

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Meeting – April 11, 2018 @ 4:00 p.m.

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

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 for Public Comment

Items to be presented by Dr. Muchmore, Chairman:

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

- A. March 14, 2018 DUR Minutes – Vote
- B. March 14, 2018 DUR Recommendations Memorandum
- C. Correspondence

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

4. Update on Medication Coverage Authorization Unit/Metoclopramide (Reglan®) Induced Tardive Dyskinesia Safety Mailing Update – See Appendix B

- A. Medication Coverage Activity for March 2018
- B. Pharmacy Help Desk Activity for March 2018
- C. Metoclopramide (Reglan®) Induced Tardive Dyskinesia Safety Mailing Update

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

5. Action Item – Vote to Prior Authorize Ocrevus™ (Ocrelizumab) – See Appendix C

- A. Introduction
- B. College of Pharmacy Recommendations

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

6. Action Item – Vote to Prior Authorize Luxturna™ (Voretigene Neparvovec-rzyl) – See Appendix D

- A. Introduction
- B. Other AAV2 Clinical Studies
- C. College of Pharmacy Recommendations

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

7. Action Item – Vote to Prior Authorize Prolastin®-C Liquid [Alpha₁-Proteinase Inhibitor (Human)] – See Appendix E

- A. Introduction
- B. College of Pharmacy Recommendations

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

8. Action Item – Vote to Prior Authorize Arzerra® (Ofatumumab), Gazyva® (Obinutuzumab), Imbruvica® (Ibrutinib), Venclexta™ (Venetoclax), and Zydelig® (Idelalisib) – See Appendix F

- A. Introduction
- B. Recommendations

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

9. Annual Review of the SoonerCare Pharmacy Benefit – See Appendix G

- A. Summary
- B. Medicaid Drug Rebate Program
- C. Alternative Payment Models
- D. Drug Approval Trends
- E. Traditional Versus Specialty Pharmacy Products
- F. Top 10 Therapeutic Classes by Reimbursement
- G. Top 10 Medications by Reimbursement
- H. Cost Per Claim
- I. Conclusion
- J. Top 100 Reimbursed Drugs by Fiscal Year
- K. Top 50 Medications by Total Number of Claims
- L. Top 10 Traditional and Specialty Therapeutic Classes by Fiscal Year

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

10. Action Item – Hepatitis C Medication Criteria Update – See Appendix H

- A. Introduction
- B. Utilization of Hepatitis C Medications
- C. College of Pharmacy Recommendations

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

11. Action Item – Annual Review of Benlysta® (Belimumab) – See Appendix I

- A. Current Prior Authorization Criteria
- B. Utilization of Benlysta® (Belimumab)
- C. Prior Authorization of Benlysta® (Belimumab)
- D. Market News and Updates
- E. College of Pharmacy Recommendations
- F. Utilization Details of Benlysta® (Belimumab)

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

12. Annual Review of Diabetes Medications and 30-Day Notice to Prior Authorize Admelog® (Insulin Lispro), Fiasp® (Insulin Aspart), Humulin® R U-500 Vials (Insulin Human 500 Units/mL), Ozempic® (Semaglutide), Steglatro™ (Ertugliflozin), Segluromet™ (Ertugliflozin/Metformin), and Steglujan™ (Ertugliflozin/Sitagliptin) – See Appendix J

- A. Current Prior Authorization Criteria
- B. Utilization of Diabetes Medications
- C. Prior Authorization of Diabetes Medications
- D. Market News and Updates
- E. Admelog® (Insulin Lispro) Product Summary
- F. Fiasp® (Insulin Aspart) Product Summary
- G. Ozempic® (Semaglutide) Product Summary
- H. Steglatro™ (Ertugliflozin) Product Summary
- I. Segluromet™ (Ertugliflozin/Metformin) Product Summary
- J. Steglujan™ (Ertugliflozin/Sitagliptin) Product Summary
- K. College of Pharmacy Recommendations
- L. Utilization Details of Non-Insulin Diabetes Medications
- M. Utilization Details of Insulin Medications

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

13. Annual Review of Antihypertensive Medications and 30-Day Notice to Prior Authorize Prexartan® (Valsartan Oral Solution), Tekturna® (Aliskiren Oral Pellets), and CaroSpir® (Spironolactone Oral Suspension) – See Appendix K

- A. Current Prior Authorization Criteria
- B. Utilization of Antihypertensive Medications
- C. Prior Authorization of Antihypertensive Medications
- D. Market News and Updates

- E. Prexartan® (Valsartan Oral Solution) Product Summary
- F. Tekturna® (Aliskiren Oral Pellets) Product Summary
- G. CaroSpir® (Spironolactone Oral Suspension) Product Summary
- H. College of Pharmacy Recommendations
- I. Utilization Details of Antihypertensive Medications

Non-Presentation; Questions Only:

14. Industry News and Updates – See Appendix L

- A. Introduction
- B. News and Updates

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

15. U.S. Food and Drug Administration (FDA) and Drug Enforcement Administration (DEA) Updates – See Appendix M

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

16. Future Business* (Upcoming Product and Class Reviews)

No live meeting scheduled for May. May will be a packet only meeting.

- A. Otic Anti-Infective Medications
- B. Elaprase® (Idursulfase)
- C. Kuvan® (Sapropterin)
- D. Granulocyte Colony Stimulating Factors
- E. Ophthalmic Anti-Inflammatories
- F. Anti-Parasitic Medications
- G. Bowel Preparation Medications

**Future business subject to change.*

17. Adjournment