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

MODIFIED 03/12/2025

ARKANSAS MEDICAID DUR BOARD QUARTERLY DRUG UPDATE
APRIL 16, 2025 8:30 A.M. – 12:30 P.M.
VIRTUAL ZOOM MEETING LINK
https://us02web.zoom.us/j/85458850530?pwd=ZzdiZjg5REtaNVR3L1Z0OFJHNS80dz09
Passcode: 052709
Or One tap mobile :
+13126266799,,85458850530# US (Chicago)
+14702509358,,85458850530# US (Atlanta)
Or Telephone:
Dial(for higher quality, dial a number based on your current location):
+1 312 626 6799 US (Chicago)

+1 470 250 9358 US (Atlanta)
+1 346 248 7799 US (Houston)
+1 602 753 0140 US (Phoenix)
+1 720 928 9299 US (Denver)
Webinar ID: 854 5885 0530
****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.

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 January 15, 2025 DUR Board
    2) Implementation information from January 15, 2025 DUR Board

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D. GENERAL INFORMATION
   1) New medications following the oncology policy
   2) Cystic Fibrosis update
   3) New Evryrsdi® formulation

III. PDL CLASS REVIEW AND CRITERIA/EDIT CHANGES

A. PDL CLASS REVIEW WITHOUT CRITERIA **(see specific medications on page 3)**
   1) INSULINS
B. PDL CLASS REVIEW WITH CRITERIA **(see specific medications on page 3)**
   1) TARGETED IMMUNOMODULATORS (TIMs)
   2) LONG-ACTING OPIOIDS (LAOs)
C. ESTABLISHED PDL CLASS REVIEW WITHOUT ANTICIPATED CHANGES
   1) SHORT-ACTING OPIOIDS (SAOs)
   2) TOPICAL STEROIDS
   3) NSAIDs
   4) GOUT
   5) TOPICAL ANTIFUNGALS
   6) OPHTHALMIC ANTIBIOTIC STEROID COMBINATIONS
   7) GLAUCOMA
   8) OPHTHALMIC ALLERGIC CONJUNCTIVITIS
   9) OPHTHALMIC ANTI-INFLAMMATORY
   10) HEMORRHOID PREPS

IV. NEW BUSINESS

A. PROPOSED NEW CLINICAL POINT OF SALE CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS: None
B. PROPOSED MANUAL REVIEW CRITERIA FOR CERTAIN DISEASE STATES: None
C. PROPOSED CHANGES TO EXISTING CRITERIA and EDITS, INCLUDING POINT OF SALE (POS) CRITERIA, MANUAL REVIEW PA CRITERIA, OR CLAIM EDITS:
   1) ZORYVE CREAM and **VTAMA CREAM—**atopic dermatitis only
D. PROPOSED NEW MANUAL REVIEW PROPOSED CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS:
   1) ATTRUBY (acoramidis hcl) tablet
   2) CRENESSITY (crinecerfont) capsule
   3) ZEPBOUND (tirzepatide) injection—sleep apnea only
   4) SOFDRA (sofpironium bromide) gel
   5) ALHEMO (concizumab-mtci) injection
   6) TRYNGOLZA (olezarsen) injection
   7) ONAPGO (apomorphine) injection
   8) GOMEKLI (mirdametinib) capsules & tabs for oral susp
   9) INZIRQO (hydrochlorothiazide) suspension
   10) XROMI (hydroxyurea) solution
E. PROPOSED NEW CLAIM EDITS (QUANTITY, DAILY DOSE, ACCUMULATION, GENDER, AGE):
   1) JOURNAVX (suzetrigine) tablet—informational only
F. ProDUR REPORT UPDATE
G. RDUR REPORT UPDATE

