# **Oklahoma Health Care Authority**

Drug Utilization Review Board (DUR Board) Meeting – March 11, 2015 @ 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 and Agenda Items

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

- 3. Action Item Approval of DUR Board Meeting Minutes See Appendix A
  - A. February 11, 2015 DUR Minutes Vote
  - B. February 11, 2015 DUR Recommendations Memorandum

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

- 4. Update on Medication Coverage Authorization Unit/FDA Safety Alerts See Appendix B
  - A. Medication Coverage Activity for February 2015
  - B. Pharmacy Help Desk Activity for February 2015
  - C. FDA Safety Alerts

## <u>Items to be presented by Dr. Holderread, Dr. Muchmore, Chairman:</u>

- Action Item Vote to Prior Authorize Lemtrada™ (Alemtuzumab) and Plegridy™
  (Peginterferon β-1a) See Appendix C
  - A. College of Pharmacy Recommendations

#### Items to be presented by Dr. Teel, Dr. Muchmore, Chairman:

6. Action Item – Vote to Prior Authorize Brisdelle® (Paroxetine Mesylate) – See Appendix D
A. College of Pharmacy Recommendations

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

- 7. Action Item Vote to Prior Authorize Orenitram™ (Treprostinil) and Revatio® (Sildenafil Suspension) See Appendix E
  - A. College of Pharmacy Recommendations

## Items to be presented by Dr. Anderson, Dr. Muchmore, Chairman:

- 8. Action Item Vote to Prior Authorize Myalept™ (Metreleptin) See Appendix F
  - A. College of Pharmacy Recommendations

# Items to be presented by Dr. Anderson, Dr. Muchmore, Chairman:

- 9. Action Item Annual Review of Ilaris® (Canakinumab) See Appendix G
  - A. Introduction
  - B. Current Prior Authorization Criteria
  - C. Utilization of Ilaris® (Canakinumab)
  - D. Prior Authorization of Ilaris® (Canakinumab)
  - E. Market News and Updates
  - F. College of Pharmacy Recommendations
  - G. Utilization Details of Ilaris® (Canakinumab)

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

- 10. 30-Day Notice to Prior Authorize Sylvant™ (Siltuximab) See Appendix H
  - A. Introduction
  - B. Sylvant™ (Siltuximab) Product Summary
  - C. College of Pharmacy Recommendations

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

- Annual Review of Topical Antifungal Medications and 30-Day Notice to Prior Authorize Ecoza™ (Econazole Nitrate), Jublia® (Efinaconazole), and Kerydin™ (Tavaborole) – See Appendix I
  - A. Current Prior Authorization Criteria
  - B. Utilization of Topical Antifungal Medications
  - C. Prior Authorization of Topical Antifungal Medications
  - D. Market News and Updates
  - E. Product Summaries
  - F. College of Pharmacy Recommendations
  - G. Utilization Details of Topical Antifungal Medications

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

- 12. Annual Review of Glaucoma Medications and 30-Day Notice to Prior Authorize Izba® (Travoprost Ophthalmic Solution) See Appendix J
  - A. Current Prior Authorization Criteria
  - B. Utilization of Glaucoma Medications
  - C. Prior Authorization of Glaucoma Medications
  - D. Market News and Updates
  - E. Izba® (Travoprost Ophthalmic Solution) Product Summary
  - F. College of Pharmacy Recommendations
  - G. Utilization Details of Glaucoma Medications

#### Non-Presentation, Questions Only:

- 13. Annual Review of Soliris® (Eculizumab) See Appendix K
  - A. Indication
  - B. Current Prior Authorization Criteria
  - C. Utilization of Soliris® (Eculizumab)
  - D. Prior Authorization of Soliris® (Eculizumab)
  - E. College of Pharmacy Recommendations
  - F. Utilization Details of Soliris® (Eculizumab)

## Non-Presentation, Questions Only:

## 14. Annual Review of Botulinum Toxins - See Appendix L

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

## Non-Presentation, Questions Only:

# 15. Annual Review of Singulair® (Montelukast) and Zyflo CR® (Zileuton Extended-Release) - See Appendix M

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Singulair<sup>®</sup> (Montelukast) and Zyflo CR<sup>®</sup> (Zileuton Extended-Release) D. Prior Authorization of Singulair<sup>®</sup> (Montelukast) and Zyflo CR<sup>®</sup> (Zileuton Extended-Release)
- E. Market News and Updates
- F. College of Pharmacy Recommendations
- G. Utilization Details of Singulair® (Montelukast) and Zyflo CR® (Zileuton Extended-Release)

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

## 16. FDA and DEA Updates - See Appendix N

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

#### 17. Future Business

- A. Annual Reviews
- B. New Product Reviews

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

18. Adjournment