

# Oklahoma Health Care Authority

Drug Utilization Review Board

(DUR Board)

Meeting – June 10, 2026 @ 4:00pm

at the

Oklahoma Health Care Authority (OHCA)

4345 N. Lincoln Blvd.

Oklahoma City, Oklahoma 73105

**NOTE:** *The DUR Board will meet at 4:00pm at OHCA (see address above). There will be Zoom access to this meeting; however, Zoom access will be set up in view-only mode with no voting, speaking, video, or chat box privileges. Zoom access will allow for viewing of the presentation slides as well as audio of the presentations and discussion during the meeting; however, the DUR Board meeting will not be delayed or rescheduled due to any technical issues that may arise.*

## **AGENDA**

Discussion and action on the following items:

Items to be presented by Dr. Haymore, Chairman:

### **1. Call to Order**

A. Roll Call – Dr. Wilcox

### **DUR Board Members:**

Dr. Cassidy Blaiss –	participating in person
Ms. Jennifer Boyett –	participating in person
Dr. Christen Ground –	participating in person
Dr. Bret Haymore –	participating in person
Dr. Bethany Holderread –	participating in person
Dr. Matt John –	participating in person
Dr. Craig Kupiec –	participating in person
Dr. Lee Muñoz –	participating in person
Dr. Edna Patatanian –	participating in person
Dr. Jennifer Weakley –	participating in person

### **Viewing Access Only via Zoom:**

Please register for the meeting at:

[https://oklahoma.zoom.us/webinar/register/WN\\_B7-m8jKcQWaA9HEiV7QRQA](https://oklahoma.zoom.us/webinar/register/WN_B7-m8jKcQWaA9HEiV7QRQA)

After registering, you will receive a confirmation email containing information about joining the webinar.

Or join by phone:

Dial: +1-602-753-0140 or +1-669-219-2599

Webinar ID: 928 6649 0447

Passcode: 80744869

## **Public Comment for Meeting:**

- Speakers who wish to sign up for public comment at the OHCA DUR Board meeting may do so in writing by visiting the DUR Board page on the OHCA website at [www.oklahoma.gov/ohca/about/boards-and-committees/drug-utilization-review/dur-board](http://www.oklahoma.gov/ohca/about/boards-and-committees/drug-utilization-review/dur-board) and completing the [Speaker Registration Form](#). Completed Speaker Registration forms should be submitted to [DURPublicComment@okhca.org](mailto:DURPublicComment@okhca.org). Forms must be received after the DUR Board agenda has been posted and no later than 24 hours before the meeting.
- The DUR Board meeting will allow public comment and time will be limited to 40 minutes total for all speakers during the meeting. Each speaker will be given 5 minutes to speak at the public hearing. If more than 8 speakers properly request to speak, time will be divided evenly.
- Only 1 speaker per manufacturer will be allowed.
- Any speakers who sign up for public comment must attend the DUR Board meeting in person at OHCA (see above address). Public comment through Zoom will not be allowed for the DUR Board meeting.
- In lieu of speaking at the DUR Board meeting, written correspondence by members or providers may be submitted to [DURPublicComment@okhca.org](mailto:DURPublicComment@okhca.org). Other written correspondence is not permitted.

Items to be presented by Dr. Haymore, Chairman:

### **2. Public Comment Forum**

- A. Acknowledgement of Speakers for Public Comment

Items to be presented by Dr. Haymore, Chairman:

### **3. Action Item – Approval of DUR Board Meeting Minutes – See Appendix A**

- A. April 8, 2026 DUR Board Meeting Minutes
- B. April 8, 2026 DUR Board Recommendations Memorandum
- C. Correspondence

Non-presentation items reviewed by Dr. DeRemer, Dr. Haymore, Chairman:

### **4. Update on Medication Coverage Authorization Unit – See Appendix B**

- A. Pharmacy Help Desk Activity for April 2026
- B. Medication Coverage Activity for April 2026
- C. Pharmacy Help Desk Activity for May 2026
- D. Medication Coverage Activity for May 2026

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

### **5. Evaluation of Pediatric Opioid Prescribing in Medicaid Beneficiaries – See Appendix C**

- A. Introduction
- B. Clinical Practice Guidance for Pediatric Opioid Prescribing

