

Oklahoma Health Care Authority

Drug Utilization Review Board (DUR Board)

Packet Meeting – August 13, 2025

NOTE: ***No live August meeting. August 2025 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. July 9, 2025 DUR Board Meeting Minutes
- B. July 9, 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 July 2025
- B. Medication Coverage Activity for July 2025

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

3. U.S. Food and Drug Administration (FDA) Safety Alerts – See Appendix C

- A. Introduction
- B. FDA Safety Alerts

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

4. Annual Review of Iron Products – See Appendix D

- A. Current Prior Authorization Criteria
- B. Utilization of Iron Products
- C. Prior Authorization of Iron Products
- D. Market News and Updates
- E. Cost Comparison: Intravenous (IV) Iron Products
- F. College of Pharmacy Recommendations
- G. Utilization Details of Iron Products

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

5. Annual Review of Miscellaneous Cancer Medications and 30-Day Notice to Prior Authorize Ryoncil® (Remestemcel-L-rknd) – See Appendix E

- A. Current Prior Authorization Criteria
- B. Utilization of Miscellaneous Cancer Medications
- C. Prior Authorization of Miscellaneous Cancer Medications
- D. Market News and Updates
- E. Ryoncil® (Remestemcel-L-rknd) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of Miscellaneous Cancer Medications

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

6. Annual Review of Opioid Analgesics and Medication-Assisted Treatment (MAT) Medications and 30-Day Notice to Prior Authorize Tramadol 75mg Tablet – See Appendix F

- 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. Cost Comparison: Tramadol
- F. College of Pharmacy Recommendations
- G. Utilization Details of Opioid Analgesics and MAT Medications

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

7. Annual Review of Topical Corticosteroids – See Appendix G

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

8. Annual Review of Various Systemic Antibiotics and 30-Day Notice to Prior Authorize Blujepa (Gepotidacin), Emblaveo™ (Aztreonam/Avibactam), Likmez™ (Metronidazole Oral Suspension), and Metronidazole 125mg Tablet and 375mg Capsule – See Appendix H

- A. Current Prior Authorization Criteria
- B. Utilization of Various Systemic Antibiotics
- C. Prior Authorization of Various Systemic Antibiotics
- D. Market News and Updates
- E. Product Summaries
- F. Cost Comparison: Metronidazole Products
- G. College of Pharmacy Recommendations
- H. Utilization Details of Various Systemic Antibiotics

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

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

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

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

- A. Amyloidosis Medications
- B. Breast Cancer Medications
- C. Camzyos® (Mavacamten)

- D. Cystic Fibrosis (CF) Medications
- E. Encelto (Revakinagene Taroretsel-lwey)
- F. Jynarque® (Tolvaptan)
- G. Photrexa® and Photrexa® Viscous (Riboflavin 5'-Phosphate)
- H. Synagis® (Palivizumab)

*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.