

# Oklahoma Health Care Authority

## Drug Utilization Review Board (DUR Board)

Meeting – November 9, 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. Acknowledgement of Speakers for Public Comment

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

**3. Acknowledgement of Dr. Jim Rhymer for Service to DUR Board**

Items to be presented by Dr. Muchmore, Chairman:

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

A. October 12, 2016 DUR Minutes – Vote

B. October 12, 2016 DUR Recommendations Memorandum

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

**5. Update on Medication Coverage Authorization Unit/Drug Utilization Review of Prenatal Vitamins – See Appendix B**

A. Medication Coverage Activity for October 2016

B. Pharmacy Help Desk Activity for October 2016

C. Drug Utilization Review of Prenatal Vitamins

Items to be presented by Joseph Young:

**6. Action Item – Proposed Executive Session as Recommended by the Office of Legal Services and Authorized by the Open Meetings Act, 25 O.S. § 307(B)(4) – Discussion of Pending and Potential Litigation/Claims**

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

**7. Action Item – Vote to Prior Authorize Odomzo® (Sonidegib), Erivedge® (Vismodegib), Keytruda® (Pembrolizumab), Opdivo® (Nivolumab), Yervoy® (Ipilimumab), Tafinlar® (Dabrafenib), Zelboraf® (Vemurafenib), Cotellic® (Cobimetinib), Mekinist® (Trametinib), and Imlygic® (Talimogene Laherparepvec) – See Appendix C**

A. Introduction

B. Recommendations

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

**8. Action Item – Vote to Prior Authorize Relistor® (Methylnaltrexone) Tablets – See Appendix D**

A. Introduction

B. Cost Comparison: Medications for Opioid Induced Constipation (Chronic Non-Cancer Pain)

C. College of Pharmacy Recommendations

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

**9. Action Item – Vote to Prior Authorize Xeljanz® XR (Tofacitinib Extended-Release), Taltz® (Ixekizumab), Inflectra™ (Infliximab-dyyb), Erelzi™ (Etanercept-szss), & Amjevita™ (Adalimumab-atto) – See Appendix E**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**10. Action Item – Vote to Prior Authorize Synera® (Lidocaine/Tetracaine Topical Patch) – See Appendix F**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**11. Action Item – Vote to Prior Authorize Ultravate® (Halobetasol Propionate Lotion 0.05%), Sernivo™ (Betamethasone Dipropionate 0.05% Spray), & Flurandrenolide 0.05% Cream and Lotion – See Appendix G**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**12. Action Item – Annual Review of Orkambi® (Lumacaftor/Ivacaftor) & Kalydeco® (Ivacaftor) – See Appendix H**

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

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

**13. Annual Review of Hepatitis C Medications and 30-Day Notice to Prior Authorize Viekira XR™ (Dasabuvir/Ombitasvir/Paritaprevir/Ritonavir) and Epclusa® (Sofosbuvir/Velpatasvir) – See Appendix I**

- 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. Viekira XR™ (Dasabuvir/Ombitasvir/Paritaprevir/Ritonavir) Product Summary
- H. Epclusa® (Sofosbuvir/Velpatasvir) Product Summary
- I. College of Pharmacy Recommendations
- J. Utilization Details of Hepatitis C Medications

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

**14. 30-Day Notice to Prior Authorize Jadenu™ (Deferasirox) and Ferriprox® (Deferiprone) – See Appendix J**

- A. Introduction
- B. Utilization of Oral Iron Chelating Agents
- C. Market News and Updates
- D. Oral Iron Chelating Agents Summary
- E. Estimated Cost Savings
- F. College of Pharmacy Recommendations
- G. Utilization Details of Oral Iron Chelating Agents

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

**15. Annual Review of Various Antibiotics and 30-Day Notice to Prior Authorize Acticlate® (Doxycycline Hyclate) – See Appendix K**

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

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

**16. Annual Review of Pancreatic Enzyme Products and 30-Day Notice to Prior Authorize Pancreaze® (Pancrelipase), Pertzye® (Pancrelipase), and Viokace® (Pancrelipase) – See Appendix L**

- A. Introduction
- B. Utilization of Pancreatic Enzyme Products
- C. Market News and Updates
- D. Pancreatic Enzyme Product Summaries
- E. Estimated Cost Savings
- F. College of Pharmacy Recommendations
- G. Utilization Details of Pancreatic Enzyme Products

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

**17. Annual Review of Ophthalmic Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) and 30-Day Notice to Prior Authorize BromSite™ (Bromfenac 0.075% Ophthalmic Solution) – See Appendix M**

- A. Current Prior Authorization Criteria
- B. Utilization of Ophthalmic NSAIDs
- C. Prior Authorization of Ophthalmic NSAIDs
- D. Market News and Updates
- E. BromSite™ (Bromfenac Ophthalmic Solution) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Ophthalmic Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)

Non-presentation: questions only:

**18. Annual Review of Keveyis™ (Dichlorphenamide) – See Appendix N**

- A. Hyperkalemic and Hypokalemic Periodic Paralysis Background Information
- B. Current Prior Authorization Criteria
- C. Utilization of Keveyis™ (Dichlorphenamide)
- D. Market News and Updates
- E. College of Pharmacy Recommendations

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

**19. FDA and DEA Updates – See Appendix O**

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

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

- A. Asthma/COPD Medications
- B. Defitelio® (Defibrotide)
- C. Exondys 51™ (Eteplirsen)
- D. Otic Anti-Infectives
- E. Anti-Emetic Medications
- F. Elaprase® (Idursulfase)
- G. Phosphate Binders
- H. Testosterone Products

*\*Future business subject to change.*

**21. Adjournment**