RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPEUTICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met in Salem, Oregon on Thursday, January 24, 2019. 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:

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Fibromyalgia Indication Review

The Committee recommended that no further review or research was needed at this time.

Erythropoiesis Stimulating Agents 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 no changes to the PMPDP.

Drug Use Review (DUR) Old Business:

Hepatitis C Direct Acting Antivirals

After comparative cost consideration in executive session, the Committee recommended updating the recommendation made at the November P&T meeting, which was to optimize Mavyret use when fibrosis restrictions are removed, and instead continue to prefer the current recommended regimens for hepatitis C including elbasvir/grazoprevir
(Zepatier®), glecaprevir/pibrentasvir (Mavyret™), and sofosbuvir/velpatasvir (both brand Epclusa® and the authorized generic) for their respective FDA-approved indications.

**DUR New Business:**

**Substance Use Disorders Class Update/Drug Use Evaluation:**

The Committee recommended making lofexidine (Lucemyra™) non-preferred on the PMPDP and to implement the proposed PA criteria to ensure appropriate utilization. The Committee also recommended adding extended release subcutaneous buprenorphine injection (Sublocade™) to the PA criteria for buprenorphine and buprenorphine/naloxone products and amended the criteria to document whether concomitant naloxone had been prescribed, and if not, to message a recommendation to the prescriber for concomitant naloxone. No changes to the PMPDP were recommended based on utilization data or after comparative cost consideration in executive session.

**PMPDP Recommendations:**

**Antiepileptics Class Update**

The Committee recommended implementing the proposed cannabidiol PA criteria after amending to reorder questions #5 and #4 and adding a question confirming concurrent use of other antiepileptic therapy to the initial and renewal criteria. The Committee also recommended implementing the proposed stiripentol PA criteria to ensure medically appropriate utilization. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

**Thrombocytopenia Class Review**

The Committee recommended adding the class to the PMPDP and to implement the proposed PA criteria after amending to: confirm presence of chronic liver disease prior to approval in question #5; revise approval duration to 3 months for initial approval and 12 months upon renewal; and add evaluation of liver function tests. After comparative cost consideration in executive session, the Committee recommended making eltrombopag (Promacta®) and romiplostim (Nplate™) preferred and fostamatinib (Tavalisse™), lusutrombopag (Mulpleta®) and avatromopag (Doptelet®) non-preferred on the PMPDP.

**Influenza Class Update**

The Committee recommended making baloxavir marboxil (Xofluza™) non-preferred and subject to PA criteria due to lack of available evidence in high risk patients and concerns with potential resistance. After comparative cost consideration in executive session, the Committee recommended making no other changes to the PMPDP.
Biologics for Autoimmune Conditions Class Update

The Committee recommended modifying the PA criteria to: reflect updated indications and age ranges for specific biologics; include tildrakizumab for use in moderate-to-severe plaque psoriasis for adults; and to include baricitinib for use in moderate-to-severe rheumatoid arthritis for adults. For questions which require DMARD step therapy, the Committee recommended adding language specifying that the patient has tried/failed “or had inadequate response” to these treatments and to amend the criteria to support continued therapy with DMARDs in combination with biologics where appropriate. After comparative cost consideration in executive session, the Committee recommended maintaining tildrakizumab-asmn (Ilumya™) and baricitinib (Olumiant®) as non-preferred on the PMPDP and no other changes.

Colony Stimulating Factors Class Update

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 filgrastim-sndz (Zarxio®) non-preferred on 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.

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Patrick M. Allen
Director

February 13, 2019
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. ORS 414.361 (5)&(6).

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