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 21, 2026 8:30 A.M. – 12:30 P.M.
VIRTUAL TEAMS MEETING LINK

Microsoft Teams Need help?

Join the meeting now

Meeting ID: 259 819 253 129 14
Passcode: qj6Gf2Gd

Dial in by phone
+1 501-244-3310,,578620884# United States, Little Rock
Find a local number
Phone conference ID: 578 620 884#

****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 15, 2025 DUR Board
2) Implementation information from October 15, 2025 DUR Board
D. GENERAL INFORMATION
1) New medications following the oncology policy
2) PAD Subcommittee Report
3) Otezla XR (apremilast) update (no vote)

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III. PDL CLASS REVIEW AND CRITERIA/EDIT CHANGES

A. PDL CLASS REVIEW WITHOUT CRITERIA

None

B. PDL CLASS REVIEW WITH CRITERIA (see specific medications on page 3)

1) Hereditary Angioedema (new class)
2) Idiopathic Pulmonary Fibrosis (new class)

C. ESTABLISHED PDL CLASS REVIEW WITHOUT ANTICIPATED CHANGE

1) Cephalosporins
2) HIV
3) Topical Antiparasitic Medications (Lice Treatment)
4) Growth Hormones
5) Pancreatic Enzymes
6) Leukotriene Receptor Antagonists
7) Bronchodilators, Short-Acting Beta Agonists (SABA)
8) Bronchodilators, Long-Acting Beta Agonists (LABA)
9) Bronchodilators, Short Acting Muscarinic Antagonists (SAMA)
10) Bronchodilators, Long-Acting Muscarinic Antagonists (LAMA)
11) Bronchodilators, Combination Products (LABA/LAMA)
12) Bronchodilators, Combination Products (ICS/LABA/LAMA)
13) Inhaled Antibiotics

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:

1) CHRONIC SPONTANEOUS URTICARIA (add RHAPSIDO)

C. PROPOSED CHANGES TO EXISTING CRITERIA and EDITS, INCLUDING POINT OF SALE (POS) CRITERIA, MANUAL REVIEW PA CRITERIA, OR CLAIM EDITS:

1) LYNKUET and VEOZAH

D. PROPOSED NEW MANUAL REVIEW CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS:

1) ACTHAR HP and CORTROPHIN (corticotropin)
2) SAMSCA (tolvaptan) tablet
3) ORLYNVAH (sulopenem etzadroxl/probenecid) and BLUJEPA (gepotidacin) tablets
4) LEQEMBI IQLIK (lecanemab-ormb) auto-injection
5) GALZIN (zinc acetate) capsule
6) PALSONIFY (paltusotine) tablet
7) REVCOVI (elapegademase-lvlr) vial
8) Any of the following that become rebate eligible prior to the meeting:
    i. FORZINITY (elamipretide hcl) injection
    ii. VIZZ (aceclidine) drops
    iii. ENBUMYST (bumetanide) nasal spray
    iv. REDEMPLO (plozasiran) injection

E. PROPOSED NEW CLAIM EDITS (QUANTITY, DAILY DOSE, ACCUMULATION, GENDER, AGE):

1) BUTALBITAL (NON-CODEINE) QUANTITY LIMITS

F. ProDUR REPORT UPDATE

G. RDUR REPORT UPDATE

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PDL THERAPEUTIC CLASSES UNDER REVIEW
HEREDITARY ANGIOEDEMA (New Class): Andembry autoinjection, Berinert vial/kit, Cinryze vial, Dawnzera pen, Ekterly tablet, Firazyr syringe, Haegarda vial, icatibant syringe, Orladeyo capsule, Sajazir syringe, Takhzyro syringe/vial
IDIOPATHIC PULMONARY FIBROSIS (New Class): ~~Esbriet tablet~~, Jascayd tablet, Ofev capsule, pirfenidone capsule/tablet

**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.