

Oklahoma Health Care Authority

Drug Utilization Review Board
(DUR Board)

Meeting – March 14, 2018 @ 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 for Public Comment

Items to be presented by Dr. Muchmore, Chairman:

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

A. February 14, 2018 DUR Minutes – Vote

B. February 14, 2018 DUR Recommendations Memorandum

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

4. Update on Medication Coverage Authorization Unit/U.S. Food and Drug Administration Safety Alerts – See Appendix B

A. Medication Coverage Activity for February 2018

B. Pharmacy Help Desk Activity for February 2018

C. U.S. Food and Drug Administration Safety Alerts

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

5. Action Item – Vote to Prior Authorize Tymlos™ (Abaloparatide) – See Appendix C

A. Introduction

B. College of Pharmacy Recommendations

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

6. Action Item – Vote to Prior Authorize Prevymis™ (Letermovir Tablets and Injection) – See Appendix D

A. Introduction

B. College of Pharmacy Recommendations

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

7. Action Item – Vote to Prior Authorize Rhopressa® (Netarsudil Ophthalmic Solution) and Vyzulta™ (Latanoprostene Bunod Ophthalmic Solution) – See Appendix E

A. Introduction

B. College of Pharmacy Recommendations

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

8. Action Item – Vote to Prior Authorize Mepsevii™ (Vestronidase Alfa-vjbjk) – 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 Ergomar® (Ergotamine Sublingual Tablets) – See Appendix G

A. Introduction

B. College of Pharmacy Recommendations

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

10. Action Item – Vote to Prior Authorize Xadago® (Safinamide) and Gocovri™ (Amantadine Extended-Release) – See Appendix H

A. Introduction

B. College of Pharmacy Recommendations

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

11. Annual Review of Chronic Lymphocytic Leukemia (CLL) Medications and 30-Day Notice to Prior Authorize Arzerra® (Ofatumumab), Gazyva® (Obinutuzumab), Imbruvica® (Ibrutinib), Venclexta™ (Venetoclax), and Zydelig® (Idelalisib) – See Appendix I

A. Introduction

B. Utilization of CLL Medications

C. Market News and Updates

D. Product Summaries

E. Recommendations

F. Utilization Details of CLL Medications

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

12. Action Item – Annual Review of Erythropoietin Stimulating Agents (ESAs) – See Appendix J

A. Current Prior Authorization Criteria

B. Utilization of ESAs

C. Prior Authorization of ESAs

D. Market News and Updates

E. ESA Comparison

F. College of Pharmacy Recommendations

G. Utilization Details of ESAs

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

13. 30-Day Notice to Prior Authorize Luxturna™ (Voretigene Neparvovec-rzyl) – See Appendix K

A. Introduction

B. Market News and Updates

C. Luxturna™ (Voretigene Neparvovec-rzyl) Product Summary

D. College of Pharmacy Recommendations

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

14. Action Item – Annual Review of Spinraza® (Nusinersen) – See Appendix L

A. Current Prior Authorization Criteria

B. Utilization of Spinraza® (Nusinersen)

C. Prior Authorization of Spinraza® (Nusinersen)

D. Market News and Updates

E. College of Pharmacy Recommendations

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

15. Annual Review of Multiple Sclerosis (MS) Medications and 30-Day Notice to Prior Authorize Ocrevus™ (Ocrelizumab) – See Appendix M

A. Current Prior Authorization Criteria

B. Utilization of MS Medications

C. Prior Authorization of MS Medications

D. Market News and Updates

E. Institute for Clinical Effectiveness and Economic Review (ICER): Disease Modifying Therapies for MS

F. Ocrevus™ (Ocrelizumab) Product Summary

G. College of Pharmacy Recommendations

H. Utilization Details of MS Medications

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

16. Annual Review of Alpha₁-Proteinase Inhibitors and 30-Day Notice to Prior Authorize Prolastin[®]-C Liquid [Alpha₁-Proteinase Inhibitor (Human)] – See Appendix N

- A. Alpha₁-Antitrypsin Deficiency
- B. Current Prior Authorization Criteria
- C. Utilization of Alpha₁-Proteinase Inhibitors
- D. Prior Authorization of Alpha₁-Proteinase Inhibitors
- E. Market News and Updates
- F. Prolastin[®]-C Liquid [Alpha₁-Proteinase Inhibitor (Human)] Product Summary
- G. College of Pharmacy Recommendations
- H. Utilization Details of Alpha₁-Proteinase Inhibitors

Non-Presentation; Questions Only:

17. Industry News and Updates – See Appendix O

- A. Introduction
- B. News and Updates

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

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

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

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

- A. Annual Review of Pharmacy Benefit
- B. Diabetic Medications
- C. Antihypertensive Medications
- D. Benlysta[®] (Belimumab)

**Future business subject to change.*

20. Adjournment