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
JANUARY 15, 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 October 16, 2024 DUR Board
    2) Implementation information from October 16, 2024 DUR Board
D. GENERAL INFORMATION
    1) New medications following the oncology policy

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III. PDL CLASS REVIEW AND CRITERIA/EDIT CHANGES

A. PDL CLASS REVIEW WITHOUT CRITERIA **(see specific medications on page 3)**
   1) GLUCAGON AGENTS

B. PDL CLASS REVIEW WITH CRITERIA **(see specific medications on page 3)**
   1) GLP-1 AGONISTS
   2) UTERINE DISORDERS AGENTS (new PDL class)
   3) ULCERATIVE COLITIS AGENTS (new PDL class)
   4) DUCHENNE MUSCULAR DYSTROPHY AGENTS (new PDL class)

C. ESTABLISHED PDL CLASS REVIEW WITHOUT ANTICIPATED CHANGES
   1) ALPHA GLUCOSIDASE INHIBITORS
   2) DPP-4 INHIBITORS
   3) MEGLITINIDES
   4) METFORMINS
   5) SGLT-2 INHIBITORS
   6) SULFONYLUREAS
   7) THIAZOLIDINEDIONES
   8) ANTIEMETICS
   9) NON-SEDATING ANTIHISTAMINES
   10) INTRANASAL RHINITIS

D. PROPOSED CHANGES TO EXISTING CRITERIA and EDITS, INCLUDING POINT OF SALE (POS) CRITERIA, MANUAL REVIEW PA CRITERIA, OR CLAIM EDITS:
   1) FUROSCIX UTILIZATION REVIEW
   2) CLEAN UP MANUAL REVIEW MEDS IN CRITERIA DOCUMENT
   3) GENERAL MEDICATION POLICY UPDATE

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. MANUAL REVIEW PROPOSED CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS:
   1) NEMLUVIO (nemolizumab-ilto) injection
   2) MIPLYFFA (arimoclomol citrate) capsule
   3) AQNEURSA (levacetylleucine) granule packet
   4) HYMPAVZI (marstacimab-hcnq) injection
   5) VYALEV (foscarbidopa/foslevodopa) injection
   6) DUVYZAT (givinostat) suspension
   7) LODOCO (colchicine) tablet
   8) YORVIPATH (palopegteriparatide) injection

D. PROPOSED NEW CLAIM EDITS (QUANTITY, DAILY DOSE, ACCUMULATION, GENDER, AGE): None

E. ProDUR REPORT UPDATE

F. RDUR REPORT UPDATE

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PDL THERAPEUTIC CLASSES UNDER REVIEW
GLUCAGON AGENTS: Baqsimi® nasal spray, Diazoxide suspension, Glucagen Hypokit® injection, Glucagon Emergency Kit, Gvoke® vial, pen, and syringe, Proglycem® suspension, Zegalogue® syringe and autoinjector
GLP-1 AGONISTS: ~~Adlyxin™ injection,~~ Byetta® pen, Bydureon® BCise, **exenatide pen**, liraglutide injection, Mounjaro® injection, Ozempic® injection, Rybelsus® tablet, Soliqua® injection, Trulicity® pen, Victoza® pen, and Xultophy® injection
UTERINE DISORDER AGENTS: Myfembree® tablet, Orgovyx® tablet, Oriahnn® capsule, Orilissa® tablet
ULCERATIVE COLITIS AGENTS: Apriso® capsule, ~~Asacol® HD~~, Azulfidine® tablet, Azulfidine® DR tablet, balsalazide capsule, budesonide DR tablet and foam (generic for Uceris®), Canasa® supp, Colazal® capsule, Delzicol® DR capsule, Dipentum® capsule, Lialda® tablet, mesalamine supp, mesalamine enema (generic for sfRowasa®), mesalamine (generic for Lialda®) tablet, mesalamine DR (generic for Asacol® HD) tablet, mesalamine DR (generic for Delzicol®) capsule, mesalamine ER (generic for Apriso®) capsule mesalamine ER (generic for Pentasa)capsule, Pentasa capsule, Rowasa® enema, sfRowasa® enema, sulfasalazine DR and IR tablet, Uceris® tablet and foam
DUCHENNE MUSCULAR DYSTROPHY: Agamree® oral susp, deflazacort tablet and oral susp, **Duvyzat™ oral susp**, Emflaza® tablet and oral susp

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