

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

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

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

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

- A. Medication Coverage Activity for March 2016
- B. Pharmacy Help Desk Activity for March 2016
- C. Chronic Medication Adherence Program Update

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

5. Action Item – Vote to Prior Authorize Uptravi® (Selexipag) – See Appendix C

- A. Indication and Treatment
- B. College of Pharmacy Recommendations

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

6. Action Item – Vote to Prior Authorize Cerezyme® (Imiglucerase), Elelyso® (Taliglucerase Alfa), Vpriv® (Velaglucerase Alfa), Cerdelga® (Eliglustat), and Zavesca® (Miglustat) – See Appendix D

- A. Introduction
- B. College of Pharmacy Recommendations

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

7. Action Item – Vote to Prior Authorize Elestrin® (Estradiol Gel 0.06%) – See Appendix E

- A. Introduction
- B. College of Pharmacy Recommendations

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

8. Action Item – Vote to Prior Authorize Evzio® (Naloxone Auto-Injector) – See Appendix F

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

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

9. Annual Review of SoonerCare Pharmacy Benefit – See Appendix G

- A. Pharmacy Benefit Management

- B. Summary
- C. Traditional Versus Specialty Pharmacy Products
- D. Top 10 Therapeutic Classes by Reimbursement
- E. Top 10 Medications by Reimbursement
- F. Medicaid Drug Rebate Program
- G. Medication Price Increases
- H. Pharmacy Trend: Spending Per Member Per Year (PMPY)
- I. Conclusion
- J. Top 100 Reimbursed Drugs by Fiscal Year
- K. Top 50 Medications by Total Number of Claims
- L. Top Traditional Therapeutic Classes by Fiscal Year
- M. Top Specialty Therapeutic Classes by Fiscal Year

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

10. 30-Day Notice to Prior Authorize Zepatier™ (Elbasvir/Grazoprevir) – See Appendix H

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Market News and Updates
- D. Zepatier™ (Elbasvir/Grazoprevir) Product Summary
- E. Regimen Comparison
- F. College of Pharmacy Recommendations

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

11. Annual Review of Factor Replacement Products and 30-Day Notice to Prior Authorize Eloctate™ [Antihemophilic Factor (Recombinant), Fc Fusion Protein], Adynovate® [Antihemophilic Factor (Recombinant), PEGylated], Alprolix® [Coagulation Factor IX (Recombinant), Fc Fusion Protein], Idelvion® [Coagulation Factor IX (Recombinant), Albumin Fusion Protein], Obizur® [Antihemophilic Factor (Recombinant), Porcine Sequence], Corifact® [Factor XIII Concentrate (Human)], Tretten® [Coagulation Factor XIII A-Subunit (Recombinant)], and Coagadex® [Coagulation Factor X (Human)], and Establish Pharmacy Provider Standards of Care – See Appendix I

- A. Hemophilia and Other Rare Bleeding Disorders Overview
- B. Complications of Hemophilia
- C. Acquired Hemophilia
- D. Factor X Deficiency
- E. Factor XII Deficiency
- F. Utilization of Factor Replacement Products
- G. Product Summaries
- H. Standards of Care for Pharmacy Providers for the Home Use of Factor Replacement Products for Patients with Bleeding Disorders
- I. Recommendations
- J. Utilization Details of Factor Replacement Products

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

12. Annual Review of Makena® (Hydroxyprogesterone Caproate) and 30-Day Notice to Prior Authorize Vaginal Progesterone Products (Crinone® and Endometrin®) – See Appendix J

- A. Current Prior Authorization Criteria
- B. Utilization of Makena® (Hydroxyprogesterone Caproate)
- C. Prior Authorization of Makena® (Hydroxyprogesterone Caproate)
- D. Market News and Updates
- E. Preterm Birth
- F. Expansion of Makena® (Hydroxyprogesterone Caproate) Start Window
- G. Management Guidelines for Short Cervix
- H. Estimated Cost Savings
- I. College of Pharmacy Recommendations
- J. Utilization Details of Hydroxyprogesterone and Vaginal Progesterone

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

13. Annual Review of Diabetes Medications and 30-Day Notice to Prior Authorize Humalog® KwikPen® U-200 (Insulin Lispro), Tresiba® (Insulin Degludec), Ryzodeg® 70/30 (Insulin Degludec/Insulin Aspart), Basaglar® (Insulin Glargine), and Synjardy® (Empagliflozin/Metformin) – See Appendix K

- 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 Diabetic Medications
- H. Utilization Details of Insulin Medications

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

14. Annual Review of Antihypertensive Medications and 30-Day Notice to Prior Authorize Entresto™ (Sacubitril/Valsartan) – See Appendix L

- A. Utilization of Antihypertensive Medications
- B. Prior Authorization of Antihypertensive Medications
- C. Market News and Updates
- D. Entresto™ (Sacubitril/Valsartan) Product Summary
- E. College of Pharmacy Recommendations
- F. Utilization Details of Antihypertensive Medications
- G. Current Prior Authorization Criteria

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

15. Annual Review of Diabetic Supplies – See Appendix M

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

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

16. FDA and DEA Updates – See Appendix N

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

**17. Future Business* (Upcoming Product and Class Reviews)
*No Meeting Scheduled for May 2016***

- A. ADHD and Narcolepsy Medications
- B. Atypical Antipsychotic Medications
- C. Anthelmintic Medications
- D. Prostate Cancer Medications
- E. Cholbam™ (Cholic Acid)
- F. Natpara® (Parathyroid Hormone)
- G. Various Special Formulations

***Future business subject to change.**

18. Adjournment