

# Oklahoma Health Care Authority

## Drug Utilization Review Board (DUR Board)

Meeting – December 16, 2015 @ 4:30 p.m.

Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
Oklahoma City, Oklahoma 73105

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### AGENDA

Discussion and Action on the Following Items:

Items to be presented by Dr. Muchmore, Chairman:

**1. Call To Order**

- A. Roll Call – Dr. Cothran

Items to be presented by Dr. Muchmore, Chairman:

**2. Public Comment Forum**

- A. Acknowledgment of Speakers and Agenda Items

Items to be presented by Dr. Muchmore, Chairman:

**3. Action Item – Approval of DUR Board Meeting Minutes – See Appendix A**

- A. October 14, 2015 DUR Minutes – Vote
- B. October 14, 2015 DUR Recommendations Memorandum
- D. November 11, 2015 DUR Recommendations Memorandum

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

**4. Update on Medication Coverage Authorization Unit/Chronic Medication Adherence Program Update – See Appendix B**

- A. Medication Coverage Activity for October 2015
- B. Pharmacy Help Desk Activity for October 2015
- C. Medication Coverage Activity for November 2015
- D. Pharmacy Help Desk Activity for November 2015

Items to be presented by Dr. Schmidt, Dr. Borders, Dr. Medina, Dr. Muchmore, Chairman:

**5. Action Item – Vote to Prior Authorize Ibrance® (Palbociclib) – See Appendix C**

- A. Introduction
- B. Recommendations

Items to be presented by Dr. Teel, Dr. Muchmore, Chairman:

**6. Action Item – Vote to Prior Authorize Oralair® (Sweet Vernal, Orchard, Perennial Rye, Timothy, & Kentucky Blue Grass Mixed Pollens Allergen Extract) – See Appendix D**

- A. Indication(s)
- B. College of Pharmacy Recommendations

Items to be presented by Dr. Hsu, Dr. Muchmore, Chairman:

**7. Action Item – Vote to Prior Authorize Dyloject™ (Diclofenac Sodium) – See Appendix E**

- A. Introduction
- B. College of Pharmacy Recommendations

Items to be presented by Dr. Hsu, Dr. Muchmore, Chairman:

**8. Action Item – Vote to Prior Authorize Omidria® (Phenylephrine/Ketorolac Injection) – See Appendix F**

- A. Indication(s)
- B. College of Pharmacy Recommendations

Items to be presented by Dr. Hsu, Dr. Muchmore, Chairman:

- 9. Action Item – Vote to Update Criteria for Xgeva® (Denosumab) – See Appendix G**  
A. Indication(s)  
B. College of Pharmacy Recommendations

Items to be presented by Dr. Adams, Dr. Muchmore, Chairman:

- 10. Action Item – Vote to Prior Authorize Daraprim® (Pyrimethamine) – See Appendix H**  
A. Introduction  
B. College of Pharmacy Recommendations

Items to be presented by Dr. Adams, Dr. Muchmore, Chairman:

- 11. Action Item – Vote to Prior Authorize Movantik™ (Naloxegol), Viberzi™ (Eluxadoline), & Xifaxan® (Rifaximin) – See Appendix I**  
A. Indication(s)  
B. College of Pharmacy Recommendations

Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

- 12. Action Item – Vote to Prior Authorize Keveyis™ (Dichlorphenamide) – See Appendix J**  
A. Indication(s)  
B. College of Pharmacy Recommendations

Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

- 13. Action Item – Vote to Prior Authorize Pramosone® (Hydrocortisone/Pramoxine Topical Cream and Lotion) & Enstilar® (Calcipotriene/Betamethasone Dipropionate Foam) – See Appendix K**  
A. Indication(s)  
B. College of Pharmacy Recommendations

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

- 14. Action Item – Vote to Prior Authorize Cayston® (Aztreonam Inhalation) & Kitabis™ Pak (Tobramycin Inhalation) – See Appendix L**  
A. Indication(s)  
B. College of Pharmacy Recommendations

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

- 15. Action Item – Vote to Prior Authorize Cosentyx® (Secukinumab) – See Appendix M**  
A. Indication(s)  
B. College of Pharmacy Recommendations

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

- 16. Action Item – Vote to Prior Authorize Tetracycline Capsules, Minocycline Tablets, Ofloxacin Tablets, & Moxifloxacin Tablets – See Appendix N**  
A. Introduction  
B. College of Pharmacy Recommendations

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

- 17. Action Item – Vote to Update Criteria for Xiaflex® (Collagenase Clostridium Histolyticum) – See Appendix O**  
A. Indication(s)  
B. College of Pharmacy Recommendations

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

- 18. Annual Review of Hepatitis C Medications & 30-Day Notice to Prior Authorize Daklinza™ (Daclatasvir) & Technivie™ (Ombitasvir/Paritaprevir/Ritonavir) – See Appendix P**  
A. Introduction  
B. Current Prior Authorization Criteria  
C. Utilization of Hepatitis C Medications  
D. Prior Authorization of Hepatitis C Medications  
E. Market News and Updates

