

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Meeting – October 4, 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. Acknowledgment 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. September 13, 2017 DUR Minutes – Vote

B. September 13, 2017 DUR Recommendations Memorandum

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

4. Action Item – Vote on 2018 Meeting Dates – See Appendix B

A. Meetings are held the second Wednesday of every month at 4:00 PM

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

5. Update on Medication Coverage Authorization Unit/Menopausal Hormone Therapy (MHT) for Vasomotor Symptoms Safety Mailing Update – See Appendix C

A. Medication Coverage Activity for September 2017

B. Pharmacy Help Desk Activity for September 2017

C. Menopausal Hormone Therapy (MHT) for Vasomotor Symptoms Safety Mailing Update

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

6. Action Item – Vote to Prior Authorize Afstyla® [Antihemophilic Factor (Recombinant), Single Chain] and Rebinyn® [Coagulation Factor IX (Recombinant), GlycoPEGylated] – See Appendix D

A. Introduction

B. Recommendations

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

7. Action Item – Vote to Prior Authorize Endari™ (L-Glutamine) – 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 Namenda XR® (Memantine Extended-Release Capsules) and Update Namzaric® (Memantine Extended-Release/Donepezil Capsules) Criteria – See Appendix F

A. Introduction

B. College of Pharmacy Recommendations

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

9. Action Item – Vote to Prior Authorize Zypitamag™ (Pitavastatin Magnesium) and Nikita™ (Pitavastatin Sodium) – See Appendix G

A. Introduction

B. College of Pharmacy Recommendations

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

10. Action Item – Vote to Prior Authorize Fabrazyme® (Agalsidase Beta) – See Appendix H

A. Introduction

B. College of Pharmacy Recommendations

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

11. Action Item – Vote to Prior Authorize Kisqali® (Ribociclib), Kisqali® Femara® Co-Pack (Ribociclib/Letrozole), and Nerlynx™ (Neratinib) – See Appendix I

A. Introduction

B. Recommendations

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

12. Annual Review of Acute Lymphoblastic Leukemia (ALL) and Chronic Myeloid Leukemia (CML) Medications and 30-Day Notice to Prior Authorize Blincyto® (Blinatumomab), Besponsa® (Inotuzumab Ozogamicin), Bosulif® (Bosutinib), Gleevec® (Imatinib), Iclusig® (Ponatinib), Kymriah™ (Tisagenlecleucel), Synribo® (Omacetaxine), Sprycel® (Dasatinib), and Tassigna® (Nilotinib) – See Appendix J

A. Introduction

B. Utilization of ALL/CML Medications

C. Market News and Updates

D. Product Summaries

E. Recommendations

F. Utilization Details of ALL/CML Medications

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

13. Annual Review of Skin Cancer Medications and 30-Day Notice to Prior Authorize Bavencio® (Avelumab) – See Appendix K

A. Introduction

B. Previously Voted Prior Authorization Criteria

C. Utilization of Skin Cancer Medications

D. Prior Authorization of Skin Cancer Medications

E. Market News and Updates

F. Bavencio® (Avelumab) Product Summary

G. Recommendations

H. Utilization Details of Skin Cancer Medications

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

14. Annual Review of Hereditary Angioedema Medications and 30-Day Notice to Prior Authorize Haegarda® [C1 Esterase Inhibitor (Human)] – See Appendix L

A. Current Prior Authorization Criteria

B. Utilization of Hereditary Angioedema Medications

C. Market News and Updates

D. Prior Authorization of Hereditary Angioedema Medications

E. Haegarda® [C1 Esterase Inhibitor (Human)] Product Summary

F. College of Pharmacy Recommendations

G. Utilization Details of Hereditary Angioedema Medications

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

15. Annual Review of Targeted Immunomodulator Agents and 30-Day Notice to Prior Authorize Kevzara® (Sarilumab), Siliq™ (Brodalumab), Tremfya™ (Guselkumab), Cyltezo™ (Adalimumab-*adbm*), and Renflexis™ (Infliximab-*abda*) – See Appendix M

