

# Oklahoma Health Care Authority

## Drug Utilization Review Board (DUR Board)

Meeting – April 12, 2017 @ 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. Muchmore, Chairman:

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

- A. March 8, 2017 DUR Minutes – Vote
- B. March 8, 2017 DUR Recommendations Memorandum
- C. Correspondence

Items to be presented by Carrie Evans, Tywanda Cox, Dr. Muchmore, Chairman:

**4. State Fiscal Year (SFY) 2018 Appropriation Scenarios and Access to Care**

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

**5. Update on Medication Coverage Authorization Unit/Nonsteroidal Anti-Inflammatory Drug (NSAID) Safety Mailing Update – See Appendix B**

- A. Medication Coverage Activity for March 2017
- B. Pharmacy Help Desk Activity for March 2017
- C. Nonsteroidal Anti-Inflammatory Drug (NSAID) Safety Mailing Update

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

**6. Action Item – Vote to Prior Authorize Spinraza™ (Nusinersen) – See Appendix C**

- A. Introduction
- B. Motor Function Tests Used in Nusinersen Clinical Trials
- C. College of Pharmacy Recommendations

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

**7. Action Item – Vote to Prior Authorize Zinbryta™ (Daclizumab) – See Appendix D**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**8. Action Item – Vote to Prior Authorize Zinplava™ (Bezlotoxumab) – See Appendix E**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**9. Action Item – Vote to Prior Authorize Hydroxyprogesterone Caproate Injection (Generic Delalutin®) – See Appendix F**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**10. Action Item – Vote to Update Adempas® (Riociguat) Approval Criteria – See Appendix G**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**11. Fiscal Year 2016 Annual Review of SoonerCare Pharmacy Benefit – See Appendix H**

- A. Summary
- B. Medicaid Drug Rebate Program
- C. Orphan Drugs
- D. Traditional Versus Specialty Pharmacy Products
- E. Top 10 Therapeutic Classes by Reimbursement
- F. Top 10 Medications by Reimbursement
- G. Cost Per Claim
- H. Conclusion
- I. Top 100 Reimbursed Drugs by Fiscal Year
- J. Top 50 Medications by Total Number of Claims
- K. Top Traditional Therapeutic Classes by Fiscal Year
- L. Top Specialty Therapeutic Classes by Fiscal Year

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

**12. Annual Review of Diabetes Medications and 30-Day Notice 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 I**

- A. Current Prior Authorization Criteria
- B. Utilization of Diabetes Medications
- C. Prior Authorization of Diabetes Medications
- D. Market News and Updates
- E. Product Summaries
- F. College of Pharmacy Recommendations
- G. Utilization Details of Non-Insulin Diabetes Medications
- H. Utilization Details of Insulin Medications

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

**13. Annual Review of Ulcerative Colitis (UC) Medications and 30-Day Notice to Prior Authorize Giazio® (Balsalazide Disodium Tablets) – See Appendix J**

- A. Current Prior Authorization Criteria
- B. Utilization of UC Medications
- C. Prior Authorization of UC Medications
- D. Market News and Updates
- E. Giazio® (Balsalazide) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of UC Medications

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

**14. Annual Review of Antihypertensive Medications and 30-Day Notice to Prior Authorize Byvalson™ (Nebivolol/Valsartan) and Qbrelis™ (Lisinopril Oral Solution) – See Appendix K**

- A. Current Prior Authorization Criteria
- B. Utilization of Antihypertensive Medications
- C. Prior Authorization of Antihypertensive Medications
- D. Market News and Updates
- E. Byvalson™ (Nebivolol/Valsartan) Product Summary
- F. Qbrelis™ (Lisinopril Oral Solution) Product Summary
- G. College of Pharmacy Recommendations
- H. Utilization Details of Antihypertensive Medications

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

**15. Annual Review of Osteoporosis Medications and 30-Day Notice to Prior Authorize Fosamax® (Alendronate 40mg Tablets) – See Appendix L**

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

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

**16. Annual Review of Granulocyte Colony-Stimulating Factors (G-CSFs) – See Appendix M**

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

Non-presentation; questions only:

**17. Annual Review of Idiopathic Pulmonary Fibrosis (IPF) Medications – See Appendix N**

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

Non-presentation; questions only:

**18. Annual Review of Strensiq® (Asfotase Alfa) – See Appendix O**

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Strensiq® (Asfotase Alfa)
- D. Prior Authorization of Strensiq® (Asfotase Alfa)
- E. Market News and Updates
- F. College of Pharmacy Recommendations

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

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

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

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

- A. Bowel Preparation Medications
- B. Lung Cancer Medications
- C. Gauchers Disease Medications
- D. Alpha-1 Proteinase Inhibitors
- E. Botulinum Toxins
- F. Gonadotropin Releasing Hormone Medications
- G. Elaprase® (Idursulfase)
- H. Antiparasitic Medications
- I. Lumizyme® (Alglucosidase Alfa)

*\*Future business subject to change.*

**21. Adjournment**