

# Oklahoma Health Care Authority

Drug Utilization Review Board  
(DUR Board)

Packet – January 8, 2020

**No live January meeting. January 2020 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. DUR Board Meeting Minutes – See Appendix A**

- A. December 11, 2019 DUR Minutes
- B. December 11, 2019 DUR Recommendations Memorandum

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

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

- A. Pharmacy Helpdesk Activity for December 2019
- B. Medication Coverage Activity for December 2019
- C. SoonerCare Opioid Initiative Update

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

**3. Annual Review of Revcovi™ (Elapegademase-lvlr) – See Appendix C**

- A. Introduction
- B. Current Prior Authorizations Criteria
- C. Utilization of Revcovi™ (Elapegademase-lvlr)
- D. Prior Authorization of Revcovi™ (Elapegademase-lvlr)
- E. Market News and Updates
- F. College of Pharmacy Recommendations

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

**4. Annual Review of Gamifant® (Emapalumab-lzsg) – See Appendix D**

- A. Current Prior Authorization Criteria
- B. Utilization of Gamifant® (Emapalumab-lzsg)
- C. Prior Authorization of Gamifant® (Emapalumab-lzsg)
- D. Market News and Updates
- E. College of Pharmacy Recommendations

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

**5. Annual Review of Glaucoma Medications and 30-Day Notice to Prior Authorize Rocklatan® (Netarsudil/Latanoprost 0.02%/0.005% Ophthalmic Solution) – 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. Rocklatan® (Netarsudil/Latanoprost 0.02%/0.005% Ophthalmic Solution) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Glaucoma Medications

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

**6. Annual Review of Firdapse® (Amifampridine) and 30-Day Notice to Prior Authorize Ruzurgi® (Amifampridine) – See Appendix F**

- A. Introduction
- B. Current Prior Authorization Criteria

- C. Utilization of Firdapse® (Amifampridine)
- D. Prior Authorization of Firdapse® (Amifampridine)
- E. Market News and Updates
- F. Ruzurgi® (Amifampridine) Product Summary
- G. College of Pharmacy Recommendations

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

**7. 30-Day Notice to Prior Authorize Korlym® (Mifepristone) – See Appendix G**

- A. Introduction
- B. Market News and Updates
- C. Korlym® (Mifepristone) Product Summary
- D. College of Pharmacy Recommendations

Non-Presentation; Questions Only:

**8. Industry News and Updates – See Appendix H**

- A. Introduction
- B. News and Updates

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

**9. U.S. Food and Drug Administration (FDA) and Drug Enforcement Administration (DEA) Updates – See Appendix I**

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

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

- A. Short-Acting Beta<sub>2</sub> Agonists
- B. Hemophilia Medications
- C. Leukemia Medications
- D. Anticonvulsants
- E. Anti-Migraine Medications

*\*Future business subject to change.*