

# Oklahoma Health Care Authority

## Drug Utilization Review Board (DUR Board)

Meeting – February 12, 2020 @ 4:00pm

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. Skrepnek

Items to be presented by Dr. Muchmore, Chairman:

**2. Public Comment Forum – See Appendix A**

- A. Acknowledgment of Speakers for Public Comment
- B. Changes to Public Comment Procedure

Items to be presented by Dr. Muchmore, Chairman:

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

- A. December 11, 2019 DUR Minutes – Vote
- B. December 11, 2019 DUR Recommendations Memorandum
- C. January 8, 2020 DUR Recommendations Memorandum

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

**4. Narrow Therapeutic Index (NTI) Drug List – See Appendix C**

- A. NTI Drug List

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

**5. Update on Medication Coverage Authorization Unit/ADHD Prescription Use in Reproductive-Aged Women – See Appendix D**

- A. Pharmacy Helpdesk Activity for January 2020
- B. Medication Coverage Activity for January 2020
- C. ADHD Prescription Use in Reproductive-Aged Women

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

**6. Action Item – Vote to Prior Authorize Ultomiris® (Ravulizumab-cwvz) – See Appendix E**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**7. Action Item – Vote to Prior Authorize Korlym® (Mifepristone) – See Appendix F**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**8. Action Item – Vote to Prior Authorize Duaklir® Pressair® (Aclidinium Bromide/Formoterol Fumarate) and to Update the Prior Authorization Criteria for Fasenra® (Benralizumab) and Nucala® (Mepolizumab) – See Appendix G**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**9. Action Item – Vote to Prior Authorize Rocklatan® (Netarsudil/Latanoprost 0.02%/0.005% Ophthalmic Solution) – See Appendix H**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**10. Action Item – Vote to Prior Authorize Scenesse® (Afamelanotide) and Givlaari™ (Givosiran) – See Appendix I**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**11. Action Item – Vote to Prior Authorize Ruzurgi® (Amifampridine) – See Appendix J**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**12. Annual Review of Leukemia Medications and 30-Day Notice to Prior Authorize Asparlas™ (Calaspargase Pegol-mknl), Daurismo™ (Glasdegib), Idhifa® (Enasidenib), Lumoxiti™ (Moxetumomab Pasudotox-tdfk), Tibsovo® (Ivosidenib), and Xospata® (Gilteritinib) – See Appendix K**

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Leukemia Medications
- D. Prior Authorization of Leukemia Medications
- E. Market News and Updates
- F. Product Summaries
- G. Recommendations
- H. Utilization Details of Leukemia Medications

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

**13. 30-Day Notice to Prior Authorize Azedra® (Iobenguane I-131) – See Appendix L**

- A. Introduction
- B. Market News and Updates
- C. Azedra® (Iobenguane I-131) Product Summary
- D. Recommendations

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

**14. Annual Review of Factor Replacement Products and 30-Day Notice to Prior Authorize Esperoct® [Antihemophilic Factor (Recombinant), Glycopegylated-exei] – See Appendix M**

- A. Current Prior Authorization Criteria
- B. Utilization of Factor Replacement Products
- C. Prior Authorization of Factor Replacement Products
- D. Market News and Updates
- E. Esperoct® [Antihemophilic Factor (Recombinant), Glycopegylated-exei] Product Summary
- F. Recommendations
- G. Utilization Details of Factor Replacement Products

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

**15. Annual Review of Anti-Migraine Medications and 30-Day Notice to Prior Authorize Tosymra™ (Sumatriptan Nasal Spray), Reyvow™ (Lasmiditan), and Ubrelvy™ (Ubrogepant) – See Appendix N**

- A. Current Prior Authorization Criteria
- B. Utilization of Anti-Migraine Medications
- C. Prior Authorization of Anti-Migraine Medications
- D. Market News and Updates
- E. Tosymra™ (Sumatriptan Nasal Spray) Product Summary
- F. Reyvow™ (Lasmiditan Tablets) Product Summary
- G. Ubrelvy™ (Ubrogepant Tablets) Product Summary
- H. College of Pharmacy Recommendations
- I. Utilization Details of Anti-Migraine Medications

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

**16. Annual Review of Anticonvulsants and 30-Day Notice to Prior Authorize Xcopri® (Cenobamate) – See Appendix O**

- A. Current Prior Authorization Criteria
- B. Utilization of Anticonvulsants
- C. Prior Authorization of Anticonvulsants
- D. Market News and Updates
- E. Xcopri® (Cenobamate) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Anticonvulsants

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

**17. Annual Review of Osteoporosis Medications and 30-Day Notice to Prior Authorize Evenity® (Romosozumab-aqqg) – See Appendix P**

- A. Current Prior Authorization Criteria
- B. Utilization of Osteoporosis Medications
- C. Prior Authorization of Osteoporosis Medications
- D. Market News and Updates
- E. Evenity® (Romosozumab-aqqg) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Osteoporosis Medications

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

**18. Annual Review of Inhaled Short-Acting Beta<sub>2</sub> Agonists and 30-Day Notice to Prior Authorize ProAir® Digihaler™ (Albuterol Sulfate Inhalation Powder) – See Appendix Q**

- A. Current Prior Authorization Criteria
- B. Utilization of Inhaled Short-Acting Beta<sub>2</sub> Agonists
- C. Prior Authorization of Inhaled Short-Acting Beta<sub>2</sub> Agonists
- D. Market News and Updates
- E. ProAir® Digihaler™ (Albuterol Sulfate Inhalation Powder) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Inhaled Short-Acting Beta<sub>2</sub> Agonists

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

**19. U.S. Food and Drug Administration (FDA) and Drug Enforcement Administration (DEA) Updates – See Appendix R**

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

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

- A. Multiple Sclerosis Medications
- B. Lymphoma Medications
- C. Anti-parasitic Medications
- D. Anti-emetic Medications

*\*Future business subject to change.*

**21. Adjournment**