

Oklahoma Health Care Authority

Drug Utilization Review Board
(DUR Board)

Meeting – July 10, 2019 @ 4:00pm

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 for Public Comment

Items to be presented by Dr. Muchmore, Chairman:

3. Action Item – Approval of DUR Board Meeting Minutes – See Appendix A

A. June 12, 2019 DUR Minutes – Vote

B. June 12, 2019 DUR Recommendations Memorandum

C. Correspondence

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

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

A. Medication Coverage Activity for June 2019

B. Pharmacy Helpdesk Activity for June 2019

C. SoonerPsych Program Update

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

5. Action Item – Vote to Prior Authorize Jornay PM™ [Methylphenidate Extended-Release (ER) Capsule], Evekeo ODT™ [Amphetamine Orally Disintegrating Tablet (ODT)], Adhansia XR™ (Methylphenidate ER Capsule), and Sunosi™ (Solriamfetol Tablet) – See Appendix C

A. Introduction

B. College of Pharmacy Recommendations

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

6. Action Item – Vote to Prior Authorize Balversa™ (Erdafitinib) – See Appendix D

A. Introduction

B. Recommendations

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

7. Action Item – Vote to Prior Authorize Annovera™ (Segesterone Acetate/Ethinyl Estradiol Vaginal System), Bijuva™ (Estradiol/Progesterone Capsule), Cequa™ (Cyclosporine 0.09% Ophthalmic Solution), Corlanor® (Ivabradine Oral Solution), Crotan™ (Crotamiton 10% Lotion), Gloperba® (Colchicine Oral Solution), Glycate® (Glycopyrrolate Tablet), Khapzory™ (Levoleucovorin Injection), Qmiiz™ ODT [Meloxicam Orally Disintegrating Tablet (ODT)], Seconal Sodium™ (Secobarbital Sodium Capsule), TaperDex™ (Dexamethasone Tablet), Tiglutik™ (Riluzole Oral Suspension), TobraDex® ST (Tobramycin/Dexamethasone 0.3%/0.05% Ophthalmic Suspension), Tolsura™ (Itraconazole Capsule), and Yutiq™ (Fluocinolone Acetonide Intravitreal Implant) – See Appendix E

A. Introduction

B. College of Pharmacy Recommendations

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

8. Action Item – Vote to Prior Authorize Abilify MyCite[®] (Aripiprazole Tablet with Sensor), Aristada Initio[®] [Aripiprazole Lauroxil Extended-Release (ER) Injectable Suspension], and Perseris[™] [Risperidone ER Subcutaneous (Sub-Q) Injectable Suspension] – See Appendix F

- A. Introduction
- B. College of Pharmacy Recommendations

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

9. Action Item – Vote to Prior Authorize Cassipa[®] (Buprenorphine/Naloxone) and Levorphanol – See Appendix G

- A. Introduction
- B. College of Pharmacy Recommendations

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

10. Action Item – Annual Review of Botulinum Toxins – See Appendix H

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

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

11. Annual Review of Spinal Muscular Atrophy Medications and 30-Day Notice to Prior Authorize Zolgensma[®] (Onasemnogene Apeparovovec-xioi) – See Appendix I

- A. Current Prior Authorization Criteria
- B. Utilization of Spinraza[®] (Nusinersen)
- C. Prior Authorization of Spinraza[®] (Nusinersen)
- D. Market News and Updates
- E. Zolgensma[®] (Onasemnogene Apeparovovec-xioi) Product Summary
- F. College of Pharmacy Recommendations

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

12. Annual Review of Topical Corticosteroids and 30-Day Notice to Prior Authorize Bryhali[™] (Halobetasol Propionate 0.01% Lotion), Duobrii[™] (Halobetasol Propionate/Tazarotene 0.01%/0.045% Lotion), and Lexette[™] (Halobetasol Propionate 0.05% Foam) – See Appendix J

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

Non-Presentation; Questions Only:

13. Annual Review of Qbrexza[™] (Glycopyrronium) – See Appendix K

- A. Current Prior Authorization Criteria
- B. Utilization of Qbrexza[™] (Glycopyrronium)
- C. Prior Authorization of Qbrexza[™] (Glycopyrronium)
- D. Market News and Updates
- E. College of Pharmacy Recommendations

Non-Presentation; Questions Only:

14. Industry News and Updates – See Appendix L

- A. Introduction
- B. News and Updates

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

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

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

**16. Future Business* (Upcoming Product and Class Reviews)
*No meeting scheduled for August 2019.***

- A. Synagis® (Palivizumab)
- B. Sickle Cell Medications
- C. Breast Cancer Medications
- D. Prostate Cancer Medications
- E. Antihyperlipidemics
- F. Crysvita® (Burosumab-twza)

**Future business subject to change.*

17. Adjournment