Oklahoma Health Care Authority

Drug Utilization Review Board
(DUR Board)
Packet Meeting – August 12, 2026

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

AGENDA

Discussion and action on the following items:

Items reviewed by Dr. Haymore, Chairman:

1. **DUR Board Meeting Minutes – See Appendix A**
   A. July 8, 2026 DUR Board Meeting Minutes
   B. July 8, 2026 DUR Board Recommendations Memorandum
   C. Correspondence

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

2. **Update on Medication Coverage Authorization Unit – See Appendix B**
   A. Pharmacy Help Desk Activity for July 2026
   B. Medication Coverage Activity for July 2026

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

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

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

4. **Annual Review of Copper Metabolism Disorder Medications and 30-Day Notice to Prior Authorize Zycubo® (Copper Histidinate) – See Appendix D**
   A. Current Prior Authorization Criteria
   B. Utilization of Copper Metabolism Disorder Medications
   C. Prior Authorization of Copper Metabolism Disorder Medications
   D. Market News and Updates
   E. Zycubo® (Copper Histidinate) Product Summary
   F. College of Pharmacy Recommendations
   G. Utilization Details of Copper Metabolism Disorder Medications

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

5. **Annual Review of Iron Chelating Agents – See Appendix E**
   A. Current Prior Authorization Criteria
   B. Utilization of Iron Chelating Agents
   C. Prior Authorization of Iron Chelating Agents
   D. Market News and Updates
   E. College of Pharmacy Recommendations
   F. Utilization Details of Iron Chelating Agents

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

6. **Annual Review of Iron Products – See Appendix F**
   A. Current Prior Authorization Criteria
   B. Utilization of Iron Products
   C. Prior Authorization of Iron Products
   D. Market News and Updates
   E. College of Pharmacy Recommendations
   F. Utilization Details of Iron Products

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

7. **Annual Review of Miscellaneous Cancer Medications and 30-Day Notice to Prior Authorize Modeyso™ (Dordaviprone) and Vistogard® (Uridine Triacetate) – See Appendix G**
   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 reviewed by Dr. Moss, Dr. Haymore, Chairman:

8. **Annual Review of Opioid Analgesics and Opioid Medication Assisted Treatment (MAT) Medications and 30-Day Notice to Prior Authorize Morphine Oral Solution Syringes and Tapentadol Tablet, Tapentadol Extended-Release (ER) Tablet, and Tapentadol Oral Solution – See Appendix H**
   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 Comparisons
   F. College of Pharmacy Recommendations
   G. Utilization Details of Opioid Analgesics and MAT Medications

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

9. **Annual Review of Topical Corticosteroids and 30-Day Notice to Prior Authorize Amcinonide 0.1% Ointment – See Appendix I**
   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:

10. **Annual Review of Various Systemic Antibiotics and 30-Day Notice to Prior Authorize Contepo™ (Fosfomycin for Injection), Doxycycline Hyclate 75mg Capsule, and Orlynvah™ (Sulopenem Etzadroxil/Probenecid) – See Appendix J**
    A. Current Prior Authorization Criteria
    B. Utilization of Various Systemic Antibiotics
    C. Prior Authorization of Various Systemic Antibiotics
    D. Market News and Updates
    E. Orlynvah™ (Sulopenem Etzadroxil/Probenecid) Product Summary
    F. Cost Comparisons
    G. College of Pharmacy Recommendations
    H. Utilization Details of Various Systemic Antibiotics

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

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

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

12. **Future Business* (Upcoming Product and Class Reviews)**
    A. Amyloidosis Medications
    B. Antihistamine Medications
    C. Benign Prostatic Hyperplasia (BPH) Medications
    D. Bladder Control Medications
    E. Breast Cancer Medications
    F. Cystic Fibrosis (CF) Medications
    G. Various Ophthalmic Medications

    *Future product and class reviews subject to change.

13. **Adjournment**

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.