RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPEUTICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met virtually on Thursday, August 5, 2021. 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\(^1\) and all public comment offered,\(^2\) 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: Rybrevant\(^{\text{TM}}\) (amivantamab-vmjw); Truseltiq\(^{\text{TM}}\) (infigratinib); and Lumakras\(^{\text{TM}}\) (sotorasib).

**Amondys 45\(^{\text{TM}}\) (casimersen) New Drug Evaluation**

The Committee recommended updating the Duchenne Muscular Dystrophy PA criteria to include casimersen.

**Benlysta\(^{\circledR}\) (belimumab) Prior Authorization Update**
The Committee recommended updating the PA criteria for belimumab to include the expanded FDA indication for adults with active lupus nephritis.

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

**Sodium-glucose Cotransporter-2 (SGLT-2) Inhibitors Class Update**

The Committee recommended making no changes to the PMPDP based on clinical evidence and updating the PA criteria as proposed after amending to no longer require PA for preferred SGLT-2 inhibitors. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

**Other Dyslipidemia Drugs Class Update and New Drug Evaluation**

The Committee expressed concern that based on their review and the materials provided, Evkeeza™ (evinacumab) lacks sufficient evidence of efficacy and safety to support broad coverage. However, the Committee also acknowledged that a pathway to coverage is required, so therefore recommended making Evkeeza™ (evinacumab) non-preferred and require PA to limit use to patients with homozygous familial hypercholesterolemia (HoFH) requiring additional LDL-lowering on maximally tolerated lipid-lowering therapies. The Committee also requested staff develop renewal criteria and bring back as old business. After comparative cost consideration in executive session, the Committee recommended making no other changes to the PMPDP.

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<th>DRUG</th>
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<tr>
<td>Evkeeza™ (evinacumab-dgnb)</td>
<td>Make non-preferred on the PMPDP</td>
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**Overactive Bladder Class Update and New Drug Evaluation**

The Committee recommended maintaining Gemtesa® (vibegron) as non-preferred and making no changes to the PMPDP based on clinical evidence. After comparative cost consideration in executive session, the Committee recommended making solifenacin succinate tablets preferred on the PMPDP.

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<tr>
<td>solifenacin succinate tablets</td>
<td>Make preferred on the PMPDP</td>
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**Asthma Biologics Drug Effectiveness Review Project (DERP) Summary**

The Committee recommended making no changes to the PMPDP based on the clinical evidence and creating a PMPDP class entitled “Biologics for Severe Asthma” encompassing: benralizumab, dupilumab, mepolizumab, omalizumab and reslizumab. The Committee also recommend modifying the “Monoclonal Antibodies for Severe Asthma” PA criteria to include expanded indications, to apply to all drugs in the new
class including dupilumab and practitioner-administered claims, and retiring the current dupilumab PA criteria. After comparative cost consideration in executive session, the Committee recommended making no changes to the PMPDP.

Phosphate Binders Literature Scan

The Committee recommended making no changes to the PMPDP based on the clinical evidence and removing the PA requirement for preferred non-calcium products. After comparative cost consideration in executive session, the Committee recommended making sevelamer carbonate tablets preferred on the PMPDP.

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<td>sevelamer carbonate tablets</td>
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HIV Class Update and New Drug Evaluation

The Committee recommended making no changes to the PMPDP or current policy based on the clinical evidence. After comparative cost consideration in executive session, the Committee recommended making no 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 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.

Patrick Allen
Director, Oregon Health Authority

8/10/2021 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).

i  https://www.orpdl.org/durm/meetings/meetingdocs/2021_08_05/finals/2021_08_05_PnT_Complete.pdf

ii  https://www.orpdl.org/durm/meetings/meetingdocs/2021_08_05/finals/2021_08_05_WrittenTestimony.pdf