

# Oklahoma Health Care Authority

Drug Utilization Review Board  
(DUR Board)

Meeting – June 12, 2019 @ 4:00pm

Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
Oklahoma City, Oklahoma 73105

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## 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. April 10, 2019 DUR Minutes – Vote
- B. April 10, 2019 DUR Recommendations Memorandum
- C. May 8, 2019 DUR Recommendations Memorandum

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

**4. Update on Medication Coverage Authorization Unit/Use of Angiotensin Converting Enzyme Inhibitor (ACEI)/Angiotensin Receptor Blocker (ARB) Therapy in Patients with Diabetes and Hypertension (HTN) Mailing Update – See Appendix B**

- A. Medication Coverage Activity for May 2019
- B. Pharmacy Helpdesk Activity for May 2019
- C. Use of ACEI/ARB Therapy in Patients with Diabetes and HTN Mailing Update

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

**5. Action Item – Vote to Prior Authorize Aldurazyme<sup>®</sup> (Laronidase) and Naglazyme<sup>®</sup> (Galsulfase) – See Appendix C**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**6. Action Item – Vote to Prior Authorize Plenvu<sup>®</sup> [Polyethylene Glycol (PEG)-3350/Sodium Ascorbate/Sodium Sulfate/Ascorbic Acid/Sodium Chloride/Potassium Chloride] – See Appendix D**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**7. Action Item – Vote to Prior Authorize Consensi<sup>®</sup> (Amlodipine/Celecoxib) and Kaspargo<sup>™</sup> Sprinkle [Metoprolol Succinate Extended-Release (ER)] – 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 Update the Prior Authorization Criteria for H.P. Acthar<sup>®</sup> Gel (Repository Corticotropin Injection) – See Appendix F**

- A. College of Pharmacy Recommendations

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

**9. Action Item – Vote to Prior Authorize Fulphila<sup>®</sup> (Pegfilgrastim-jmdb), Nivestym<sup>™</sup> (Filgrastim-aafi), and Udenyca<sup>™</sup> (Pegfilgrastim-cbqv) – 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 Xyosted<sup>™</sup> [Testosterone Enanthate Subcutaneous (Sub-Q) Auto-Injector] and Jatzeno<sup>®</sup> (Testosterone Undecanoate Oral Capsule) – See Appendix H**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**11. Action Item – Vote to Prior Authorize Cablivi<sup>®</sup> (Caplacizumab-yhdp) – See Appendix I**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**12. Action Item – Vote to Prior Authorize Dextenza<sup>®</sup> (Dexamethasone Ophthalmic Insert), Inveltys<sup>™</sup> (Loteprednol Etabonate Suspension), Lotemax<sup>®</sup> SM (Loteprednol Etabonate Gel), and Oxervate<sup>™</sup> (Cenegermin-bkbj) – See Appendix J**

- A. Introduction
- B. College of Pharmacy Recommendations

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

**13. Action Item – Vote to Prior Authorize Lorbreña<sup>®</sup> (Lorlatinib), Mvasi<sup>®</sup> (Bevacizumab-awwb), and Vizimpro<sup>®</sup> (Dacomitinib) – See Appendix K**

- A. Introduction
- B. Market News and Updates
- C. Recommendations

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

**14. 30-Day Notice to Prior Authorize Balversa<sup>™</sup> (Erdafitinib) – See Appendix L**

- A. Introduction
- B. Market News and Updates
- C. Balversa<sup>™</sup> (Erdafitinib) Product Summary
- D. Recommendations

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

**15. Annual Review of Atypical Antipsychotic Medications and 30-Day Notice to Prior Authorize Abilify MyCite<sup>®</sup> (Aripiprazole Tablets with Sensor), Aristada Initio<sup>®</sup> [Aripiprazole Lauroxil Extended-Release (ER) Injectable Suspension], and Perseris<sup>™</sup> [Risperidone ER Subcutaneous (Sub-Q) Injectable Suspension] – See Appendix M**

