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OFFICIAL WEBSITE NOTICE

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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 28, 2016. 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 staffⁱ 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:

PPI Updated Prior Authorization (PA) Criteria

The Committee recommended approving the proposed changes to the Proton Pump Inhibitor PA criteria as presented.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Antiemetic Class Update and New Drug Evaluation

The Committee recommended approving the amended PA criteria to include: allowing three days of antiemetic therapy beyond length of treatment for patients receiving chemotherapy or radiation; adding doxylamine/pyridoxine, rolapitant and the netupitant/palonosetron fixed-combination product to the Antiemetic PA for coverage of clinically appropriate OHP-funded conditions; and requiring a trial of pyridoxine.

After comparative cost consideration in executive session, the Committee recommended no other changes to the PMPDP.

Influenza Antiviral Class Update and New Drug Evaluation

The Committee recommended designating amantadine and rimantadine non-preferred and moving amantadine to the Parkinson's Drug Class. The Committee also recommended designating peramivir non-preferred due to limited evidence and to approve the modified PA criteria as presented. After comparative cost consideration in executive session, the Committee recommended no other changes to the PMPDP.

DRUG	CHANGE
amantadine	Make non-preferred on the PMPDP
rimantadine	Make non-preferred on the PMPDP
peramivir	Make non-preferred on the PMPDP

Immunosuppressants 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.

Topical Analgesics 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.

Inhaled Medications for Cystic Fibrosis Scan

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended making Kitabis Pak the sole preferred tobramycin product and to designate TOBI, TOBI Podhaler and generic tobramycin non-preferred on the PMPDP.

DRUG	CHANGE
TOBI	Make non-preferred on the PMPDP
TOBI Podhaler	Make non-preferred on the PMPDP
tobramycin	Make non-preferred on the PMPDP

Iron Chelators Class Update

The Committee recommended that no further research is needed at this time and after comparative cost consideration in executive session, recommended maintaining Jadenu as non-preferred and no other changes to the PMPDP.

Hepatitis C Class Update and New Drug Evaluation

The Committee recommended continuing to prioritize treatment for persons with advanced liver disease (METAVIR stage F3 or F4), as well as those at greatest risk of developing complications of liver disease, including:

- All patients awaiting a liver transplantation
- All patients post solid organ transplant
- HIV coinfection with METAVIR stage F2 or greater
- Patients with extrahepatic manifestations

The Committee also recommended adopting the proposed changes to the PA criteria to allow treatment approval if prescribed by or in consultation with an infectious disease specialist with experience in the treatment of hepatitis C. The Committee recommended making Daklinza preferred and to replace Harvoni plus ribavirin with Daklinza plus Sovaldi and ribavirin as the recommended treatment for patients with genotype 3 who have cirrhosis. The Committee further recommended reordering the questions regarding alcohol and illicit drug use and to make Technivie and Viekira Pak non-preferred due to extensive drug-drug interactions and safety concerns relative to Harvoni.

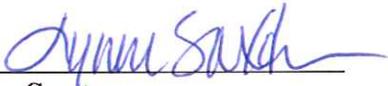
After comparative cost consideration in executive session, the Committee recommended no other changes to the PMPDP

DRUG	CHANGE
Daklinza	Make preferred on the PMPDP
Technivie	Make non-preferred on the PMPDP
Viekira Pak	Make non-preferred on the PMPDP

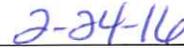
The Committee has made these recommendations to the Oregon Health Authority for approval by the Director of the Oregon Health Authority.

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.



Lynne Saxton
Director



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

¹http://www.orpdl.org/durm/meetings/meetingdocs/2016_01_28/finals/2016_01_28_PnT_Complete.pdf

²http://www.orpdl.org/durm/meetings/meetingdocs/2016_01_28/finals/2016_01_28_WrittenTestimony.pdf