

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Meeting – March 9, 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. February 10, 2016 DUR Minutes – Vote
- B. February 10, 2016 DUR Recommendations Memorandum

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

4. Update on Medication Coverage Authorization Unit/FDA Safety Alerts – See Appendix B

- A. Medication Coverage Activity for February 2016
- B. Pharmacy Help Desk Activity for February 2016
- C. FDA Safety Alerts

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

5. Action Item – Vote to Prior Authorize Spritam® (Levetiracetam) – See Appendix C

- A. Introduction
- B. Market News and Updates
- C. College of Pharmacy Recommendations

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

6. Action Item – Vote to Prior Authorize Solaraze® (Diclofenac Gel) – See Appendix D

- A. Introduction
- B. College of Pharmacy Recommendations

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

7. Action Item – Vote to Prior Authorize Uceris® (Budesonide Extended-Release Tablets), Uceris® (Budesonide Rectal Foam), and Miscellaneous Mesalamine Products – See Appendix E

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

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

8. Action Item – Vote to Prior Authorize Mitigare™ (Colchicine Capsules) and Zurampic® (Lesinurad) – See Appendix F

- A. Introduction
- B. College of Pharmacy Recommendations

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

9. Action Item – Vote to Prior Authorize Pazeo® (Olopatadine Ophthalmic) – See Appendix G

- A. Introduction
- B. College of Pharmacy Recommendations

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

10. Action Item – Annual Review of Multiple Sclerosis Medications – See Appendix H

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

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

11. Annual Review of Naloxone Medications and 30-Day Notice to Prior Authorize Evzio® (Naloxone Auto-Injector) – See Appendix I

- A. Current Prior Authorization Criteria
- B. Utilization of Naloxone Medications
- C. Naloxone Medication Utilization Analysis
- D. Market News and Updates
- E. Evzio® (Naloxone Auto-Injector) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Naloxone Medications

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

12. Annual Review of Pulmonary Arterial Hypertension Medications and 30-Day Notice to Prior Authorize Upravi® (Selexipag) – See Appendix J

- A. Current Prior Authorization Criteria
- B. Utilization of Pulmonary Arterial Hypertension Medications
- C. Prior Authorization of Pulmonary Arterial Hypertension Medications
- D. Market News and Updates
- E. Upravi® (Selexipag) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Pulmonary Arterial Hypertension Medications

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

13. 30-Day Notice to Prior Authorize Cerezyme® (Imiglucerase), Eleyso® (Taliglucerase Alfa), Vpriv® (Velaglucerase Alfa), Cerdelga® (Eliglustat), and Zavesca® (Miglustat) – See Appendix K

- A. Gaucher Disease (GD) Overview
- B. Utilization of GD Medications
- C. Cerezyme® (Imiglucerase) Product Summary
- D. Eleyso® (Taliglucerase Alfa) Product Summary
- E. Vpriv® (Velaglucerase Alfa) Product Summary
- F. Cerdelga® (Eliglustat) Product Summary
- G. Zavesca® (Miglustat) Product Summary
- H. College of Pharmacy Recommendations
- I. Utilization Details of GD Medications

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

14. Annual Review of Vasomotor Symptom Medications and 30-Day Notice to Prior Authorize Elestrin® (Estradiol Gel 0.06%) – See Appendix L

- A. Current Prior Authorization Criteria
- B. Utilization of Vasomotor Symptom Medications
- C. Prior Authorization of Vasomotor Symptom Medications
- D. Market News and Updates
- E. Elestrin® (Estradiol Gel) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Vasomotor Symptom Medications

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

15. Annual Review of Botulinum Toxins – See Appendix M

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

Non-Presentation, Questions Only:

16. Annual Review of Idiopathic Pulmonary Fibrosis 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:

17. Annual Review of Sylvant™ (Siltuximab) – See Appendix O

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Sylvant™ (Siltuximab)
- D. Prior Authorization of Sylvant™ (Siltuximab)
- E. College of Pharmacy Recommendations

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

18. FDA and DEA Updates – See Appendix P

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

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

- A. Fiscal Year 2015 Annual Review of SoonerCare Pharmacy Benefit
- B. Makena® (Hydroxyprogesterone Caproate)
- C. Bowel Preparation Medications
- D. Antihypertensive Medications
- E. Hemophilia Pharmacy Providers Standards of Care
- F. Diabetic Medications
- G. Diabetic Supplies
- H. Hepatitis C Medications

*Future business subject to change.

20. Adjournment