

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Packet – January 13, 2021

No live January meeting. January 2021 is a packet only meeting.

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. Approval of DUR Board Meeting Minutes – See Appendix A

- A. December 9, 2020 DUR Minutes
- B. December 9, 2020 DUR Recommendations Memorandum
- C. Correspondence

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

2. Update on Medication Coverage Authorization Unit/SoonerCare Opioid Initiative Update – See Appendix B

- A. Pharmacy Helpdesk Activity for December 2020
- B. Medication Coverage Activity for December 2020
- C. SoonerCare Opioid Initiative Update

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

3. Annual Review of Gonadotropin Releasing Hormone (GnRH) Medications and 30-Day Notice to Prior Authorize Fensolvi® (Leuprolide Acetate) and Oriahnn™ (Elagolix/Estradiol/Norethindrone and Elagolix) – See Appendix C

- A. Current Prior Authorization Criteria
- B. Utilization of GnRH Medications
- C. Prior Authorization of GnRH Medications
- D. Market News and Updates
- E. Fensolvi® (Leuprolide Acetate) Product Summary
- F. Oriahnn™ (Elagolix/Estradiol/Norethindrone and Elagolix) Product Summary
- G. College of Pharmacy Recommendations
- H. Utilization Details of GnRH Medications

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

4. Annual Review of Antihyperlipidemics and 30-Day Notice to Prior Authorize Nexletol® (Bempedoic Acid) and Nexlizet™ (Bempedoic Acid/Ezetimibe) – See Appendix D

- A. Current Prior Authorization Criteria
- B. Utilization of Antihyperlipidemics
- C. Prior Authorization of Antihyperlipidemics
- D. Market News and Updates
- E. Nexletol® (Bempedoic Acid) Product Summary
- F. Nexlizet™ (Bempedoic Acid/Ezetimibe) Product Summary
- G. Cost Comparison: LDL-C Lowering Therapies as an Adjunct to Statins
- H. College of Pharmacy Recommendations
- I. Utilization Details of Antihyperlipidemics

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

5. Annual Review of Glaucoma Medications and 30-Day Notice to Prior Authorize Durysta™ (Bimatoprost Implant) – See Appendix E

- A. Current Prior Authorization Criteria
- B. Utilization of Glaucoma Medications
- C. Prior Authorization of Glaucoma Medications
- D. Market News and Updates
- E. Durysta™ (Bimatoprost Implant) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Glaucoma Medications

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

6. Annual Review of Antiviral Medications – See Appendix F

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

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

7. Annual Review of Korlym® (Mifepristone) – See Appendix G

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

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

8. Annual Review of Turalio® (Pexidartinib) – See Appendix H

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Turalio® (Pexidartinib)
- D. Prior Authorization of Turalio® (Pexidartinib)
- E. College of Pharmacy Recommendations

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

9. Annual Review of Inrebic® (Fedratinib) and Elzonris® (Tagraxofusp-erzs) – See Appendix I

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Elzonris® (Tagraxofusp-erzs) and Inrebic® (Fedratinib)
- D. Prior Authorization of Elzonris® (Tagraxofusp-erzs) and Inrebic® (Fedratinib)
- E. College of Pharmacy Recommendations

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

10. 30-Day Notice to Prior Authorize Imcivree™ (Setmelanotide) – See Appendix J

- A. Introduction
- B. Imcivree™ (Setmelanotide) Product Summary
- C. College of Pharmacy Recommendations

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

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

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

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

- A. Anticonvulsants
- B. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
- C. Anti-Migraine Medications
- D. Osteoporosis Medications
- E. Leukemia Medications

**Future product and class reviews subject to change.*

NOTE: An analysis of the atypical [Aged, Blind, and Disabled (ABD)] patient subgroup of the Oklahoma Medicaid population has been performed pertaining to all recommendations included in this DUR Board meeting packet to ensure fair and knowledgeable deliberation of the potential impact of the recommendations on this patient population.