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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 Wilsonville, Oregon on Thursday, July 30, 2015. 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:

Ivacaftor PA Criteria

The Committee recommended updating the prior authorization (PA) criteria to include patients aged 2-5 years old with gating mutations and amended the proposed criteria to change length of authorization on header from 30 days to 60 days. The Committee also recommended requiring a 10% change from baseline to the BMI renewal criteria and to refer requests for patients with the R117H mutation to the Medical Director for manual review.

Pediatric SSRI High Dose PA Criteria

The Committee recommended implementing the updated PA criteria as presented, to address children less than five years of age and require the prescription be written by, or in consultation with a child psychiatrist.

Rifaximin PA Criteria

The Committee recommended adopting the updated PA criteria as presented, but amended the length of approval from lifetime to one year.

Codeine PA Criteria

The Committee recommended approving the PA criteria as presented for children less than 18 years old, but amended the proposed criteria to switch question #2 with #3 and instead ask if the medication is being prescribed for an OHP-funded condition. The Committee directed staff to perform a RetroDUR for age and to perform prescriber education.

Leuprolide Hormone Therapy PA Criteria

The Committee rejected the proposal to change the PA criteria and recommended continuing to approve only when prescribed by a pediatric endocrinologist. The Committee asked staff to solicit input from a pediatric endocrinologist on this request. The Committee also asked staff to evaluate cross-sex hormone therapies.

Non-Preferred PDL PA Criteria

The Committee recommended adopting the updated PA criteria and require non-preferred PMPDP requests be prescribed for FDA approved indications. The Committee also recommended limiting the length of authorization to the lesser of six months, or until the anticipated review by P&T Committee.

HIV Class Review / Drug Use Evaluation

The Committee recommended creating a voluntary Preferred Drug List (PDL) class for HIV antiretroviral drugs and combination products and to designate all drugs as preferred at this time. The Committee directed staff to work with established, high Medicaid volume HIV clinics to try to identify ARV regimens with broad tolerability and high viral response rates in most patients and that have favorable or equivalent comparative price (preferred) and try to identify ARV regimens with common tolerability problems or lower viral response rates in most patients and with an unfavorable comparative price (non-preferred).

Antiplatelet Class Update / Policy Evaluation

The Committee recommended continuing the PA policy and approved updating the criteria to be consistent with treatment guidelines. The Committee recommended implementing a retrospective safety net program to identify patients that do not start antiplatelet therapy within 14 days of encountering a PA to provide additional transition assistance with a focus on insuring patients qualifying for DAPT are not discontinued prematurely. The Committee also recommended continuing to list aspirin and clopidogrel as preferred drugs due to high level evidence of benefit and

to evaluate comparative costs of other antiplatelet drugs in executive session for PDL changes.

Practitioner-Managed Prescription Drug Plan (PMPDP) Recommendations:

Antiplatelet Class Update

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

| DRUG | CHANGE |
|------------|-----------------------------|
| cilostazol | Make preferred on the PMPDP |

Secukinumab New Drug Evaluation

The Committee recommended modifying the PA criteria to move topical therapies from the systemic biologicals PA criteria and incorporate into the topical drugs in the proposed psoriasis PA criteria. The Committee also approved incorporating secukinumab into the PA criteria for Biologicals and to limit use to patients with moderate to severe psoriasis diagnosed by a dermatologist, after they have failed first-line therapies. After comparative cost consideration in executive session, the Committee recommended maintaining secukinumab as non-preferred and no changes to the PMPDP.

Idiopathic Pulmonary Fibrosis (IPF) New Drug Evaluations

The Committee recommended implementing the Idiopathic Pulmonary Fibrosis (IPF) Agents PA criteria to limit use to appropriate patients and to add the IPF Class to PMPDP. After comparative cost consideration in executive session, the Committee recommended making pirfenidone and nintedanib non-preferred.

| DRUG | CHANGE |
|-------------|---------------------------------|
| pirfenidone | Make non-preferred on the PMPDP |
| nintedanib | Make non-preferred on the PMPDP |

Intranasal Allergy Inhalers Class Review

The Committee recommended creating a PMPDP class for “Intranasal Allergy Drugs” and to prefer at least one intranasal corticosteroid due to evidence of effectiveness for OHP-funded conditions. The Committee also approved the updated PA criteria as presented. After comparative cost consideration in executive session, the Committee recommended making legend fluticasone propionate preferred; designating non-steroid products non-preferred due to a lack of data; and to make all other steroid products non-preferred and to not grandfather.

| DRUG | CHANGE |
|--|---------------------------------|
| fluticasone propionate | Make preferred on the PMPDP |
| All other agents in Intranasal Allergy class | Make non-preferred on the PMPDP |

Antifungals Class Update

The Committee recommended updating the PA criteria as proposed to reflect changes to the OHP prioritized list. The Committee also recommended maintaining open access to fluconazole; maintaining the clinical PA requirement for griseofulvin, itraconazole and terbinafine; and to make ketoconazole non-preferred due to increased risk. The Committee also agreed with the proposal to allow hematology, oncology and infectious disease specialty prescribers approval for voriconazole to cover invasive aspergillosis. After comparative cost consideration in executive session, the Committee recommended making ketoconazole non-preferred and not grandfather and no other changes to the PMPDP.

| DRUG | CHANGE |
|--------------|---------------------------------|
| ketoconazole | Make non-preferred on the PMPDP |

Calcium Channel Blockers Class Update

The Committee recommended creating a “Combination Antihypertensive” PMPDP class to include fixed-dose combination products containing two antihypertensive drugs, as well as combinations containing an antihypertensive drug with a non-antihypertensive drug (e.g., statin) After comparative cost consideration in executive session, the Committee recommended making the following fixed dose combinations preferred:

- AMLODIPINE-OLMESARTAN
- ENALAPRIL-HYDROCHLOROTHIAZIDE
- LISINOPRIL-HYDROCHLOROTHIAZIDE
- LOSARTAN-HYDROCHLOROTHIAZIDE
- METOPROLOL SUCCINATE- HYDROCHLOROTHIAZIDE
- OLMESARTAN-AMLODIPINE- HYDROCHLOROTHIAZIDE
- OLMESARTAN-HYDROCHLOROTHIAZIDE
- PROPRANOLOL-HYDROCHLOROTHIAZIDE

The Committee recommended making all other products in Combination Antihypertensives class non-preferred and 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 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, Oregon Health Authority

8-27-15

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

ⁱhttp://pharmacy.oregonstate.edu/drug_policy/sites/default/files/pages/dur_board/meetings/meetingdocs/2013_07_25/finals/2013_07_25_PnT_Complete.pdf

ⁱⁱhttp://pharmacy.oregonstate.edu/drug_policy/sites/default/files/pages/dur_board/meetings/meetingdocs/2013_07_25/finals/2013_07_25_WrittenTestimony.pdf