

# Oklahoma Health Care Authority

## Drug Utilization Review Board (DUR Board)

Meeting – February 10, 2016 @ 4:00 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. January 13, 2016 DUR Minutes – Vote
- B. January 13, 2016 DUR Recommendations Memorandum

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

**4. Update on Medication Coverage Authorization Unit/Oral Viscous Lidocaine Claims Analysis Update – See Appendix B**

- A. Medication Coverage Activity for January 2016
- B. Pharmacy Help Desk Activity for January 2016
- C. Oral Viscous Lidocaine Claims Analysis Update

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

**5. Action Item – Vote to Prior Authorize Duopa™ (Carbidopa/Levodopa Enteral Suspension) and Rytary™ (Carbidopa/Levodopa Extended-Release Capsules) – See Appendix C**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**6. Action Item – Vote to Prior Authorize Cortisporin® and Pediotic® (Neomycin/Polymyxin B/Hydrocortisone Otic) – See Appendix D**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**7. Action Item – Vote to Prior Authorize Migranal® (Dihydroergotamine Nasal Spray) – See Appendix E**

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

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

**8. Action Item – Vote to Prior Authorize Strensiq™ (Asfotase Alfa) – See Appendix F**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**9. Action Item – Vote to Prior Authorize Varubi™ (Rolapitant) – See Appendix G**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**10. Action Item – Vote to Prior Authorize Xuriden™ (Uridine Triacetate) – See Appendix H**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**11. Annual Review of Gout Medications and 30-Day Notice to Prior Authorize Mitigare™ (Colchicine Capsules) and Zurampic® (Lesinurad) – See Appendix I**

- A. Current Prior Authorization Criteria
- B. Utilization of Gout Medications
- C. Prior Authorization of Gout Medications
- D. Market News and Updates
- E. Mitigare™ (Colchicine Capsules) Product Summary
- F. Zurampic™ (Lesinurad) Product Summary
- G. College of Pharmacy Recommendations
- H. Utilization Details of Gout Medications

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

**12. Annual Review of Seizure Medications and 30-Day Notice to Prior Authorize Spritam® (Levetiracetam) – See Appendix J**

- A. Current Prior Authorization Criteria
- B. Utilization of Seizure Medications
- C. Prior Authorization of Seizure Medications
- D. Market News and Updates
- E. Spritam® (Levetiracetam) Product Summary
- F. Vimpat® (Lacosamide) Product Summary
- G. Banzel® (Rufinamide) Product Summary
- H. Fycompa® (Perampanel) Product Summary
- I. College of Pharmacy Recommendations
- J. Utilization Details of Seizure Medications

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

**13. 30-Day Notice to Prior Authorize Solaraze® (Diclofenac Gel) – See Appendix K**

- A. Actinic Keratosis Background Information
- B. Solaraze® (Diclofenac 3% Gel) Product Summary
- C. College of Pharmacy Recommendations

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

**14. Annual Review of Ulcerative Colitis Medications and 30-Day Notice to Prior Authorize Uceris® (Budesonide Extended-Release Tablets), Uceris® (Budesonide Rectal Foam), and Miscellaneous Mesalamine Products – See Appendix L**

- A. Ulcerative Colitis (UC) Background Information
- B. Current Prior Authorization Criteria
- C. Utilization of UC Medications
- D. Prior Authorization of UC Medications
- E. Market News and Updates
- F. Uceris® (Budesonide) Extended-Release Tablets Product Summary
- G. Uceris® (Budesonide) Rectal Foam Product Summary
- H. Asacol® HD (Mesalamine) Delayed-Release Tablets Product Summary
- I. Pentasa® (Mesalamine) Controlled-Release Capsules Product Summary
- J. Rowasa® (Mesalamine) Rectal Suspension Enema Product Summary
- K. Lialda® (Mesalamine) Delayed-Release Capsules Product Summary

- L. Colzax<sup>®</sup> (Balsalazide) Capsules Product Summary
- M. Dipentum<sup>®</sup> (Olsalazine) Capsules Product Summary
- N. Canasa<sup>®</sup> (Mesalamine) Suppositories Product Summary
- O. Apriso<sup>®</sup> (Mesalamine) Extended-Release Capsules Product Summary
- P. Delzicol<sup>®</sup> (Mesalamine) Delayed-Release Capsules Product Summary
- Q. Cost Comparison
- R. College of Pharmacy Recommendations
- S. Utilization Details of Ulcerative Colitis Medications

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

**15. Annual Review of Ocular Allergy Medications and 30-Day Notice to Prior Authorize Pazeo<sup>®</sup> (Olopatadine Ophthalmic) – See Appendix M**

- A. Current Prior Authorization Criteria
- B. Utilization of Ocular Allergy Medications
- C. Prior Authorization of Ocular Allergy Medications
- D. Market News and Updates
- E. Pazeo<sup>®</sup> (Olopatadine Ophthalmic) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Ocular Allergy Medications

Non-Presentation, Questions Only:

**16. Annual Review of Gonadotropin Releasing Hormones (GnRH) – See Appendix N**

- A. Introduction
- B. FDA Approved GnRH Options for Treatment of Central Precocious Puberty or Endometriosis
- C. Current Prior Authorization Criteria
- D. Utilization of GnRH Medications
- E. Prior Authorization of GnRH Medications
- F. Market News and Updates
- G. College of Pharmacy Recommendations
- H. Utilization Details of GnRH Medications

Non-Presentation, Questions Only:

**17. Annual Review of Northera<sup>™</sup> (Droxidopa) – See Appendix O**

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Northera<sup>™</sup> (Droxidopa)
- D. Prior Authorization of Northera<sup>™</sup> (Droxidopa)
- E. Market News and Updates
- F. College of Pharmacy Recommendations

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

**18. FDA and DEA Updates – See Appendix P**

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

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

- A. Makena<sup>®</sup> (Hydroxyprogesterone Caproate)
- B. Multiple Sclerosis Medications
- C. Growth Hormone
- D. Vasomotor Symptom Medications
- E. Idiopathic Pulmonary Fibrosis Medications
- F. Botulinum Toxins
- G. Pulmonary Arterial Hypertension Medications
- H. Cerdelga<sup>™</sup> (Eliglustat)
- I. Hemophilia Medication Pharmacy Providers

\*Future business subject to change.

**20. Adjournment**