OFFICIAL WEBSITE NOTICE
Posting Date: October 8, 2024

OREGON HEALTH AUTHORITY DIRECTOR'S DECISION ON PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS DATED OCTOBER 7, 2024

I have reviewed the recommendations of the Pharmacy and Therapeutics Committee set out below and have reviewed a staff memo dated Oct. 7, 2024. Based on my review:

The recommendations of the Pharmacy and Therapeutics Committee are approved.

Recommendations with respect to the inclusion of a drug on the Oregon Practitioner-Managed Prescription Drug Plan will be put into place no earlier than 7 days from the date this notice is posted on the website.

Sejal Hathi, MD MBA
Director

Oct. 8, 2024
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).

RECOMMENDATIONS OF DRUG USE REVIEW / PHARMACY AND THERAPEUTICS COMMITTEE

The Oregon Drug Use Review / Pharmacy and Therapeutics Committee met virtually on Thursday, Oct. 3, 2024. 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 [i] and all public comment offered,[ii] 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 Oregon Tribal Nations, American Indian or Alaska Native persons, Hispanic, Latino, Latina, or Latinx persons, Black or African American persons, Asian or Asian American persons, Pacific Islander or Native Hawaiian persons, 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:

OLD BUSINESS:

Insulins Literature Scan

The Committee recommended making no changes to the PMPDP based on the clinical review of efficacy and safety. After comparative cost consideration in the executive session, the Committee recommended making Levemir® preparations (insulin detemir), Novolog® and generics preparations (insulin aspart), Apidra® preparations (insulin glulisine), and Novolog® mixes and generic preparations (insulin aspart mix) non-preferred on the PMPDP.

DRUG	CHANGE
insulin detemir	Make non-preferred on the PMPDP
insulin aspart	Make non-preferred on the PMPDP
insulin glulisine	Make non-preferred on the PMPDP
insulin aspart mix	Make non-preferred on the PMPDP

NEW BUSINESS:

Hepatitis C, Direct-Acting Antivirals Literature Scan

The Committee recommended making no changes to the PMPDP based on the clinical review of the evidence, and to retire the Pegylated Interferons and Ribavirins prior authorization (PA) criteria. After comparative cost consideration in the executive session, the Committee recommended making no changes to the PMPDP.

Oncology Policy Updates

The Committee recommended adding the following antineoplastic agents recently approved by the U.S. Food and Drug Administration (FDA) to Table 1 in the Oncology Agents PA criteria: Tecelra® (afamitresgene autoleucel); Lymphir™ (denileukin diftitox-cxdl); Rytelo™ (imetelstat); Lazcluze™ (lazertinib); Hercessi™ (trastuzumab-strf); and Voranigo® (vorasidenib).

Orphan Drug Policy Updates

The Committee recommended updating Table 1 in the Orphan Drugs PA criteria to support medically appropriate use of: Iqirvo® (elafibranor); Yorvipath® (palopegteriparatide); and Livdelzi® (seladelpar)

Immunoglobulins Literature Scan and Drug Use Evaluation (DUE)

The Committee recommended making no changes to the PMPDP based on the clinical review of the evidence, and to implement the proposed PA criteria for non-preferred immunoglobulin (Ig) pharmacy claims to support off-label use of Ig for evidence-supported diagnoses. After comparative cost consideration in the executive session, the Committee recommended making Hizentra®, Privigen®, and Gammagard Liquid® preferred and to make Gamunex-C® and all other immunoglobulins without current PDL status non-preferred on the PMPDP.

DRUG	CHANGE
Hizentra®	Make preferred on the PMPDP
Privigen®	Make preferred on the PMPDP
Gammagard Liquid®	Make preferred on the PMPDP
Gamunex-C®	Make non-preferred on the PMPDP

Multiple Sclerosis Drug Effectiveness Review Project (DERP) Report Summary

The Committee recommended maintaining ublituximab as non-preferred on the PMPDP and to add to the PA criteria for Injectable Multiple Sclerosis (MS) Drugs. The Committee approved the proposed changes to the PA criteria after amending to add an assessment for the JC virus titer for ocrelizumab in Table 2 of the PA criteria for Injectable MS drugs, and to remove the required step therapy in the Natalizumab PA criteria. After comparative cost consideration in the executive session, the Committee recommended making no changes to the PMPDP.

Testosterone for Hypogonadism Class Update

The Committee recommended making no changes to the PMPDP based on the clinical review of the evidence, and to update the Testosterone PA criteria as proposed to clarify medically appropriate use. After comparative cost consideration in the executive session, the Committee recommended making no changes to the PMPDP.

Inflammatory Bowel Disease (IBD) Class Update

The Committee recommended making no changes to PMPDP for either the oral or rectal agents for IBD based on the clinical review of the evidence. The Committee recommended adding Tarpeyo® (budesonide 4 mg DR caps) and Eohilia™ (budesonide oral susp) to the oral glucocorticoids class on the PMPDP, designating both non-preferred, and implementing the proposed Budesonide Oral Suspension PA criteria. After comparative cost consideration in the executive session, the Committee recommended making both strengths of mesalamine delayed-release (DR) tablets preferred.

DRUG	CHANGE
budesonide 4 mg DR caps	Make non-preferred on the PMPDP
budesonide oral susp	Make non-preferred on the PMPDP
mesalamine DR 400mg tablets	Make preferred on the PMPDP
mesalamine DR 800mg tablets	Make preferred on the PMPDP

Duchenne Muscular Dystrophy (DMD) Class Update

The Committee recommended making no changes to the PMPDP based on the clinical review of the evidence, and to update the DMD PA criteria to incorporate the expanded indications for delandistrogene moxeparvovec and givinostat. After comparative cost consideration in the executive session, the Committee recommended making Emflaza® (deflazacort) tablets (brand only) preferred but still subject to the clinical PA.

DRUG	CHANGE
Emflaza® tablets (brand only)	Make preferred on the PMPDP

Antacids Class Updates and New Drug Evaluation

The Committee recommended making no changes to the PMPDP based on the clinical review of the evidence, and to maintain vonoprazan dual and triple therapy combinations as non-preferred on the PMPDP for the treatment of *H. pylori.* The Committee recommended implementing the Potassium-Competitive Acid Blockers PA for vonoprazan monotherapy as proposed and to remove reference to Prioritized List from the Proton Pump Inhibitor (PPI) PA criteria. After comparative cost consideration in the executive session, the Committee recommended making esomeprazole magnesium delayed-release (DR) capsules and Talicia® (omeprazole/amoxicillin/rifabutin) DR capsules preferred and to make dexlansoprazole DR capsule non-preferred on the PMPDP.

DRUG	CHANGE
esomeprazole magnesium DR capsules	Make preferred on the PMPDP
Talicia® DR capsules	Make preferred on the PMPDP
dexlansoprazole DR capsule	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.

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[i] https://www.orpdl.org/durm/meetings/meetingdocs/2024_10_03/finals/2024_10_03_PnT_Complete.pdf
[ii] https://www.orpdl.org/durm/meetings/meetingdocs/2024_10_03/finals/2024_10_03_WrittenTestimony.pdf