- C. Provider Mailing
- D. Data Analysis
- E. Conclusions

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

**6. Action Item – Vote to Prior Authorize Voyxact® (Sibeprenlimab-szsi) and Update the Approval Criteria for the Primary Immunoglobulin A Nephropathy (IgAN) – See Appendix D**

- A. Market News and Updates
- B. Voyxact® (Sibeprenlimab-szsi) Product Summary
- C. College of Pharmacy Recommendations

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

**7. Action Item – Vote to Prior Authorize Arynta™ (Lisdexamfetamine Oral Solution) and Atocny™ (Atomoxetine Oral Solution) and Update the Approval Criteria for the Attention-Deficit/Hyperactivity Disorder (ADHD) and Narcolepsy Medications – See Appendix E**

- A. Market News and Updates
- B. Product Summaries
- C. College of Pharmacy Recommendations

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

**8. Action Item – Vote to Prior Authorize Itvisma® (Onasemnogene Abeparvovec-brve) and Update the Approval Criteria for the Spinal Muscular Atrophy (SMA) Medications – See Appendix F**

- A. Market News and Updates
- B. Itvisma® (Onasemnogene Abeparvovec-brve) Product Summary
- C. College of Pharmacy Recommendations

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

**9. Action Item – Vote to Prior Authorize Jascayd® (Nerandomilast) and Update the Approval Criteria for the Interstitial Lung Disease (ILD) Medications – See Appendix G**

- A. Market News and Updates
- B. Jascayd® (Nerandomilast) Product Summary
- C. College of Pharmacy Recommendations

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

**10. Action Item – Vote to Prior Authorize Rethymic® (Allogeneic Processed Thymus Tissue-agdc) – See Appendix H**

- A. Market News and Updates
- B. Rethymic® (Allogeneic Processed Thymus Tissue-agdc) Product Summary
- C. College of Pharmacy Recommendations

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

**11. Action Item – Vote to Prior Authorize Eydenzelt® (Aflibercept-boav) and Update the Approval Criteria for the Age-Related Macular Degeneration (AMD) Medications – See Appendix I**

- A. Market News and Updates
- B. College of Pharmacy Recommendations

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

**12. Action Item – Vote to Prior Authorize Avgemsi™ (Gemcitabine), Emrelis™ (Telisotuzumab Vedotin-tllv), Ensacove™ (Ensartinib), Hernexeos® (Zongertinib), Hyrnuo® (Sevabertinib), Ibtrozi™ (Taletrectinib), and Rybrevant Faspro™ (Amivantamab/Hyaluronidase-lpuj) and Update the Approval Criteria for the Lung Cancer Medications – See Appendix J**

- A. Market News and Updates
- B. Product Summaries
- C. Cost Comparison: Gemcitabine Products
- D. College of Pharmacy Recommendations

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

**13. Action Item – Annual Review of Zokinvy® (Lonafarnib) – See Appendix K**

- A. Current Prior Authorization Criteria
- B. Utilization of Zokinvy® (Lonafarnib)
- C. Prior Authorization of Zokinvy® (Lonafarnib)
- D. Market News and Updates
- E. College of Pharmacy Recommendations

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

**14. Annual Review of Genitourinary and Gynecologic Cancer Medications and 30-Day Notice to Prior Authorize Inlexzo™ (Gemcitabine Intravesical System), Kyxata™ (Carboplatin), Lifyorli™ (Relacorilant), and Zusduri™ (Mitomycin Intravesical Solution) – See Appendix L**

- A. Current Prior Authorization Criteria
- B. Utilization of Genitourinary and Gynecologic Cancer Medications
- C. Prior Authorization of Genitourinary and Gynecologic Cancer Medications
- D. Market News and Updates
- E. Product Summaries
- F. Cost Comparison: Carboplatin Products
- G. College of Pharmacy Recommendations
- H. Utilization Details of Genitourinary and Gynecologic Cancer Medications

