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ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
Pharmacy Program

P.O. Box 1437, Slot S415 · Little Rock, AR 72203-1437
501-683-4120 · Fax: 501-683-4124 or 1-800-424-5851

ARKANSAS MEDICAID DUR BOARD QUARTERLY DRUG UPDATE
JULY 15, 2026 8:30 A.M. – 12:30 P.M. CST
VIRTUAL TEAMS MEETING LINK
Microsoft Teams Need help?
Join the meeting now
Meeting ID: 259 819 253 129 14
Passcode: qj6Gf2Gd

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Find a local number
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****TENTATIVE AGENDA IS SUBJECT TO CHANGE****

I. OUTSIDE SPEAKERS

Per the DUR Board Bylaws Section 7.02 Outside Speakers -- Outside speakers with clinical or scientific credentials or patient experience pertinent to a product or topic that is posted on the upcoming DUR Board meeting agenda may request to speak on that product or topic. Public comments will not be permitted for topics not included on the agenda. Requests to speak at the DUR Board meeting must be made in writing to the DUR Chairperson at least two (2) weeks before the DUR Board meeting date, and should include:

(1) The speaker's name, title, relevant credentials, and organization;
(2) Contact information for the speaker including address, telephone number, and email;
(3) The agenda item(s) which the speaker intends to address;
(4) Prepared comments which are not a reiteration of the FDA approved package insert; and
(5) Any educational materials for Board members in advance of the meeting.

This information shall be included in information sent to Board members two (2) weeks prior to the Board meeting. Presentations or public comments given at the DUR Board meeting are limited to a total of **three (3) minutes** per drug, which may be shared by multiple speakers. This time limit does not include responses to any questions raised by DUR Board members during the course of the meeting.

A copy of the proposed criteria for the specific agenda item on which an individual requests to speak may be requested from the Chairperson three (3) weeks prior to the DUR Board meeting. The information will be in draft form and may be changed by the DUR Board prior to being finalized. As such, the draft criteria should not be shared with clinicians or patients.

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II. UNFINISHED / OLD BUSINESS AND GENERAL INFORMATION

- **A. ANNOUNCEMENTS**
- **B. APPROVAL OF THE MINUTES FROM THE PREVIOUS MEETING.**
- **C. UPDATE ON SYSTEM EDITS, IMPLEMENTATIONS, OR FOLLOW-UP ITEMS.**
  - **1) Follow-up items from April 15, 2026 DUR Board**
  - **2) Implementation information from April 15, 2026 DUR Board**
- **D. GENERAL INFORMATION**
  - **1) New medications following the oncology policy (no vote required)**
    - **a. VEPPANU (vepdegestrant) tablet—when available**
    - **b. BEQALZI (sonrotoclax) tablet—when available**
    - **c. YULITHIRA (everolimus) tablet**
    - **d. JAKAFI XR (ruxolitinib) tablet**
  - **2) FASENRA UPDATE WITH NEW INDICATION (no vote required)**
  - **3) VYVGART UPDATE WITH INDICATION CHANGE (no vote required)**
- **E. PAD SUBCOMMITTEE REPORT AND MONOGRAPH VOTE**

III. PDL CLASS REVIEW AND CRITERIA/EDIT CHANGES

- **A. PDL CLASS REVIEW WITHOUT CRITERIA (see specific medications on page 4)**
  - **1) ANAPHYLAXIS AGENTS**
- **B. PDL CLASS REVIEW WITH CRITERIA (see specific medications on page 4)**
  - **1) CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONIST**
  - **2) IMMUNOMODULATORS, ATOPIC DERMATITIS**
  - **3) IMMUNOMODULATORS, ASTHMA and MISC INDICATIONS**
  - **4) EPILEPSY**
- **C. ESTABLISHED PDL CLASS REVIEW WITHOUT ANTICIPATED CHANGE**
  - **1) MEDICATION ASSISTED TREATMENT**
  - **2) TRIPTANS**
  - **3) COLONY STIMULATING FACTORS**
  - **4) ERYTHROPOIESIS STIMULATING AGENTS**
  - **5) UREA CYCLE DISORDER**
  - **6) VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS**
  - **7) OPHTHALMIC ANTIBIOTICS**
  - **8) OTIC ANTI-INFECTIVE AND ANTIBIOTIC/CORTICOSTEROID COMBOS**
  - **9) NARCOLEPSY**
  - **10) SEIZURE RESCUE**

IV. NEW BUSINESS

A. PROPOSED NEW OR UPDATED CLINICAL POINT OF SALE CRITERIA:

1) **QUIOFIC (folic acid) oral solution**
2) **DESMODA (desmopressin acetate) oral solution**

