

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Meeting – October 12, 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. Acknowledgement 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 14, 2016 DUR Minutes – Vote
- B. September 14, 2016 DUR Recommendations Memorandum
- C. Correspondence

Items to be presented by Dr. Muchmore, Chairman:

4. Action Item – Vote on 2017 Meeting Dates – See Appendix B

- A. 2017 Drug Utilization Review Board Meeting Dates – Vote

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

5. Update on Medication Coverage Authorization Unit/Long-Acting Beta Agonist Utilization: Pediatric Members – See Appendix C

- A. Medication Coverage Activity for September 2016
- B. Pharmacy Help Desk Activity for September 2016
- C. Long-Acting Beta Agonist Utilization: Pediatric Members

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

6. Action Item – Vote to Prior Authorize Millipred™ (Prednisolone Sodium Phosphate Oral Solution 10mg/5mL) – 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 Xiidra™ (Lifitegrast 5% Ophthalmic Solution) – See Appendix E

- A. Introduction
- B. College of Pharmacy Recommendations

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

8. Action Item – Vote to Prior Authorize Allzital® (Butalbital/Acetaminophen 25mg/325mg) & Esgic® Capsules (Butalbital/Acetaminophen/Caffeine 50mg/325mg/40mg) – See Appendix F

- A. Introduction
- B. College of Pharmacy Recommendations

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

9. Action Item – Annual Review of Breast Cancer Medications – See Appendix G

- A. Introduction
- B. Utilization of Breast Cancer Medications

- C. Prior Authorization of Breast Cancer Medications
- D. Market News and Updates
- E. Recommendations
- F. Utilization Details of Breast Cancer Medications

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

10. Annual Review of Skin Cancer Medications and 30-Day Notice to Prior Authorize Odomzo® (Sonidegib), Erivedge® (Vismodegib), Keytruda® (Pembrolizumab), Opdivo® (Nivolumab), Yervoy® (Ipilimumab), Tafinlar® (Dabrafenib), Zelboraf® (Vemurafenib), Cotellic® (Cobimetinib), Mekinist® (Trametinib), & Imlygic® (Talimogene Laherparepvec) – See Appendix H

- A. Introduction
- B. Utilization of Skin Cancer Medications
- C. Market News and Updates
- D. Product Summaries
- E. Recommendations
- F. Utilization Details of Skin Cancer Medications

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

11. Annual Review of Constipation and Diarrhea Medications and 30-Day Notice to Prior Authorize Relistor® (Methylnaltrexone) Tablets – See Appendix I

- 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. Relistor® (Methylnaltrexone) Tablets Product Summary
- F. Cost Comparison: Medications for Opioid Induced Constipation (Chronic Non-Cancer Pain)
- G. College of Pharmacy Recommendations
- H. Utilization Details of Constipation and Diarrhea Medications
- I. Utilization Details of Xifaxan® (Rifaximin)

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

12. Annual Review of Targeted Immunomodulator Agents and 30-Day Notice to Prior Authorize Xeljanz® XR (Tofacitinib Extended-Release), Taltz® (Ixekizumab), Inflectra™ (Infliximab-dyyb), Erelzi™ (Etanercept-szsz), & Amjevita™ (Adalimumab-atto) – See Appendix J

- A. Current Prior Authorization Criteria
- B. Utilization of Targeted Immunomodulator Agents
- C. Prior Authorization of Targeted Immunomodulator Agents
- D. Market News and Updates
- E. Xeljanz® XR (Tofacitinib Extended-Release) Product Summary
- F. Taltz® (Ixekizumab) Product Summary
- G. Inflectra™ (Infliximab-dyyb) Product Summary
- H. Erelzi™ (Etanercept-szsz) Product Summary
- I. Amjevita™ (Adalimumab-atto) Product Summary
- J. Noninfectious Intermediate Uveitis, Posterior Uveitis, & Panuveitis Summary
- K. Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS), Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD), and Familial Mediterranean Fever (FMF) Summary
- L. College of Pharmacy Recommendations
- M. Utilization Details of Targeted Immunomodulator Agents

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

13. Action Item – Annual Review of Bladder Control Medications – See Appendix K

- A. Current Prior Authorization Criteria
- B. Utilization of Bladder Control Medications
- C. Prior Authorization of Bladder Control Medications
- D. Market News and Updates
- E. Pricing Trend(s)
- F. College of Pharmacy Recommendations

G. Utilization Details of Bladder Control Medications

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

14. Annual Review of Lidoderm® (Lidocaine 5% Patch) and 30-Day Notice to Prior Authorize Synera® (Lidocaine/Tetracaine Topical Patch) – See Appendix L

- A. Current Prior Authorization Criteria
- B. Utilization of Lidoderm® (Lidocaine 5% Patch)
- C. Prior Authorization of Lidoderm® (Lidocaine 5% Patch)
- D. Synera® (Lidocaine/Tetracaine Topical Patch) Product Summary
- E. College of Pharmacy Recommendations

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

15. Annual Review of Topical Corticosteroids and 30-Day Notice to Prior Authorize Ultravate® Lotion (Halobetasol Propionate 0.05%), Sernivo™ (Betamethasone Dipropionate Spray 0.05%), & Flurandrenolide 0.05% Cream and Lotion – See Appendix M

- A. Current Prior Authorization Criteria
- B. Utilization of Topical Corticosteroids
- C. Prior Authorization of Topical Corticosteroids
- D. Market News and Updates
- E. Ultravate® (Halobetasol Lotion 0.05%) Product Summary
- F. Sernivo™ (Betamethasone Dipropionate Topical Spray 0.05%) Product Summary
- G. Flurandrenolide 0.05% Cream and Lotion Product Summary
- H. College of Pharmacy Recommendations
- I. Utilization Details of Topical Corticosteroids

Non-presentation; Questions only:

16. Annual Review of Corlanor® (Ivabradine) and Entresto™ (Sacubitril/Valsartan) – See Appendix N

- A. Current Prior Authorization Criteria
- B. Utilization of Corlanor® and Entresto™
- C. Prior Authorization of Corlanor® and Entresto™
- D. Market News and Updates
- E. College of Pharmacy Recommendations
- F. Utilization Details of Corlanor® and Entresto™

Non-presentation; Questions only:

17. Annual Review of Growth Hormone – See Appendix O

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

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. Cystic Fibrosis Medications
- B. Keveyis™ (Dichlorphenamide)
- C. Various Systemic Antibiotics
- D. Ophthalmic Anti-Inflammatories
- E. Hepatitis C Medications
- F. Iron Overload Medications
- G. Pancreatic Enzymes

**Future business subject to change.*

20. Adjournment