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OFFICIAL WEBSITE NOTICE
Posting Date: October 23, 2014

RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPTUETICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met in Wilsonville, Oregon on Tuesday, September 23, 2014. 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 Prescriber-Managed Prescription Drug Plan (PMPDP) or for any other preferred drug list established by the Oregon Health Authority:

Drug Use Review Recommendations:

Hepatitis C Class Update

The P&T Committee agreed with the proposed changes to the PA criteria including:

- Excluding patients who have had previous treatment with an oral direct acting antiviral
- Requiring a HCV RNA level at week 4 to determine response. If the HCV RNA is detectable at week 4 or at any time point thereafter, reassess HCV RNA in 2 weeks. If the HCV RNA increases or if the 8 week HCV RNA is detectable, discontinue treatment.
- Excluding GT1 interferon ineligible patients due to insufficient evidence in this population.

With an evolving pipeline of medications for the treatment of Hepatitis C, the P&T Committee recommended adopting general Hepatitis C prior authorization criteria to ensure new treatments are being used appropriately until they can be reviewed in full by the Pharmacy & Therapeutics Committee.
In light of the sale and distribution of telaprevir being discontinued, the Committee recommended it be removed from the PDL.

Botulinum Toxins PA Criteria

The Committee approved the updated PA criterion that clarifies detrusor over-activity.

Synagis® Policy Update

The Committee recommended amending the PA criteria to follow the 2014 American Academy of Pediatrics guidance for palivizumab prophylaxis and to continue to allow for geographic variations in RSV activity. The committee removed the requirement in question #16 of the proposed PA criteria for a pediatric cardiologist for those with cyanotic heart defects.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

First Generation Antidepressants

The Committee recommended adding the first generation antidepressant class to the voluntary mental health preferred drug list (MH PDL). Given the known safety concerns, including high risk of drug-drug and drug-food interactions, the Committee agreed with the staff recommendation to designate monoamine oxidase inhibitors (MAOIs) non-preferred on voluntary MH PDL. The Committee also recommended maintaining nefazodone as non-preferred due to hepatic safety concerns.

DRUG	CHANGE
MAOIs	Make non-preferred on Voluntary MH-PDL
nefazodone	Make non-preferred on Voluntary MH-PDL

Diabetes Class Update

The Committee agreed that the evidence on SGLT2 inhibitors supports the current PA criteria and recommended that dapagliflozin should be added to the criteria and maintained as non-preferred on the PMPDP. After comparative cost consideration in executive session, the Committee recommended designating Fortamet® and its generic equivalents as non-preferred.

DRUG	CHANGE
Fortamet® and generic equivalents	Make non-preferred on the PMPDP

Multiple Sclerosis Class Update

The Committee found that limited evidence suggests glatiramer 40 mg dosed three times weekly is effective in preventing relapses in patients with relapsing-remitting multiple sclerosis (RRMS) and recommended maintaining it as non-preferred. The Committee recommended requiring a prior authorization for peginterferon beta-1a. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

TIMS Class Update

The Committee recommended updating the prior authorization criteria to include new FDA approved indications and new medications. After comparative cost consideration in executive session, the Committee recommended designating Simponi® as non-preferred.

DRUG	CHANGE
Simponi®	Make non-preferred on the PMPDP

Topical Antifungals

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

Vitamins and Electrolytes

The Committee recommended including a formulation of the different potassium salt supplements due to different clinical considerations. After comparative cost consideration in executive session, the Committee recommended designating potassium chloride packets and potassium gluconate as non-preferred and making over-the-counter (OTC) potassium not covered. The Committee also recommended making all magnesium extended release (ER) and delayed release (DR) non-preferred and all immediate release (IR) formulations and all phosphorus preferred.

DRUG	CHANGE
Potassium chloride packets	Make non-preferred on the PMPDP
Potassium gluconate	Make non-preferred on the PMPDP
Magnesium ER & DR	Make non-preferred on the PMPDP
Magnesium IR	Make preferred on the PMPDP
Phosphorus	Make preferred on the PMPDP

Parkinson's Medications 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.

Growth Hormones 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 also recommended updating the PA criteria to include a question asking if the prescriber will consider switching to a preferred product.

Insulin Scan

The Committee recommended that no further research is needed at this time and to continue to include at least one agent from each subgroup (short acting, rapid acting, etc.) as preferred on the PMPDP. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP. Due to no evidence showing an advantage in efficacy or safety with insulin inhalation powder (Afrezza®) when compared to injectable insulin products for which long term data is available, the committee recommended maintaining Afrezza® as non-preferred on the PMPDP.

Alzheimer Drugs Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making Namenda XR® as preferred on the PMPDP.

DRUG	CHANGE
Namenda XR®	Make preferred on the PMPDP

Other Lipotropics Scan

The Committee recommended that no further research was needed at this time and to evaluate comparative costs in executive session. After comparative cost consideration in executive session, the Committee recommended making fenofibrate tablets preferred and Tricor® and Trilipix® non-preferred on the PMPDP and to grandfather patients for twelve months. The Committee also recommended designating Niacin as non-preferred due to a lack of cardiovascular outcome benefit and possible harms.

DRUG	CHANGE
Fenofibrate tablets	Make preferred on the PMPDP
Niacin	Make non-preferred on the PMPDP
Tricor®	Make non-preferred on the PMPDP
Trilipix®	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.

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.

Suzanne Hoffman
Interim Director, Oregon Health Authority

10-23-2014
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