- A. Current Prior Authorization Criteria
- B. Utilization of Atypical Antipsychotic Medications
- C. Prior Authorization of Atypical Antipsychotic Medications
- D. Medicaid Drug Rebate Program
- E. Market News and Updates
- F. Abilify MyCite<sup>®</sup> (Aripiprazole Tablets with Sensor) Product Summary
- G. Aristada Initio<sup>®</sup> (Aripiprazole Lauroxil ER Injectable Suspension) Product Summary
- H. Perseris<sup>™</sup> (Risperidone ER Sub-Q Injectable Suspension) Product Summary
- I. College of Pharmacy Recommendations
- J. Utilization Details of Atypical Antipsychotic Medications

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

**16. Annual Review of ADHD and Narcolepsy Medications and 30-Day Notice to Prior Authorize Jornay PM<sup>™</sup> [Methylphenidate Extended-Release (ER) Capsule], Evekeo ODT<sup>™</sup> [Amphetamine**

**Orally Disintegrating Tablet (ODT)], Adhansia XR™ (Methylphenidate ER Capsule), and Sunosi™ (Solriamfetol Tablet) – See Appendix N**

- A. Current Prior Authorization Criteria
- B. Utilization of ADHD and Narcolepsy Medications
- C. Prior Authorization of ADHD and Narcolepsy Medications
- D. Medicaid Drug Rebate Program
- E. Market News and Updates
- F. Jornay PM™ (Methylphenidate Hydrochloride ER Capsule) Product Summary
- G. Adhansia XR™ (Methylphenidate Hydrochloride ER Capsule) Product Summary
- H. Sunosi™ (Solriamfetol Tablet) Product Summary
- I. College of Pharmacy Recommendations
- J. Utilization Details of ADHD and Narcolepsy Medications

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

**17. Annual Review of Various Special Formulations and 30-Day Notice 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 O**

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Special Formulations
- D. Prior Authorization of Special Formulations
- E. Annovera™ (Segesterone Acetate/Ethinyl Estradiol Vaginal System) Product Summary
- F. Bijuva™ (Estradiol/Progesterone Capsule) Product Summary
- G. Cequa™ (Cyclosporine 0.09% Ophthalmic Solution) Product Summary
- H. Corlanor® (Ivabradine Oral Solution) Product Summary
- I. Crotan™ (Crotamiton 10% Lotion) Product Summary
- J. Gloperba® (Colchicine Oral Solution) Product Summary
- K. Glycate® (Glycopyrrolate Tablet) Product Summary
- L. Khapzory™ (Levoleucovorin Injection) Product Summary
- M. Qmiiz™ ODT [Meloxicam Orally Disintegrating Tablet (ODT)] Product Summary
- N. Seconal Sodium™ (Secobarbital Sodium Capsule) Product Summary
- O. TaperDex™ (Dexamethasone Tablet) Product Summary
- P. Tiglutik™ (Riluzole Oral Suspension) Product Summary
- Q. TobraDex® ST (Tobramycin/Dexamethasone 0.3%/0.05% Ophthalmic Suspension) Product Summary
- R. Tolsura™ (Itraconazole Capsule) Product Summary
- S. Yutiq™ (Fluocinolone Acetonide Intravitreal Implant) Product Summary
- T. College of Pharmacy Recommendations
- U. Utilization Details of Special Formulations

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

**18. Annual Review of Opioid Analgesics and Opioid Medication Assisted Treatment (MAT) Medications and 30-Day Notice to Prior Authorize Cassipa® (Buprenorphine/Naloxone) and Levorphanol – See Appendix P**

- A. Current Prior Authorization Criteria
- B. Utilization of Opioid Analgesics and MAT Medications
- C. Prior Authorization of Opioid Analgesics and MAT Medications
- D. Market News and Updates
- E. Cassipa® (Buprenorphine/Naloxone) Product Summary
- F. Levorphanol Product Summary
- G. College of Pharmacy Recommendations
- H. Utilization Details of Opioid Analgesics

I. Utilization Details of MAT Medications

Non-Presentation; Questions Only:

**19. Industry News and Updates – See Appendix Q**

- A. Introduction
- B. News and Updates

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

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

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

**21. Future Business\* (Upcoming Product and Class Reviews)**

- A. Botulinum Toxins
- B. Qbrexza™ (Glycopyrronium)
- C. Spinal Muscular Atrophy Medications
- D. Topical Corticosteroids

*\*Future business subject to change.*

**22. Adjournment**