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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, November 20, 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 Practitioner Managed Prescription Drug Plan (PMPDP) or for any other preferred drug list established by the Oregon Health Authority:

Drug Use Review Recommendations:

OHP Nutritional Supplement PA Criteria

The P&T Committee agreed with the proposed changes to the PA criteria to align with OAR requiring patients:

- Must have a nutritional deficiency **OR**
- A prolonged history of malnutrition and cachexia or reside in a LTC facility or chronic home care facility **AND**
- Have an increased metabolic need from severe trauma, malabsorption difficulties, or a diagnosis that requires additional calories and/or protein intake

Pediatric SSRI High Dose DUE

The Committee approved the recommended safety edit criterion that:

- Initiate a maximum initial dose for patients less than 25 years of age starting on citalopram, escitalopram, paroxetine, fluoxetine and sertraline (i.e. no claim in prior 102 days)
- Exclude child psychiatrists from this safety edit requirement.
- Consider an age edit to restrict use of paroxetine and fluvoxamine to adults, per expert opinion.

The Committee also recommended that prior to implementation, prescribers be educated via an Oregon State Drug Review newsletter.

ICS/LABA Policy Evaluation

The Committee recommended extending the PA look back period to 365 days to better capture evidence of COPD or asthma exacerbations from prior claims and to consider exempting prescription written by ED prescribers. The Committee also recommended a weekly review of patients encountering the combination inhaler PA and to send prescribers the Patient Safety Notice to ensure those patients receive a controller, if indicated. It was also recommended the policy be re-reviewed in one year to consider the utility of continuing.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Insomnia Class Update

The Committee recommended making tasimelteon non-preferred in the newer insomnia drug class on the PMPDP, due to insufficient evidence for insomnia treatment outside the narrow FDA approved indication, and to require PA to ensure it is being prescribed for an OHP funded diagnosis. After comparative cost consideration in executive session the Committee recommended making suvorexant non-preferred on the PMPDP when it comes to market. The Committee recommended no other changes to the PMPDP.

DRUG	CHANGE
Hetlioz™	Make non-preferred on PMPDP
Belsomra™	Make non-preferred on PMPDP

Hormone Replacement Class Update

The Committee recommended making conjugated estrogens/bazedoxifene non-preferred on the PMPDP and to limit use to women who are: postmenopausal and within 10 years of menopause; less than 60 years of age; have an intact uterus; and have failed or are contraindicated to conventional hormone therapy (for prevention of vasomotor symptoms) OR bisphosphonates (for prevention of osteoporosis). The Committee also recommended adding estrogen and methyltestosterone products to the class and after comparative cost consideration in executive session, to make both non-preferred.

DRUG	CHANGE
Duavee®	Make non-preferred on the PMPDP
estrogen	Make non-preferred on the PMPDP
methyltestosterone	Make non-preferred on the PMPDP

Anaphylaxis Rescue Class Review

The Committee recommended adding "anaphylaxis rescue" as a drug class to the PMPDP under the Allergy/Cold section and to include epinephrine auto-injector as preferred. After comparative cost consideration in executive session, the Committee recommended making all auto injector products preferred on the PMPDP.

Long Acting Antipsychotic Injectables

The Committee recommended adding the class to the voluntary mental health PDL. After comparative cost consideration in executive session, the Committee recommended making injectable risperidone preferred on the voluntary mental health PDL

DRUG	CHANGE
Risperdal® Consta	Make preferred on the Voluntary MH PDL

Prenatal Vitamins

The Committee recommended the class be added to the PMPDP and to make all legend formulations preferred.

Newer Antiemetics 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.

Skeletal Muscle Relaxants 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.

NSAIDs Scan

The Committee recommended that no further research is needed at this time. After comparative cost consideration in executive session, the Committee recommended making diclofenac sodium/misoprostol and naproxen/esomeprazole non-preferred on the PMPDP.

DRUG	CHANGE
diclofenac sodium/misoprostol	Make non-preferred on the PMPDP
naproxen/esomeprazole	Make non-preferred on the PMPDP

Antianginals 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.

Diuretics Scan

The Committee recommended that no further research was needed at this time and to remove bendroflumethiazide from the PMPDP due to market unavailability and limited data versus other thiazide diuretics. After comparative cost consideration in executive session, the Committee recommended no other 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 HEATLH 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

12-24-2014
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

[ii]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