ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
Pharmacy Program

P.O. Box 1437, Slot S415 · Little Rock, AR 72203-1437
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Agenda updated 6/26/2025

ARKANSAS MEDICAID DUR BOARD QUARTERLY DRUG UPDATE
JULY 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 April 16, 2025 DUR Board
   2) Implementation information from April 16, 2025 DUR Board

3) ELECTRONIC PA
4) BYLAWS UPDATE

D. GENERAL INFORMATION
1) New medications following the oncology policy
2) LIVMARLI (maralixibat chloride) tablet—new formulation

III. PDL CLASS REVIEW AND CRITERIA/EDIT CHANGES

A. PDL CLASS REVIEW WITHOUT CRITERIA **(see specific medications on page 4)**
1) ANGIOTENSIN-CONVERTING ENZYME INHIBITORS
2) ANTIVIRALS, GENERAL (PAXLOVID)—new class
3) ANTIVIRALS, ORAL—new class
4) ROSACEA—new class

B. PDL CLASS REVIEW WITH CRITERIA **(see specific medications on page 4)**
1) GI MOTILITY, CHRONIC

C. ESTABLISHED PDL CLASS REVIEW WITHOUT ANTICIPATED CHANGES
1) ANTICOAGULANTS
2) ANGIOTENSIN RECEPTOR MODULATORS (ARBs, combos, renin inhibitors)
3) BETA ADRENERGIC BLOCKING AGENTS
4) BENIGN PROSTATIC HYPERTROPHY AGENTS
5) CALCIUM CHANNEL BLOCKERS
6) ESTROGEN REPLACEMENT AGENTS
7) TESTOSTERONE REPLACEMENT PRODUCTS
8) OSTEOPOROSIS AGENTS
9) OPHTHALMICS, ANTI-INFLAMMATORY (IMMUNOMODULATORS)
10) SKELETAL MUSCLE RELAXERS (excluding carisoprodol)
11) THROMBOPOIESIS STIMULATING PROTEINS

IV. NEW BUSINESS

A. PROPOSED NEW CLINICAL POINT OF SALE CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS:
1) UPDATE FOR LABELERS

B. PROPOSED MANUAL REVIEW CRITERIA FOR CERTAIN DISEASE STATES:
1) CHRONIC SPONTANEOUS URTICARIA
2) CERTAIN CRITERIA IN THE TARGETED IMMUNOMODULATORS CLASS (e.g., plaque psoriasis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, ulcerative colitis, juvenile idiopathic arthritis)

C. PROPOSED CHANGES TO EXISTING CRITERIA and EDITS, INCLUDING POINT OF SALE (POS) CRITERIA, MANUAL REVIEW PA CRITERIA, OR CLAIM EDITS:
1) AMVUTTRA (vutrisiran) injection
2) OZEMPIC (semaglutide) injection and KERENDIA (finerenone) tablet
3) CARISOPRODOL tablet
4) SAVELLA (milnacipran) tablet

5) LONG-ACTING OPIOIDS
6) FABHALTA (iptacopan hcl) capsule

D. PROPOSED NEW MANUAL REVIEW PROPOSED CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS:
1) VANRAFIA (atrasentan hcl) tablet
2) CTEXLI (chenodiol) tablet
3) VYVGART HYTRULO (efgartigimod-hyaluronidas-qvfc) syringe
4) VYKAT XR (diazoxide choline) ER tablet
5) QFITLIA (fitusiran sodium) vial/pen
~~6) CORTROPHIN (corticotropin) injection—if time permits~~
7) BUCAPSOL (buspirone) capsule—if time permits

E. PROPOSED NEW CLAIM EDITS (QUANTITY, DAILY DOSE, ACCUMULATION, GENDER, AGE):
F. ProDUR REPORT UPDATE
G. RDUR REPORT UPDATE

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PDL THERAPEUTIC CLASSES UNDER REVIEW
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS: Accupril® tablet, Accuretic® tablet, Altace® capsule, benazepril tablet, benazepril/amlodipine capsule, benazepril/HCTZ tablet, captopril tablet, captopril/HCTZ tablet, enalapril solution, enalapril tablet, enalapril/HCTZ tablet, Epaned® solution, fosinopril tablet, fosinopril/HCTZ tablet, lisinopril tablet, lisinopril/HCTZ tablet, Lotensin® tablet, Lotensin® HCT tablet, Lotrel® capsule, moexipril tablet, ~~moexipril/HCTZ tablet~~, perindopril tablet, Qbrelis® solution, quinapril tablet, quinapril/HCTZ tablet, ramipril capsule, ~~Tarka® tablet~~, trandolapril tablet, ~~trandolapril/verapamil tablet~~, **Vaseretic® tablet**, Vasotec® tablet, Zestoretic® tablet, Zestril® tablet
ORAL ANTIVIRALS (new class): acyclovir tablet, acyclovir capsule, acyclovir suspension, famciclovir tablet, oseltamivir suspension, oseltamivir capsule, Relenza® inhalation powder, rimantadine tablet, Tamiflu® capsule, Tamiflu® suspension, valacyclovir tablet, Valtrex® tablet, Xofluza® tablet
ROSACEA (new class): azelaic acid gel, brimonidine tartrate gel, Epsolay® cream, Finacea® foam, ivermectin cream, Metrocream®, Metrogel®, metronidazole gel, metronidazole cream, metronidazole lotion, Mirvaso® gel, Noritate® cream, Rhofade® cream, Rosadan® cream, Rosadan® gel, Soolantra® cream
CHRONIC GI MOTILITY: alosetron tablet, Amitiza® capsule, Ibsrela® tablet, Linzess® capsule, Lotronex® tablet, lubiprostone capsule, Motegrity® tablet, Movantik® tablet, prucalopride tablet, Relistor® tablet, Relistor® vial, Relistor® syringe, Symproic® tablet, Trulance® tablet, Viberzi® tablet, ~~Zelnorm® tablet~~
ANTIVIRALS, GENERAL (new class): Paxlovid™ 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.