B. PROPOSED MANUAL REVIEW CRITERIA FOR CERTAIN DISEASE STATES:

1) **METABOLIC DYSFUNCTION-ASSOCIATED STEATOHEPATITIS (MASH)**

C. PROPOSED NEW CRITERIA OR UPDATES TO EXISTING MANUAL REVIEW PA CRITERIA:

1) **YUVIWEL (navepegritide) vial**
2) **KYGEVVI (doxecitine and doxribtimine) powder**
3) **IMCIVREE (setmelanotide) solution**
4) **CONTEPO (fosfomycin disodium) vial**
5) **SAPHNELO (anifrolumab-fnia) pen**
6) **BAXFENDY (baxdrostat) tablet**
7) **HEPCLUDEX (bulevirtide) vial**
8) **FILSPARI (sparsentan) tablet**

D. PROPOSED NEW OR UPDATED CLAIM EDITS (e.g., QUANTITY, ACCUMULATION, GENDER, AGE):

1) **BUTALBITAL MAXIMUM QUANTITY DISCUSSION**

E. ProDUR REPORT UPDATE

F. RDUR REPORT UPDATE

PDL THERAPEUTIC CLASSES UNDER REVIEW
ANAPHYLAXIS AGENTS: Auvi-Q injection, EpiPen injection, EpiPen Jr injection, epinephrine (authorized generic), epinephrine (unauthorized generic), epinephrine (generic for Adrenoclick), and Neffy nasal spray
CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONIST: Aimovig autoinjector, Ajovy injector, Brekiya autoinjector, **Cafergot tablet**, diclofenac potassium powder pack, dihydroergotamine injection, dihydroergotamine nasal spray, Elyxyb solution, Emgality pen and syringe, Ergomar tablet, **Migergot suppository**, Nurtec ODT, Qulipta tablet, Reyvow tablet, Ulbrevy tablet, and Zavzpret spray
IMMUNOMODULATORS, ATOPIC DERMATITIS: Adbry syringe and autoinjector, Anzupgo cream, Cibinqo tablet, Dupixent syringe and pen, Ebglyss pen and syringe, Eucrisa ointment, Nemluvio pen, Opzelura cream, pimecrolimus cream, Rinvoq tablet, tacrolimus ointment, Vtama cream, Zoryve cream and foam
IMMUNOMODULATORS, ASTHMA and MISC INDICATIONS: Dupixent pen/syringe, Fasenra pen/syringe, Nemluvio injection, Nucala autoinjector/syringe/vial, Rhapsido tablet, Tezspire pen/syringe, Xolair vial/syringe/autoinjector
EPILEPSY: Aptiom tablet, Banzel tablet/suspension, brivaracetam tablet/solution, Briviact tablet/solution, carbamazepine chew tab/suspension/tablet, carbamazepine ER capsule/tablet, Carbatrol ER capsule, Celontin capsule, clobazam tablet/suspension, Depakote DR tablet, Depakote ER tablet, Depakote DR sprinkle, divalproex DR tablet, divalproex ER tablet, divalproex DR sprinkle, Diacomit capsule/powder packet, Dilantin capsule/suspension/Infatab, Elepsia XR tablet, Epidiolex solution, Epitol tablet (HCFA 7/31/26), Eprontia solution, Equetro capsule, eslicarbazepine tablet, ethosuximide capsule/solution, felbamate suspension/tablet, Felbatol suspension/tablet, Fintepla solution, Fycompa suspension/tablet, gabapentin solution/tablet/capsule, Gabarone tablet, Keppra solution/tablet, Keppra XR tablet, lacosamide vial/solution/tablet, Lamictal tablet/ODT/disp tablet, Lamictal XR tablet, Lamictal ODT start kit, Lamictal tablet start kit, Lamictal XR start kit, lamotrigine ODT start kit, lamotrigine tab start kit, lamotrigine tablet/ODT/disp tablet, lamotrigine ER tablet, levetiracetam tablet/solution/tablet for suspension, levetiracetam ER tablet, methosuximide capsule, Motpoly XR capsule, Onfi suspension/tablet, oxcarbazepine tablet/suspension, oxcarbazepine ER tablet, Oxtellar XR tablet, perampanel suspension/tablet, phenobarbital tablet/elixir, phenytoin chew tablet/suspension, Phenytek capsule, phenytoin ER capsule, pregabalin capsule, primidone tablet, **Roweepra tablet,** rufinamide suspension/tablet, Sabril tablet/powder pack, Spritam tablet, **Subvenite tablet**/suspension, **Subvenite tab start kit,** Sympazan film, Tegretol tablet/suspension, Tegretol XR tablet, tiagabine tablet, Topamax sprinkle/tablet, topiramate ER capsule/sprinkle, topiramate solution/sprinkle/tablet, Trileptal suspension/tablet, Trokendi XR capsule, valproic acid capsule/solution, vigabatrin tablet/powder, **Vigadrone powder packet/tablet,** Vigafyde solution, Vimpat solution/tablet/vial, Xcopri tablet/titration pack, Zarontin capsule/solution, Zonisade suspension, zonisamide capsule, **Ztalmy suspension**

**Bolded are new to the market since last review or were not listed on the PDL document, and stricken meds are no longer on the market or will be unavailable soon.