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

**15. Annual Review of the SoonerCare Pharmacy Benefit – See Appendix M**

- A. Summary
- B. Medicaid Drug Rebate Program
- C. Alternative Payment Models

- D. Drug Approval Trends
- E. Traditional Versus Specialty Pharmacy Products
- F. Top 10 Traditional Therapeutic Categories by Reimbursement
- G. Top 10 Specialty Therapeutic Categories by Reimbursement
- H. Top 10 Medications by Reimbursement
- I. Cost Per Claim
- J. Market Projections
- K. Conclusion
- L. Top 50 Reimbursed Drugs
- M. Top 50 Medications by Number of Claims
- N. Fiscal Year Comparisons

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

**16. Annual Review of Anti-Emetic Medications and 30-Day Notice to Prior Authorize Nereus™ (Tradipitant) and Posfrea™ (Palonosetron Injection) – See Appendix N**

- A. Current Prior Authorization Criteria
- B. Utilization of Anti-Emetic Medications
- C. Prior Authorization of Anti-Emetic Medications
- D. Market News and Updates
- E. Nereus™ (Tradipitant) Product Summary
- F. Cost Comparison: Palonosetron Products
- G. College of Pharmacy Recommendations
- H. Utilization Details of Anti-Emetic Medications

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

**17. Annual Review of Atypical Antipsychotic Medications and 30-Day Notice to Prior Authorize Bysanti™ (Milsaperidone) – See Appendix O**

- A. Current Prior Authorization Criteria
- B. Utilization of Atypical Antipsychotics
- C. Prior Authorization of Atypical Antipsychotics
- D. Oklahoma Resources
- E. Market News and Updates
- F. Bysanti™ (Milsaperidone) Product Summary
- G. Cost Comparison: Atypical Antipsychotics for Adjunct Treatment of MDD
- H. College of Pharmacy Recommendations
- I. Utilization Details of Atypical Antipsychotics

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

**18. Annual Review of Antiviral Medications and 30-Day Notice to Prior Authorize Hepcludex® (Bulevirtide-gmod), Relenza® (Zanamivir Inhalation Powder) and Xofluza® (Baloxavir) – See Appendix P**

- A. Current Prior Authorization Criteria
- B. Utilization of Antiviral Medications
- C. Prior Authorization of Antiviral Medications

- D. Market News and Updates
- E. Hepcludex® (Bulevirtide-gmod) Product Summary
- F. Cost Comparison: Oral Influenza Antiviral Medications
- G. College of Pharmacy Recommendations
- H. Utilization Details of Antiviral Medications

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

**19. Annual Review of Urea Cycle Disorder (UCD) Medications and 30-Day Notice to Prior Authorize Loargys® (Pegzilarginase-nbln) – See Appendix Q**

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

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

**20. Annual Review of Various Special Formulations and 30-Day Notice to Prior Authorize Averi™ (Desogestrel/Ethinyl Estradiol/Ferrous Bisglycinate), Cafergot® (Ergotamine/Caffeine Tablet), Desmoda™ (Desmopressin Oral Solution), Dicyclomine 40mg Tablet, Griseofulvin Ultramicrosized 165mg Tablet, Hydroxyzine Oral Solution Unit Dose Cups (UDCs), Khindivi™ (Hydrocortisone Oral Solution), Migergot® (Ergotamine/Caffeine Suppository), Ontralfy™ (Tizanidine Oral Solution), PoKonza™ (Potassium Chloride 10mEq/15mL Oral Solution), PoKonza™ (Potassium Chloride 15mEq Packet), Potassium Chloride 40mEq Packet, Quiofic™ (Folic Acid Oral Solution), Relgaabi™ (Gabapentin 200mg Capsule), and Vykoura™ (Leucovorin Injection) – Appendix R**

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Various Special Formulations
- D. Prior Authorization of Various Special Formulations
- E. Product Summaries
- F. College of Pharmacy Recommendations
- G. Utilization Details of Various Special Formulations

Non-presentation items reviewed by Dr. DeRemer, Dr. Haymore, Chairman:

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

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

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

- A. Alzheimer's Medications
- B. Anti-Diabetic Medications and Kerendia® (Finerenone)

- C. Anti-Ulcer Medications
- D. Colorectal Cancer (CRC) Medications
- E. Epidermolysis Bullosa (EB) Medications
- F. Heart Failure Medications
- G. Testosterone Products

\*Future product and class reviews subject to change.

### **23.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.