

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Meeting – January 13, 2016 @ 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. December 16, 2015 DUR Minutes – Vote
- B. December 16, 2015 DUR Recommendations Memorandum

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

4. Update on Medication Coverage Authorization Unit/SoonerPsych Program Update – See Appendix B

- A. Medication Coverage Activity for December 2015
- B. Pharmacy Help Desk Activity for December 2015
- C. SoonerPsych Program Update

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

5. Action Item – Vote to Prior Authorize Daklinza™ (Daclatasvir) and Technivie™ (Ombitasvir/Paritaprevir/Ritonavir) – See Appendix C

- A. Indication(s)
- B. College of Pharmacy Recommendations

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

6. Action Item – Vote to Prior Authorize Noxafil® (Posaconazole) and Cresemba® (Isavuconazonium Sulfate) – See Appendix D

- A. Indication(s)
- B. College of Pharmacy Recommendations

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

7. Action Item – Vote to Prior Authorize Neulasta® (Pegfilgrastim), Granix® (Tbo-filgrastim), and Zarxio™ (Filgrastim-sndz) – See Appendix E

- A. Introduction
- B. College of Pharmacy Recommendations

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

8. Action Item – Vote to Prior Authorize Aggrenox® (Aspirin/Dipyridamole Extended-Release) – See Appendix F

- A. Introduction
- B. College of Pharmacy Recommendations

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

9. Action Item – Vote to Prior Authorize ProAir® RespiClick (Albuterol Sulfate Inhalation Powder) – See Appendix G

- A. Indication(s)
- B. College of Pharmacy Recommendations

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

10. Action Item – Vote to Prior Authorize Stiolto™ Respimat® (Tiotropium Bromide/Olodaterol), Arnuity™ Ellipta® (Fluticasone Furoate), Utibron™ Neohaler® (Indacaterol/Glycopyrrolate), Seebri™ Neohaler® (Glycopyrrolate), & Nucala® (Mepolizumab) – See Appendix H

- A. Introduction
- B. College of Pharmacy Recommendations

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

11. Annual Review of Anti-Migraine Medications and 30-Day Notice to Prior Authorize Migranal® (Dihydroergotamine Mesylate Nasal Spray) – See Appendix I

- A. Current Prior Authorization Criteria
- B. Utilization of Anti-Migraine Medications
- C. Prior Authorization of Anti-Migraine Medications
- D. Market News and Updates
- E. Migranal® (dihydroergotamine mesylate nasal spray) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Anti-Migraine Medications
- H. Utilization Details of Dihydroergotamine Products

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

12. 30-Day Notice to Prior Authorize Strensiq™ (Asfotase Alfa) – See Appendix J

- A. Overview
- B. Strensiq™ (asfotase alfa) Product Summary
- C. College of Pharmacy Recommendations

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

13. Annual Review of Anti-Emetic Medications and 30-Day Notice to Prior Authorize Varubi™ (Rolapitant) – See Appendix K

- A. Current Prior Authorization Criteria
- B. Utilization of Anti-Emetic Medications
- C. Prior Authorization of Anti-Emetic Medications
- D. Market News and Updates
- E. Varubi™ (rolapitant) Product Summary
- F. Cost Comparison
- G. College of Pharmacy Recommendations
- H. Utilization Details of Anti-Emetic Medications

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

14. 30-Day Notice to Prior Authorize Cortisporin® and Pediotic® (Neomycin/Polymyxin B/ Hydrocortisone Otic) – See Appendix L

- A. Current Prior Authorization Criteria
- B. Utilization of Cortisporin® and Pediotic® Otic
- C. Market News and Updates
- D. College of Pharmacy Recommendations

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

15. Annual Review of Parkinson's Disease Medications and 30-Day Notice to Prior Authorize Duopa™ (Carbidopa/Levodopa Enteral Suspension) and Rytary™ (Carbidopa/Levodopa Extended-Release Capsules) – See Appendix M

- A. Current Prior Authorization Criteria
- B. Utilization of Parkinson's Disease Medications
- C. Prior Authorization of Parkinson's Disease Medications
- D. Market News and Updates
- E. Duopa™ (carbidopa/levodopa enteral suspension) Product Summary
- F. Rytary™ (carbidopa/levodopa extended-release capsules) Product Summary
- G. College of Pharmacy Recommendations
- H. Utilization Details of Parkinson's Disease Medications

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

16. 30-Day Notice to Prior Authorize Xuriden™ (Uridine Triacetate) – See Appendix N

- A. Overview
- B. Xuriden™ (uridine triacetate) Product Summary
- C. College of Pharmacy Recommendations

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

17. Annual Review of Testosterone Products – See Appendix O

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

Items to be presented by Dr. Muchmore, Chairman:

18. Action Item – Election of the Drug Utilization Review Board 2016-2017 Officers – See Appendix P

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

19. FDA and DEA Updates – See Appendix Q

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

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

- A. Growth Hormone
- B. Makena® (hydroxyprogesterone caproate)
- C. Gout Medications/Mitigare™ (colchicine capsules)/Zurampic® (lesinurad)
- D. Gonadotropin Releasing Hormones
- E. Multiple Sclerosis Medications
- F. Northera™ (droxidopa)
- G. Seizure Medications/Spritam® (levetiracetam)
- H. Solaraze® (diclofenac gel)
- I. Ulcerative Colitis and Crohn's Disease Oral Medications

*Future business subject to change.

21. Adjournment