alkindi® (hydrocortisone) sprinkle	Make non-preferred on the PMPDP
Pediapred® (prednisolone) solution	Make non-preferred on the PMPDP
Millipred™ (prednisolone) solution	Make non-preferred on the PMPDP
prednisolone sodium phosphate solution	Make non-preferred on the PMPDP
prednisolone sodium phosphate disintegrating tabs	Make non-preferred on the PMPDP
All other currently available oral forms	Make 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.

### **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 7 days from the date this notice is posted on the web site.

  
Kristine M Kautz

Kristine M Kautz  
Deputy Director, Oregon Health Authority

February 9, 2022  
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).

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<sup>i</sup> [https://www.orpdl.org/durm/meetings/meetingdocs/2022\\_02\\_03/finals/2022\\_02\\_03\\_PnT\\_Complete.pdf](https://www.orpdl.org/durm/meetings/meetingdocs/2022_02_03/finals/2022_02_03_PnT_Complete.pdf)

<sup>ii</sup> [https://www.orpdl.org/durm/meetings/meetingdocs/2022\\_02\\_03/finals/2022\\_02\\_03\\_WrittenTestimony.pdf](https://www.orpdl.org/durm/meetings/meetingdocs/2022_02_03/finals/2022_02_03_WrittenTestimony.pdf)