

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Packet Meeting – January 14, 2026

NOTE: *No live January meeting. January 2026 is a packet-only meeting.*

AGENDA

Review of the following items:

Items reviewed by Dr. Haymore, Chairman:

1. DUR Board Meeting Minutes – See Appendix A

- A. December 10, 2025 DUR Board Meeting Minutes
- B. December 10, 2025 DUR Board Recommendations Memorandum

Items reviewed by Dr. O'Halloran, Dr. Haymore, Chairman:

2. Update on Medication Coverage Authorization Unit – See Appendix B

- A. Pharmacy Help Desk Activity for December 2025
- B. Medication Coverage Activity for December 2025

Items reviewed by Dr. Wilson, Dr. Haymore, Chairman:

3. Appropriate Use of Riluzole in the SoonerCare Population – Update – See Appendix C

- A. Introduction
- B. Riluzole Utilization Trends in the SoonerCare Population
- C. Mailing Summary
- D. Results: Utilization of Riluzole Tablets
- E. Conclusions
- F. Recommendations

Items reviewed by Dr. O'Halloran, Dr. Haymore, Chairman:

4. Annual Review of Adiposity-Based Chronic Disease (ABCD) Medications and 30-day Notice to Prior Authorize Zepbound® (Tirzepatide) – See Appendix D

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

Items reviewed by Dr. Moss, Dr. Haymore, Chairman:

5. Annual Review of Antihyperlipidemics and 30-Day Notice to Prior Authorize Redemplo® (Plozasiran) – See Appendix E

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

Items reviewed by Dr. DeRemer, Dr. Haymore, Chairman:

6. Annual Review of Antihypertensive Medications and 30-day Notice to Prior Authorize Aceon® (Perindopril), Arbli™ (Losartan Oral Suspension), Bisoprolol Fumarate 2.5mg Tablet, Hemiclor™ (Chlorthalidone 12.5mg Tablet), Inzirqo™ (Hydrochlorothiazide Oral Suspension), Javadin™ (Clonidine Oral Solution), Lopressor® (Metoprolol Tartrate Oral Solution), and Univasc® (Moexipril) – See Appendix F

- A. Current Prior Authorization Criteria
- B. Utilization of Antihypertensive Medications
- C. Prior Authorization of Antihypertensive Medications
- D. Market News and Updates
- E. Cost Comparisons
- F. College of Pharmacy Recommendations
- G. Utilization Details of Antihypertensive Medications

Items reviewed by Dr. Wilson, Dr. Haymore, Chairman:

7. Annual Review of Bowel Preparation Medications and 30-day Notice to Prior Authorize MoviPrep® (Polyethylene Glycol 3350/Sodium Sulfate/Sodium Chloride/Potassium Chloride/Sodium Ascorbate/Ascorbic Acid for Oral Solution) – See Appendix G

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

Items reviewed by Dr. Sinko, Dr. Haymore, Chairman:

8. Annual Review of Gastrointestinal (GI) Cancer Medications – See Appendix H

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

- E. College of Pharmacy Recommendations
- F. Utilization Details of GI Cancer Medications

Items reviewed by Dr. Sinko, Dr. Haymore, Chairman:

9. Annual Review of Non-Malignant Solid Tumor Medications and 30-day Notice to Prior Authorize Gomekli® (Mirdametinib), Papzimeos™ (Zopapogene Imadenovec-drba), and Romvimza™ (Vimseitinib) – See Appendix I

- A. Current Prior Authorization Criteria
- B. Utilization of Non-Malignant Solid Tumor Medications
- C. Prior Authorization of Non-Malignant Solid Tumor Medications
- D. Market News and Updates
- E. Product Summaries
- F. College of Pharmacy Recommendations
- G. Utilization Details of Non-Malignant Solid Tumor Medications

Items reviewed by Dr. Wilson, Dr. Haymore, Chairman:

10. Annual Review of Systemic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and 30-day Notice to Prior Authorize Coxanto® (Oxaprozin 300mg Capsule), Ibuprofen 300mg Tablet, Vyscoxa™ (Celecoxib Oral Suspension), and Xifyrm™ (Meloxicam Injection) – See Appendix J

- A. Current Prior Authorization Criteria
- B. Utilization of NSAIDs
- C. Prior Authorization of NSAIDs
- D. Market News and Updates
- E. Product Summaries
- F. College of Pharmacy Recommendations
- G. Utilization Details of NSAIDs

Items reviewed by Dr. DeRemer, Dr. Haymore, Chairman:

11. Annual Review of Ophthalmic Antibiotic Medications and 30-day Notice to Prior Authorize Levofloxacin Ophthalmic Solution – See Appendix K

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

Items reviewed by Dr. Moss, Dr. Haymore, Chairman:

12. Annual Review of Vasomotor Symptom (VMS) Medications and 30-day Notice to Prior Authorize EstroGel® (Estradiol 0.06% Gel) and Lynkuet® (Elinzanetant) – See Appendix L

- A. Current Prior Authorization Criteria
- B. Utilization of VMS Medications

- C. Prior Authorization of VMS Medications
- D. Market News and Updates
- E. Product Summaries
- F. College of Pharmacy Recommendations
- G. Utilization Details of VMS Medications

Items reviewed by Dr. DeRemer, Dr. Haymore, Chairman

13. 30-Day Notice to Prior Authorize Alyglo™ [Immune Globulin (IG) Intravenous (IV), Human-stwk], Asceniv™ (IGIV, Human-sIgA), Bivigam® (IGIV, Human), Cuvitru® (IG Subcutaneous (SC), Human), Gammaglobulin (IGIV, Human), Hizentra® (IGSC, Human), Octagam® (IGIV, Human), Panzyga® (IGIV, Human-ifas) and Xembify® (IGSC, Human) – See Appendix M

- A. Introduction
- B. Cost Comparison: IGIV Products
- C. Cost Comparison: IGSC Products
- D. College of Pharmacy Recommendations

Items reviewed by Dr. O'Halloran, Dr. Haymore, Chairman:

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

Items reviewed by Dr. Adams, Dr. Haymore, Chairman:

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

- A. Anticonvulsants
- B. Anti-Migraine Medications
- C. Cardamyst™ (Etrigamist Nasal Spray)
- D. Cholestatic Liver Disease and Bile Acid Disorder Medications
- E. Crenessity™ (Crinecerfont)
- F. Insomnia Medications
- G. Kebilidi™ (Eladocagene Exuparvovec-tneq)
- H. Pulmonary Hypertension Medications

*Future product and class reviews subject to change.

NOTE: An analysis of the atypical [Aged, Blind, and Disabled (ABD)] patient subgroup of the Oklahoma Medicaid population has been performed pertaining to all recommendations included in this DUR Board meeting packet to ensure fair and knowledgeable deliberation of the potential impact of the recommendations on this patient population.

NOTE: Oklahoma Medicaid transitioned from a fee-for-service (FFS) pharmacy benefit to a managed care pharmacy benefit for most members on April 1, 2024. At that time, the majority of SoonerCare members were transitioned to one of the three managed care SoonerSelect plans: Aetna, Humana, or Oklahoma Complete Health. SoonerSelect data has been provided to the College of Pharmacy and has been used in analyses throughout this DUR Board meeting packet. The data

included in this DUR Board meeting packet combines FFS and managed care utilization data. The managed care utilization and prior authorization (PA) data reported in this packet is based solely on the data provided by the SoonerSelect plans.