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PDL THERAPEUTIC CLASSES UNDER REVIEW
TARGETED IMMUNOMODULATORS: Abrilada™; Actemra®; **Adalimumab-aacf; Adalimumab-aaty; Adalimumab-adaz; Adalimumab-adbm; Adalimumab-fkjp; Adalimumab-ryvk; Amjevita®;** Arcalyst®; **Bimzelx®;** Cimzia®; Cosentyx®; ~~**Cyltezo®;**~~ Enbrel®; **Enspryng®**; Entyvio® pen**; Hadlima™; Hulio®;** Humira®; **Hyrimoz®; Idacio®**; Ilaris®; Ilumya®; Kevzara®; Kineret®; **Litfulo™;** Olumiant®; **Omvoh™;** Orencia® clickject and syringe; Otezla®; **Otulfi™; Pyzchiva®;** Rinvoq®; **Selarsdi™;** Siliq®; **Simlandi®;** Simponi®; Skyrizi®; **Sotyktu™; Spevigo®;** Stelara®; **SteQeyma®;** Taltz®; Tremfya®; **Tyenne®; Velsipity™;** Xeljanz®; Xeljanz® XR; **Yesintek™; Yuflyma®; Yusimry®; Zymfentra™**
INSULINS: Admelog® SoloStar pen/vial; Afrezza® inhalation powder; Apidra® SoloStar pen/vial; Basaglar® KwikPen; Basaglar® Tempo pens; Fiasp® vial/FlexTouch Pen/Penfill; Humalog® Mix KwikPen; Humalog® Mix vial; Humalog® Tempo pens; Humalog® U-100 cartridge; Humalog® U-100 Jr. KwikPen; Humalog® U-100 Kwikpen/vial; Humalog® U-200 KwikPen; Humulin® 70/30 KwikPen (OTC); Humulin® 70/30 vial (OTC); Humulin® N U-100 KwikPen (OTC); Humulin® N U-100 vial (OTC); Humulin® R U-100 vial (OTC); Humulin® R U-500 KwikPen; Humulin® R U-500 vial; Insulin aspart cartridge/vial/FlexPen; Insulin aspart mix pen/vial; **Insulin degludec vial/pen(Tresiba);** Insulin glargine Max SoloStar pen; Insulin glargine SoloStar pen; **Insulin glargine-yfgn vial/pen (Semglee);** Insulin lispro Jr. KwikPen; Insulin lispro KwikPen/vial; Insulin lispro mix pen; Lantus® SoloStar pen; Lantus® vial; ~~Levemir® FlexTouch; Levemir® vial~~; Lyumjev™ pen/vial; Lyumjev™ Tempo pen; Novolin® 70/30 FlexPen (OTC); Novolin® 70/30 vial (OTC); Novolin® N U-100 FlexPen (OTC); Novolin® N U-100 vial (OTC); Novolin® R U-100 FlexPen (OTC); Novolin® R U-100 vial (OTC); Novolog® Mix FlexPen; Novolog® Mix vial; Novolog® U-100 cartridge/FlexPen/vial; Rezvoglar® pen; Semglee™ pen/vial; Soliqua® injection; Toujeo® Max SoloStar pen; Toujeo® SoloStar pen; Tresiba® U-100 and U-200 FlexTouch; Tresiba® vial; Xultophy® injection
LONG-ACTING OPIOIDS: Belbuca® films; buprenorphine patch; Butrans® patch; Conzip® capsule; fentanyl patch; hydrocodone ER capsule; hydrocodone ER tablet; hydromorphone HCl extended-release tablet; Hysingla® ER tablet; methadone HCl; methadone solution; methadone oral conc; Methadose® oral concentrate; MS Contin® tablet; morphine sulfate long-acting tablet; morphine sulfate extended-release capsule; ~~Nucynta® ER tablet~~; oxycodone extended-release tablet; Oxycontin® tablet; oxymorphone HCl extended-release tablet; tramadol ER capsule; tramadol ER tablet; ~~Xtampza® ER capsule~~;

**Highlighted will be removed from the market within the next year and bolded is new to the market.