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
OCTOBER 16, 2024 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.

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II. UNFINISHED / OLD BUSINESS AND GENERAL ORDERS / AND PROPOSALS TO REVISE PREVIOUS CRITERIA

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 July 17, 2024 DUR Board
    2) Implementation information from July 17, 2024 DUR Board
D. GENERAL INFORMATION
    1) New medications following the oncology policy
E. PDL CLASS REVIEW WITHOUT CRITERIA **(see specific medications on page 3)**
    1) Overactive Bladder Agents
F. PDL CLASS REVIEW WITH CRITERIA **(see specific medications on page 3)**
    1) Oral and Injectable Antipsychotics
    2) CGRP Antagonists (antimigraine agents excluding triptans)
G. PROPOSED CHANGES TO EXISTING CRITERIA and EDITS, INCLUDING POINT OF SALE (POS) CRITERIA, MANUAL REVIEW PA CRITERIA, OR CLAIM EDITS:
    1) VOQUEZNA (vonoprazan fumarate) tablet (new indication)
    2) OFEV (nintedanib) capsule AND ESBRIET (pirfenidone) tablet and capsule
    3) EVRYSDI (risdiplam) powder for solution
    4) THERAPEUTIC DUPLICATION WITH OPIOID USE DISORDER MEDICATIONS
    5) CLARIFY MANUAL REVIEW CRITERIA ON MULTIPLE MEDICATIONS

III. 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) SALICATE (salicylic acid) gel
    2) ALKINDI (hydrocortisone) sprinkle
    3) XOLREMDI (mavorixafor) capsule
    4) IQIRVO (elafibranor) tablet
    5) LIVDELZI (seladelpar lysine) capsule
    6) OHTUVAYRE (ensifentrine) suspension
    7) VAFSEO (vadadustat) tablet
    8) WINREVAIR (sotaercept-csrk) injection
    9) DUPIXENT (dupilumab) injection for COPD--pending FDA approval
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
OVERACTIVE BLADDER AGENTS: Darifenacin hydrobromide ER tablet, Detrol® tablet, Detrol LA® capsule, fesoterodine ER tablet, flavoxate HCl tablet, Gelnique® gel, Gemtesa® tablet, mirabegron ER tablet, Myrbetriq® (ER tablet, suspension), oxybutynin (syrup, tablet), oxybutynin ER tablet, Oxytrol® patch, solifenacin succinate tablet, tolterodine tablet, tolterodine ER capsule, Toviaz®, trospium chloride ER capsule, trospium chloride tablet, Vesicare® tablet, and Vesicare LS® suspension
ORAL ANTIPSYCHOTICS: Abilify® tablet, Abilify Mycite® tablet, aripiprazole (ODT, tablet, solution), asenapine SL tablet, chlorpromazine (tablet, oral concentrate), Caplyta® capsule, clozapine (ODT, tablet), Fanapt® tablet, fluphenazine (elixir, solution, tablet), Geodon® capsule, haloperidol (concentrate solution, tablet), Clozaril® tablet, Invega® tablet, Latuda® tablet, loxapine capsule, lurasidone tablet, Lybalvi® tablet, molindone tablet, Nuplazid® (tablet, capsule), olanzapine (ODT, tablet), olanzapine/fluoxetine capsule, paliperidone tablet, perphenazine tablet, perphenazine/amitriptyline tablet, pimozide tablet, quetiapine tablet, quetiapine ER tablet, Rexulti® tablet, Risperdal® (ODT, solution, tablet), risperidone (ODT, solution, tablet), Saphris® SL tablet, Secuado® patch, Seroquel® tablet, Seroquel® XR tablet, thioridazine tablet, thiothixene capsule, trifluoperazine tablet, Versacloz® suspension, Vraylar® capsule, ziprasidone capsule, Zyprexa® (Zydis, tablet)
INJECTABLE ANTIPSYCHOTICS: Abilify Asimtufii®, Abilify Maintena®, Aristada®, Aristada Initio®, fluphenazine decanoate, haloperidol decanoate, Invega Hafyera®, Invega Sustenna®, Invega Trinza®, Perseris ER®, Risperdal Consta®, risperidone ER, Rykindo ER®, Uzedy ER®, Zyprexa Relprevv™
ANTIMIGRAINE AGENTS (excluding triptans): Aimovig®, Ajovy®, dihydroergotamine (injection, nasal spray), Elyxyb™ solution, Emgality®, Migranal® spray, Nurtec ODT®, Qulipta® tablet, Reyvow® tablet, Ubrelvy® tablet, Zavzpret™ spray

*Highlighted medications are being removed from the market.