

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Meeting – May 10, 2017 @ 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. Acknowledgement 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 12, 2017 DUR Minutes – Vote
- B. April 12, 2017 DUR Recommendations Memorandum

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

4. Update on Medication Coverage Authorization Unit/Spring Pipeline Update – See Appendix B

- A. Medication Coverage Activity for April 2017
- B. Pharmacy Help Desk Activity for April 2017
- C. 2017 Spring Pipeline Update

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

5. Action Item – Vote to Prior Authorize Fosamax® (Alendronate 40mg Tablets) – See Appendix C

- A. Introduction
- B. College of Pharmacy Recommendations

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

6. Action Item – Vote to Prior Authorize Byvalson™ (Nebivolol/Valsartan) and Qbrelis™ (Lisinopril Oral Solution) – 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 Giazor® (Balsalazide Disodium Tablets) – See Appendix E

- A. Introduction
- B. College of Pharmacy Recommendations

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

8. Action Item – Vote to Prior Authorize Invokamet® XR (Canagliflozin/Metformin Extended-Release), Jentadueto® XR (Linagliptin/Metformin Extended-Release), Adlyxin® (Lixisenatide), Xultophy® 100/3.6 (Insulin Degludec/Liraglutide), Soliqua™ 100/33 (Insulin Glargine/Lixisenatide), Synjardy® XR (Empagliflozin/Metformin Extended-Release), and Qtern® (Dapagliflozin/Saxagliptin) – See Appendix F

- A. Introduction
- B. College of Pharmacy Recommendations

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

9. Annual Review of Lung Cancer Medications and 30-Day Notice to Prior Authorize Tarceva® (Erlotinib), Gilotrif® (Afatinib), Tagrisso™ (Osimertinib), Xalkori® (Crizotinib), Zykadia® (Ceritinib), Alecensa® (Alectinib), Cyramza® (Ramucirumab), Tecentriq® (Atezolizumab), and Alunbrig™ (Brigatinib) – See Appendix G

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

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

10. 30-Day Notice to Prior Authorize Kuvan® (Sapropterin) – See Appendix H

- A. Phenylketonuria
- B. Utilization of Kuvan® (Sapropterin)
- C. Market News and Updates
- D. Kuvan® (Sapropterin) Product Summary
- E. College of Pharmacy Recommendations

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

11. 30-Day Notice to Prior Authorize Lumizyme® (Alglucosidase Alfa Injection) – See Appendix I

- A. Pompe Disease (Acid Alpha-Glucosidase Deficiency)
- B. Utilization of Lumizyme® (Alglucosidase Alfa)
- C. Market News and Updates
- D. Lumizyme® (Alglucosidase Alfa) Product Summary
- E. College of Pharmacy Recommendations

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

12. 30-Day Notice to Prior Authorize Alpha₁-Proteinase Inhibitors: Aralast NP™, Glassia™, Prolastin®-C, and Zemaira® – See Appendix J

- A. Alpha₁ Antitrypsin Deficiency
- B. Utilization of Alpha₁-Proteinase Inhibitors
- C. Market News and Updates
- D. Alpha₁-Proteinase Inhibitors Class Summary
- E. College of Pharmacy Recommendations
- F. Utilization Details of Alpha₁-Proteinase Inhibitors

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

13. Annual Review of Antiparasitic Medications and 30-Day Notice to Prior Authorize Impavido® (Miltefosine) – See Appendix K

- A. Current Prior Authorization Criteria
- B. Utilization of Antiparasitic Medications
- C. Prior Authorization of Antiparasitic Medications
- D. Leishmaniasis Background Information
- E. Impavido® (Miltefosine) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Antiparasitic Medications

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

14. Annual Review of Bowel Preparation Medications and 30-Day Notice to Prior Authorize ColPrep™ Kit (Sodium Sulfate/Potassium Sulfate/Magnesium Sulfate) – See Appendix L

- A. Current Prior Authorization Criteria
- B. Utilization of Bowel Preparation Medications
- C. Market News and Updates
- D. Prior Authorization of Bowel Preparation Medications
- E. ColPrep™ Kit (Sodium Sulfate/Potassium Sulfate/Magnesium Sulfate) Product Summary

- F. College of Pharmacy Recommendations
- G. Utilization Details of Bowel Preparation Medications

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

15. 30-Day Notice to Prior Authorize Elaprase® (Idursulfase) – See Appendix M

- A. Introduction
- B. Utilization of Elaprase® (Idursulfase)
- C. Elaprase® (Idursulfase) Product Summary
- D. College of Pharmacy Recommendations

Non-presentation; Questions Only:

16. Annual Review of Botulinum Toxins – See Appendix N

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

Non-presentation; Questions Only:

17. Annual Review of Gaucher Disease Medications – See Appendix O

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Gaucher Disease Medications
- D. Prior Authorization of Gaucher Disease Medications
- E. Market News and Updates
- F. College of Pharmacy Recommendations
- G. Utilization Details of Gaucher Disease Medications

Non-presentation; Questions Only:

18. Annual Review of Gonadotropin-Releasing Hormone (GnRH) Medications – See Appendix P

- 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

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

19. FDA and DEA Updates – See Appendix Q

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

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

- A. Various Special Formulations
- B. ADHD and Narcolepsy Medications
- C. Atypical Antipsychotic Medications
- D. Prostate Cancer Medications
- E. H.P. Acthar® Gel (Respository Corticotropin Injection)
- F. Ingrezza™ (Valbenazine)
- G. Inhaled Cystic Fibrosis Medications
- H. Austedo™ (Deutetrabenazine)
- I. Tazorac® (Tazarotene)

**Future business subject to change.*

21. Adjournment