- F. Regimen Comparison
- G. Other States' Coverage of Direct Acting Antivirals
- H. Product Summaries
- I. College of Pharmacy Recommendations
- J. Utilization Details of Hepatitis C Medications

Items to be presented by Dr. Adams, Dr. Muchmore, Chairman:

**19. Annual Review of Granulocyte Colony-Stimulating Factors (G-CSFs) & 30-Day Notice to Prior Authorize Neulasta® (Pegfilgrastim), Granix® (Tbo-Filgrastim), & Zarxio™ (Filgrastim-Sndz) – See Appendix Q**

- A. Introduction
- B. Utilization of G-CSFs
- C. Prior Authorization of G-CSFs
- D. Market News and Updates
- E. Product Summaries
- F. Cost Comparison Ratios: G-CSFs
- G. College of Pharmacy Recommendation
- H. Utilization Details of G-CSFs

Items to be presented by Dr. Adams, Dr. Muchmore, Chairman:

**20. 30-Day Notice to Prior Authorize Aggrenox® (Aspirin/ Dipyridamole Extended-Release) – See Appendix R**

- A. Aggrenox® (Aspirin/ Dipyridamole ER) Product Summary
- B. Aggrenox® (Aspirin/ Dipyridamole ER) Cost Update
- C. Aggrenox® (Aspirin/ Dipyridamole ER) Cost Comparison
- D. Utilization Details of Aggrenox® (Aspirin/ Dipyridamole ER)
- E. College of Pharmacy Recommendations

Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

**21. Annual Review of HFA Rescue Inhalers and 30-Day Notice to Prior Authorize ProAir® RespiClick (Albuterol Sulfate Inhalation Powder) – See Appendix S**

- A. Current Prior Authorization Criteria
- B. Utilization of HFA Rescue Inhalers
- C. Prior Authorization of HFA Rescue Inhalers
- D. Market News and Updates
- E. ProAir® RespiClick (Albuterol Sulfate Inhalation Powder) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of HFA Rescue Inhalers

Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

**22. Annual Review of Maintenance Asthma & Chronic Obstructive Pulmonary Disease Medications & 30-Day Notice to Prior Authorize Stiolto™ Respimat® (Tiotropium Bromide/Olodaterol), Arnuity™ Ellipta® (Fluticasone Furoate), Utibron™ Neohaler® (Indacaterol/Glycopyrrolate), Seebri™ Neohaler® (Glycopyrrolate), & Nucala® (Mepolizumab) – See Appendix T**

- A. Current Prior Authorization Criteria
- B. Utilization of Maintenance Asthma and COPD Medications
- C. Prior Authorization of Maintenance Asthma and COPD Medications
- D. Market News and Updates
- E. Product Summaries
- F. New Indications
- G. College of Pharmacy Recommendations
- H. Utilization details of Maintenance Asthma and COPD Medications

Items to be presented by Dr. Hsu, Dr. Muchmore, Chairman:

**23. Annual Review of Oral Anti-Fungal Medications and 30-Day Notice to Prior Authorize Noxafil® (Posaconazole) and Cresemba® (Isavuconazonium Sulfate) – See Appendix U**

- A. Current Prior Authorization Criteria
- B. Utilization of Oral Anti-Fungals
- C. Prior Authorization of Oral Anti-Fungals
- D. Market News and Updates
- E. Product Summaries
- F. College of Pharmacy Recommendations
- G. Utilization Details of Oral Anti-Fungals

Items to be presented by Dr. Hsu, Dr. Muchmore, Chairman:

**24. Action Item – Annual Review of Fibromyalgia Medications – See Appendix V**

- A. Current Prior Authorization Criteria
- B. Utilization of Fibromyalgia Medications
- C. Prior Authorization of Fibromyalgia Medications
- D. Market News and Updates
- E. College of Pharmacy Recommendations
- F. Utilization Details of Fibromyalgia Medications

Items to be presented by Dr. Cothran, Dr. Muchmore, Chairman:

**25. FDA and DEA Updates – See Appendix W**

Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:

**26. Future Business\* (Upcoming Product and Class Reviews)**

- A. Anti-Migraine Medications/Migranal® (Dihydroergotamine Nasal Spray)
- B. Anti-Emetic Medications/Varubi™ (Rolapitant)
- C. Growth Hormone
- D. Rytary™ (Carbidopa/Levodopa Extended-Release Capsules) & Duopa™ (Carbidopa/Levodopa Enteral Suspension)
- E. Testosterone Products
- F. Xuriden™ (Uridine Triacetate)
- G. Strensiq™ (Asfotase Alfa)
- H. Cortisporin® (Neomycin/Polymyxin B/Hydrocortisone Otic Suspension)

\*Future business subject to change.

**27. Adjournment**