

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Meeting – June 14, 2017 @ 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. May 10, 2017 DUR Minutes – Vote
- B. May 10, 2017 DUR Recommendations Memorandum

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

4. Update on Medication Coverage Authorization Unit/ Chloroquine (Aralen®) & Hydroxychloroquine (Plaquenil®) Induced Retinopathy Mailing Update – See Appendix B

- A. Medication Coverage Activity for May 2017
- B. Pharmacy Help Desk Activity for May 2017
- C. Chloroquine (Aralen®) & Hydroxychloroquine (Plaquenil®) Induced Retinopathy Mailing Update

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

5. Action Item – Vote to Prior Authorize Kuvan® (Sapropterin) – See Appendix C

- A. Introduction
- B. College of Pharmacy Recommendations

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

6. Action Item – Vote to Prior Authorize Lumizyme® (Alglucosidase Alfa Injection) – 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 Alpha₁-Proteinase Inhibitors: Aralast NP™, Glassia®, Prolastin®-C, and Zemaira® – 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 Elaprase® (Idursulfase) – See Appendix F

- A. Introduction
- B. College of Pharmacy Recommendations

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

9. Action Item – Vote to Prior Authorize ColPrep™ Kit (Sodium Sulfate/Potassium Sulfate/Magnesium Sulfate) – See Appendix G

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

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

10. Action Item – Vote to Prior Authorize Impavido® (Miltefosine) – See Appendix H

- A. Introduction
- B. College of Pharmacy Recommendations

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

11. Action Item – Vote to Prior Authorize Xalkori® (Crizotinib), Zykadia® (Ceritinib), Alecensa® (Alectinib), Alunbrig™ (Brigatinib), Tarceva® (Erlotinib), Gilotrif® (Afatinib), Tagrisso™ (Osimertinib), Cyramza® (Ramucirumab), and Tecentriq® (Atezolizumab) – See Appendix I

- A. Introduction
- B. Recommendations

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

12. Annual Review of Prostate Cancer Medications – See Appendix J

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Prostate Cancer Medications
- D. Market News and Updates
- E. Recommendations
- F. Utilization Details of Prostate Cancer Medications

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

13. Annual Review of ADHD and Narcolepsy Medications and 30-Day Notice to Prior Authorize Vyvanse® (Lisdexamfetamine Chewable Tablets) and Update the ADHD Prior Authorization Criteria and Tier Chart – See Appendix K

- A. Current Prior Authorization Criteria
- B. Utilization of ADHD & Narcolepsy Medications
- C. Prior Authorization of ADHD & Narcolepsy Medications
- D. Market News and Updates
- E. Medicaid Drug Rebate Program
- F. College of Pharmacy Recommendations
- G. Utilization Details of ADHD & Narcolepsy Medications

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

14. Annual Review of Atypical Antipsychotic Medications and 30-Day Notice to Update the Atypical Antipsychotic Prior Authorization Criteria and Tier Chart – See Appendix L

- A. Current Prior Authorization Criteria
- B. Utilization of Atypical Antipsychotic Medications
- C. Prior Authorization of Atypical Antipsychotic Medications
- D. Market News and Updates
- E. Medicaid Drug Rebate Program
- F. College of Pharmacy Recommendations
- G. Utilization Details of Atypical Antipsychotic Medications

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

15. Annual Review of Huntington's Disease (HD) Medications and 30-Day Notice to Prior Authorize Austedo™ (Deutetrabenazine) and Xenazine® (Tetrabenazine) – See Appendix M

- A. Introduction
- B. Chorea in HD Treatment Summary
- C. Xenazine® (Tetrabenazine) Off-Label Uses
- D. Utilization of HD Medications
- E. Market News and Updates
- F. Austedo™ (Deutetrabenazine) Product Summary
- G. Xenazine® (Tetrabenazine) Product Summary
- H. College of Pharmacy Recommendations
- I. Utilization Details of HD Medications

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

16. Annual Review of Inhaled Tobramycin Products, Pulmozyme® (Dornase Alfa), and Cayston® (Aztreonam) – See Appendix N

- A. Current Prior Authorization Criteria
- B. Utilization of Inhaled Tobramycin Products, Dornase Alfa, & Aztreonam Inhalation
- C. Prior Authorization of Inhaled Tobramycin Products, Dornase Alfa, & Aztreonam Inhalation
- D. Market News and Updates
- E. Inhaled Tobramycin Treatment Comparison
- F. College of Pharmacy Recommendations
- G. Utilization Details of Inhaled Tobramycin Products, Dornase Alfa, & Aztreonam Inhalation

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

17. 30-Day Notice to Prior Authorize Ingrezza™ (Valbenazine) – See Appendix O

- A. Tardive Dyskinesia
- B. Market News and Updates
- C. Ingrezza™ (Valbenazine) Product Summary
- D. College of Pharmacy Recommendations

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

18. Annual Review of Various Special Formulations and 30-Day Notice to Prior Authorize Carac® (Fluorouracil 0.5% Cream), GoNitro™ (Nitroglycerin Sublingual Powder), Soltamox® (Tamoxifen Citrate Oral Solution), Taytulla™ (Norethindrone Acetate/Ethinyl Estradiol Capsules & Ferrous Fumarate Capsules), Tirosint®-SOL (Levothyroxine Sodium Oral Solution), Xatmep™ (Methotrexate Oral Solution), Zovirax® (Acyclovir Ointment and Suspension), Xerese® (Acyclovir/Hydrocortisone Cream), & Denavir® (Penciclovir Cream) – See Appendix P

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Special Formulations
- D. Prior Authorization of Special Formulations
- E. Product Summaries
- F. College of Pharmacy Recommendations
- G. Utilization Details of Special Formulations

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

19. 30-Day Notice to Prior Authorize Aczone® (Dapsone Gel) and Tazorac® (Tazarotene Cream and Gel) – See Appendix Q

- A. Introduction
- B. Utilization of Aczone® (Dapsone Gel)
- C. Utilization of Tazorac® (Tazarotene Cream and Gel)
- D. Market News and Updates
- E. Aczone® (Dapsone Gel) Product Summary
- F. Tazorac® (Tazarotene Cream and Gel) Product Summary
- G. College of Pharmacy Recommendations

Non-Presentation; Questions Only:

20. Annual Review of H.P. Acthar® Gel (Corticotropin Injection) – See Appendix R

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of H.P. Acthar® Gel (Corticotropin Injection)
- D. Prior Authorization of H.P. Acthar® Gel (Corticotropin Injection)
- E. Market News and Updates
- F. College of Pharmacy Recommendations

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

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

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

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

- A. Opioid Analgesics
- B. Antidepressant Medications
- C. Fibrin Acid Medications
- D. Atopic Dermatitis Medications
- E. Hypoparathyroidism and Hyperparathyroidism Medications
- F. Ocaliva® (Obeticholic Acid)
- G. Brineura™ (Cerliponase Alfa)
- H. Radicava™ (Edaravone)

**Future business subject to change.*

23. Adjournment