

Oklahoma Health Care Authority

Drug Utilization Review Board

(DUR Board)

Packet Meeting – January 8, 2025

NOTE: ***No live January meeting. January 2025 is a packet-only meeting.***

AGENDA

Discussion and action on the following items:

Items to be presented by Dr. Haymore, Chairman:

1. DUR Board Meeting Minutes – See Appendix A

- A. December 11, 2024 DUR Board Meeting Minutes
- B. December 11, 2024 DUR Board Recommendations Memorandum
- C. Correspondence

Items to be presented by Dr. Moss, Dr. Haymore, Chairman:

2. Prenatal Vitamin (PNV) Utilization Update – See Appendix B

- A. Introduction
- B. Utilization of PNV
- C. College of Pharmacy Recommendations

Items to be presented by Dr. O'Halloran, Dr. Haymore, Chairman:

3. Annual Review of Antihyperlipidemics and 30-Day Notice to Prior Authorize Tryngolza™ (Olezarsen) – See Appendix C

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

Items to be presented by Dr. O'Halloran, Dr. Haymore, Chairman:

4. Annual Review of Adrenocorticotrophic Hormone (ACTH) Products and 30-Day Notice to Prior Authorize Acthar® SelfJect™ (Corticotropin Auto-Injector) and Purified Cortrophin® Gel (Repository Corticotropin Injection) – See Appendix D

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

Items to be presented by Dr. Moss, Dr. Haymore, Chairman:

5. Annual Review of Xgeva® (Denosumab) and 30-Day Notice to Prior Authorize Wyost® (Denosumab-bbdz) – See Appendix E

- A. Current Prior Authorization Criteria
- B. Utilization of Xgeva® (Denosumab)
- C. Prior Authorization of Xgeva® (Denosumab)
- D. Market News and Updates
- E. College of Pharmacy Recommendations
- F. Utilization Details of Xgeva® (Denosumab)

Items to be presented by Dr. Wilson, Dr. Haymore, Chairman:

6. Annual Review of Systemic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and 30-Day Notice to Prior Authorize Diflunisal 500mg Tablet, Dolobid™ (Diflunisal) 250mg and 375mg Tablet, and Indomethacin 50mg Suppository – See Appendix F

- A. Current Prior Authorization Criteria
- B. Utilization of NSAIDs
- C. Prior Authorization of NSAIDs
- D. Market News and Updates
- E. Dolobid™ (Diflunisal) Product Summary
- F. Cost Comparison: Indomethacin Products
- G. College of Pharmacy Recommendations
- H. Utilization Details of NSAIDs

Items to be presented by Dr. Wilson, Dr. Haymore, Chairman:

7. Annual Review of Ophthalmic Antibiotic Medications – See Appendix G

- 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 to be presented by Dr. Daugherty, Dr. Haymore, Chairman:

8. Annual Review of Gastrointestinal (GI) Cancer Medications and 30-Day Notice to Prior Authorize Tevimbra® (Tislelizumab-jsgr), Vyloy® (Zolbetuximab-clzb), and Ziihera® (Zanidatamab) – 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. Product Summaries
- F. College of Pharmacy Recommendations
- G. Utilization Details of GI Cancer Medications

Items to be presented by Dr. Daugherty, Dr. Haymore, Chairman:

9. Annual Review of Miscellaneous Cancer Medications and 30-Day Notice to Prior Authorize Fyarro® (Sirolimus Protein-Bound Particles for Injectable Suspension), Niktimvo™ (Axatilimab-csfr), Ojemda™ (Tovorafenib), Tecelra® (Afamitresgene Autoleucel), and Voranigo® (Vorasidenib) – See Appendix I

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

Items to be presented by Dr. Daugherty, Dr. Haymore, Chairman:

10. Annual Review of Non-Malignant Solid Tumor Medications – See Appendix J

- 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. College of Pharmacy Recommendations
- F. Utilization Details of Non-Malignant Solid Tumor Medications

Items to be presented by Dr. Metts, Dr. Haymore, Chairman:

11. Annual Review of Antihypertensive Medications and 30-Day Notice to Prior Authorize Labetalol Hydrochloride 400mg Tablet, Nexiclon™ XR [Clonidine Extended-Release (ER)], and Tryvio™ (Aprocitentan) – See Appendix K

- A. Current Prior Authorization Criteria
- B. Utilization of Antihypertensive Medications
- C. Prior Authorization of Antihypertensive Medications
- D. Market News and Updates
- E. Tryvio™ (Aprocitentan) Product Summary
- F. Cost Comparisons
- G. College of Pharmacy Recommendations
- H. Utilization Details of Antihypertensive Medications

Items to be presented by Dr. Metts, Dr. Haymore, Chairman:

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

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

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

- A. Anti-Migraine Medications
- B. Cholestatic Liver Disease Medications

C. Heart Failure Medications

D. Thrombocytopenia 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. SoonerSelect PA data only includes medications billed as pharmacy claims (NDC) and does not include those billed as medical claims (HCPCS), where applicable.