A. Current Prior Authorization Criteria

B. Utilization of Targeted Immunomodulator Agents

C. Prior Authorization of Targeted Immunomodulator Agents

D. Market News and Updates

E. Kevzara® (Sarilumab) Product Summary

- F. Silliq™ (Brodalumab) Product Summary
- G. Tremfya™ (Guselkumab) Product Summary
- H. Biosimilar Product Summaries
- I. Giant Cell Arteritis (GCA) Summary
- J. College of Pharmacy Recommendations
- K. Utilization Details of Targeted Immunomodulator Agents

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

16. Annual Review of Constipation and Diarrhea Medications and 30-Day Notice to Prior Authorize Trulance™ (Plecanatide), Xermelo™ (Telotristat Ethyl), Symproic® (Naldemedine), and Motofen® (Difenoxin/Atropine) – See Appendix N

- A. Current Prior Authorization Criteria
- B. Utilization of Constipation and Diarrhea Medications
- C. Prior Authorization of Constipation and Diarrhea Medications
- D. Market News and Updates
- E. Trulance™ (Plecanatide) Product Summary
- F. Xermelo™ (Telotristat Ethyl) Product Summary
- G. Symproic® (Naldemedine) Product Summary
- H. Cost Comparison: Constipation Medications
- I. College of Pharmacy Recommendations
- J. Utilization Details of Constipation and Diarrhea Medications

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

17. Annual Review of Thrombopoietin (TPO) Receptor Agonists and 30-Day Notice to Prior Authorize Promacta® (Eltrombopag) – See Appendix O

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of TPO Receptor Agonists
- D. Prior Authorization of TPO Receptor Agonists
- E. Market News and Updates
- F. Promacta® (Eltrombopag) Product Summary
- G. College of Pharmacy Recommendations
- H. Utilization Details of TPO Receptor Agonists

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

18. Annual Review of Allergen Immunotherapies and 30-Day Notice to Prior Authorize Odactra™ (House Dust Mite Allergen Extract) – See Appendix P

- A. Current Prior Authorization Criteria
- B. Utilization of Allergen Immunotherapies
- C. Prior Authorization of Allergen Immunotherapies
- D. Market News and Updates
- E. Odactra™ (House Dust Mite Allergen Extract) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Allergen Immunotherapies

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

19. Annual Review of Topical Corticosteroids and 30-Day Notice to Prior Authorize MiCort™ HC (Hydrocortisone Acetate 2.5% Cream) – See Appendix Q

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

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

20. Annual Review of Bladder Control Medications and 30-Day Notice to Prior Authorize Noctiva™ (Desmopressin Acetate Nasal Spray) – See Appendix R

- A. Current Prior Authorization Criteria
- B. Utilization of Bladder Control Medications
- C. Prior Authorization of Bladder Control Medications
- D. Market News and Updates
- E. Nocturnal Polyuria
- F. Noctiva™ (Desmopressin Acetate Nasal Spray) Product Summary
- G. College of Pharmacy Recommendations
- H. Utilization Details of Bladder Control Medications

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

21. Annual Review of Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) and 30-Day Notice to Prior Authorize Sprix® (Ketorolac Tromethamine Nasal Spray) and Cataflam® (Diclofenac Potassium Tablets) – See Appendix S

- A. Current Prior Authorization Criteria
- B. Utilization of NSAIDs
- C. Prior Authorization of NSAIDs
- D. Market News and Updates
- E. Sprix® (Ketorolac Tromethamine Nasal Spray) Product Summary
- F. Cost Comparison
- G. College of Pharmacy Recommendations
- H. Utilization Details of NSAIDs

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

22. Annual Review of Anti-Ulcer Medications and 30-Day Notice to Prior Authorize Yosprala™ (Aspirin/Omeprazole Delayed-Release Tablets) – See Appendix T

- A. Current Prior Authorization Criteria
- B. Utilization of Anti-Ulcer Medications
- C. Prior Authorization of Anti-Ulcer Medications
- D. Market News and Updates
- E. Yosprala™ (Aspirin/Omeprazole Delayed-Release Tablets) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Anti-Ulcer Medications

Non-Presentation; Questions Only:

23. Industry News and Updates – See Appendix U

- A. Introduction
- B. News and Updates

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

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

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

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

- A. Hepatitis C Medications
- B. Ophthalmic Anti-Inflammatories
- C. Pancreatic Enzymes
- D. Chronic Iron Overload Medications
- E. Various Antibiotics
- F. Cystic Fibrosis Medications

**Future business subject to change.*

26. Adjournment