

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Meeting – June 13, 2018 @ 4:00pm

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. April 11, 2018 DUR Minutes – Vote
- B. April 11, 2018 DUR Recommendations Memorandum
- C. May 9, 2018 DUR Recommendations Memorandum

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

4. Update on Medication Coverage Authorization Unit/ADHD Prescription Use in Reproductive-Aged Women – See Appendix B

- A. Medication Coverage Activity for May 2018
- B. Pharmacy Helpdesk Activity for May 2018
- C. ADHD Prescription Use in Reproductive-Aged Women

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

5. Action Item – Vote to Prior Authorize Clenpiq™ (Sodium Picosulfate/Magnesium Oxide/Anhydrous Citric Acid) – 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 Otiprio® (Ciprofloxacin Otic Suspension) – See Appendix D

- A. Introduction
- B. College of Pharmacy Recommendations

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

7. Action Item – Vote to Prior Authorize Admelog® (Insulin Lispro), Bydureon® BCise™ (Exenatide Extended-Release Autoinjector Pen), 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 E

- A. Introduction
- B. College of Pharmacy Recommendations

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

8. Action Item – Vote to Update the Prior Authorization Criteria for Tazorac® (Tazarotene Cream and Gel) – See Appendix F

- A. Introduction
- B. College of Pharmacy Recommendations

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

9. Action Item – Vote to Prior Authorize Prexartan® (Valsartan Oral Solution), Tekturna® (Aliskiren Oral Pellets), and CaroSpir® (Spironolactone Oral Suspension) – See Appendix G

- A. Introduction
- B. Market News and Updates
- C. College of Pharmacy Recommendations

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

10. Action Item – Vote to Prior Authorize Benznidazole – See Appendix H

- A. Introduction
- B. College of Pharmacy Recommendations

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

11. Annual Review of Lung Cancer Medications and 30-Day Notice to Prior Authorize Imfinzi® (Durvalumab) and to Update the Current Prior Authorization Criteria – See Appendix I

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Lung Cancer Medications
- D. Prior Authorization of Lung Cancer Medications
- E. Market News and Updates
- F. Imfinzi® (Durvalumab) Product Summary
- G. Recommendations
- H. Utilization Details of Lung Cancer Medications

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

12. Annual Review of Prostate Cancer Medications and 30-Day Notice to Prior Authorize Erleada™ (Apalutamide) and Yonsa® (Abiraterone Acetate) – See Appendix J

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

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

13. Action Item – Annual Review of Vesicular Monoamine Transporter 2 (VMAT2) Inhibitor Medications and Vote to Prior Authorize Austedo® (Deutetrabenazine) for Tardive Dyskinesia – See Appendix K

- A. Current Prior Authorization Criteria
- B. Utilization of VMAT2 Inhibitor Medications
- C. Prior Authorization of VMAT2 Inhibitor Medications
- D. Market News and Updates
- E. VMAT2 Inhibitor Cost Comparison
- F. College of Pharmacy Recommendations
- G. Utilization Details of VMAT2 Inhibitor Medications

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

14. Annual Review of ADHD and Narcolepsy Medications and 30-Day Notice to Prior Authorize Cotempla XR-ODT™ [Methylphenidate Extended-Release (ER) Orally Disintegrating Tablet (ODT)], Mydayis® (Amphetamine/Dextroamphetamine ER Capsule), and Adzenys ER™ (Amphetamine ER Suspension) – See Appendix L

- A. Current Prior Authorization Criteria
- B. Utilization of ADHD and Narcolepsy Medications
- C. Prior Authorization of ADHD and Narcolepsy Medications

- D. Medicaid Drug Rebate Program
- E. Market News and Updates
- F. Cotelpla XR-ODT™ (Methylphenidate ER ODT) Product Summary
- G. Mydayis® (Amphetamine/Dextroamphetamine ER Capsule) Product Summary
- H. Adzenys ER™ (Amphetamine ER Suspension) Product Summary
- I. College of Pharmacy Recommendations
- J. Utilization Details of ADHD and Narcolepsy Medications

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

15. 30-Day Notice to Prior Authorize Crysvida® (Burosumab-twza) – See Appendix M

- A. Introduction
- B. Market News and Updates
- C. Crysvida® (Burosumab-twza) Product Summary
- D. College of Pharmacy Recommendations

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

16. Annual Review of Various Special Formulations and 30-Day Notice to Prior Authorize Baclofen 5mg Tablet, Esomep-EZS™ (Esomeprazole Kit), Lyrica® CR (Pregabalin Extended-Release), Restasis MultiDose® (Cyclosporine 0.05% Ophthalmic Emulsion), Sinuva™ (Mometasone Furoate Sinus Implant), Xepi™ (Ozenoxacin 1% Cream), Xhance™ (Fluticasone Propionate Nasal Spray), and ZTlido™ (Lidocaine 1.8% Topical System) – See Appendix N

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Special Formulations
- D. Prior Authorization of Special Formulations
- E. Baclofen 5mg Tablet Product Summary
- F. ESOMEPE-EZS™ (Esomeprazole Kit) Product Summary
- G. Lyrica® CR (Pregabalin Extended-Release) Product Summary
- H. Restasis MultiDose® (Cyclosporine 0.05% Ophthalmic Emulsion) Product Summary
- I. Sinuva™ (Mometasone Furoate Sinus Implant) Product Summary
- J. Xepi™ (Ozenoxacin 1% Cream) Product Summary
- K. Xhance™ (Fluticasone Propionate Nasal Spray) Product Summary
- L. ZTlido™ (Lidocaine 1.8% Topical System) Product Summary
- M. College of Pharmacy Recommendations
- N. Utilization Details of Special Formulations

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

17. Annual Review of Atypical Antipsychotic Medications – See Appendix O

- A. Current Prior Authorization Criteria
- B. Utilization of Atypical Antipsychotic Medications
- C. Prior Authorization of Atypical Antipsychotic Medications
- D. Medicaid Drug Rebate Program
- E. Market News and Updates
- F. College of Pharmacy Recommendations
- G. Utilization Details of Atypical Antipsychotic Medications

Non-Presentation: Questions Only:

18. Industry News and Updates – See Appendix P

- A. Introduction
- B. News and Updates

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

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

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

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

- A. Jynarque™ (Tolvaptan)
- B. Opioid Analgesics and Medication Assisted Treatment (MAT) Medications
- C. Atopic Dermatitis Medications
- D. Brineura® (Cerliponase Alfa)
- E. Radicava® (Edaravone)
- F. Vimizim® (Elosulfase Alfa)
- G. Botulinum Toxins

**Future business subject to change.*

21. Adjournment