

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Meeting – October 10, 2018 @ 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. September 12, 2018 DUR Minutes – Vote
- B. September 12, 2018 DUR Recommendations Memorandum

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

4. Action Item – 2019 Drug Utilization Review (DUR) Board Meeting Dates – See Appendix B

- A. 2019 DUR Board Meeting Dates – Vote

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

5. Updates on Medication Coverage Authorization Unit/SoonerPsych Program Update – See Appendix C

- A. Medication Coverage Activity for September 2018
- B. Pharmacy Helpdesk Activity for September 2018
- C. SoonerPsych Program Update

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

6. Action Item – Vote to Prior Authorize NutreStore® (L-Glutamine) and Siklos® (Hydroxyurea) – See Appendix D

- A. Introduction
- B. College of Pharmacy Recommendations

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

7. Action Item – Vote to Prior Authorize Palynziq™ (Pegvaliase-pqpz) – See Appendix E

- A. Phenylketonuria Pharmacotherapy
- B. College of Pharmacy Recommendations

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

8. Action Item – Vote to Prior Authorize Galafold™ (Migalastat) – See Appendix F

- A. Introduction
- B. College of Pharmacy Recommendations

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

9. Action Item – Vote to Prior Authorize Qbrexza™ (Glycopyrronium) – See Appendix G

- A. Introduction
- B. College of Pharmacy Recommendations

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

10. Action Item – Vote to Prior Authorize FloLipid® (Simvastatin Oral Suspension) and Update the Prior Authorization Criteria for Antihyperlipidemics – 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. Action Item – Vote to Prior Authorize Verzenio™ (Abemaciclib), Ogivri™ (Trastuzumab-dkst), and Lynparza® (Olaparib) – See Appendix I

- A. Introduction
- B. Product Summaries
- C. Recommendations

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

12. Annual Review of Acute Lymphoblastic Leukemia (ALL) and Chronic Myeloid Leukemia (CML) Medications and 30-Day Notice to Prior Authorize Yescarta® (Axicabtagene) – See Appendix J

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of ALL/CML Medications
- D. Prior Authorization of ALL/CML Medications
- E. Market News and Updates
- F. Yescarta® (Axicabtagene) Product Summary
- G. Recommendations
- H. Utilization Details of ALL/CML Medications

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

13. Annual Review of Skin Cancer Medications and 30-Day Notice to Prior Authorize Braftovi™ (Encorafenib), Mektovi® (Binimetinib), and Libtayo® (Cemiplimab-rwlc) – See Appendix K

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Skin Cancer Medications
- D. Prior Authorization of Skin Cancer Medications
- E. Market News and Updates
- F. Product Summaries
- G. Recommendations
- H. Utilization Details of Skin Cancer Medications

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

14. Annual Review of Targeted Immunomodulator Agents and 30-Day Notice to Prior Authorize Ilumya™ (Tildrakizumab-asmn) and Olumiant® (Baricitinib) – See Appendix L

- A. Current Prior Authorization Criteria
- B. Utilization of Targeted Immunomodulator Agents
- C. Prior Authorization of Targeted Immunomodulator Agents
- D. Market News and Updates
- E. Ilumya™ (Tildrakizumab-asmn) Product Summary
- F. Olumiant® (Baricitinib) Product Summary
- G. Pemphigus Vulgaris (PV) Summary
- H. College of Pharmacy Recommendations
- I. Utilization Details of Targeted Immunomodulator Agents

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

15. Annual Review of Gonadotropin-Releasing Hormone (GnRH) Medications and 30-Day Notice to Prior Authorize Triptodur® (Triptorelin) and Orilissa™ (Elagolix) – See Appendix M

- A. Current Prior Authorization Criteria
- B. Utilization of GnRH Medications
- C. Prior Authorization of GnRH Medications
- D. Market News and Updates

- E. Triptodur® (Triptorelin) Product Summary
- F. Orilissa™ (Elagolix) Product Summary
- G. College of Pharmacy Recommendations
- H. Utilization Details of GnRH Medications

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

16. Annual Review of Bladder Control Medications and 30-Day Notice to Prior Authorize Nocdurna® (Desmopressin Acetate Sublingual Tablets) – See Appendix N

- A. Current Prior Authorization Criteria
- B. Utilization of Bladder Control Medications
- C. Prior Authorization of Bladder Control Medications
- D. Market News and Updates
- E. Nocdurna® (Desmopressin Acetate Sublingual Tablets) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Bladder Control Medications

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

17. Action Item – Annual Review of Constipation and Diarrhea Medications – See Appendix O

- 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. Cost Comparison: Constipation Medications
- F. College of Pharmacy Recommendations
- G. Utilization Details of Constipation and Diarrhea Medications

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

18. Annual Review of Topical Corticosteroids and 30-Day Notice to Prior Authorize Impoysz™ (Clobetasol Propionate 0.025% Cream) – See Appendix P

- 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

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

19. Annual Review of Gout Medications and 30-Day Notice to Prior Authorize Krystexxa® (Pegloticase) – See Appendix Q

- A. Current Prior Authorization Criteria
- B. Utilization of Gout Medications
- C. Prior Authorization of Gout Medications
- D. Market News and Updates
- E. Krystexxa® (Pegloticase) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Gout Medications

Non-Presentation; Questions Only:

20. Industry News and Updates – See Appendix R

- A. Introduction
- B. News and Updates

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. Hepatitis C Medications
- B. Hemophilia Medications
- C. Onpattro™ (Patisiran)
- D. Systemic Antibiotics
- E. Cystic Fibrosis Medications

**Future business subject to change.*

23. Adjournment