



Division of Medical Services Pharmacy Program

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ARKANSAS MEDICAID DUR BOARD QUARTERLY DRUG UPDATE OCTOBER 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)

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Or Telephone:

Dial(for higher quality, dial a number based on your current location):

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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 July 16, 2025 DUR Board
- 2) Implementation information from July 16, 2025 DUR Board

<https://humanservices.arkansas.gov/>

Protecting the vulnerable, fostering independence and promoting better health



D. GENERAL INFORMATION

- 1) New medications following the oncology policy
- 2) ePA Report
- 3) RDUR outcome report
- 4) KHINDIVI update (No criteria vote)

III. PDL CLASS REVIEW AND CRITERIA/EDIT CHANGES

A. PDL CLASS REVIEW WITHOUT CRITERIA (see specific medications on page 4)

- 1) TETRACYCLINE AGENTS (New Class)
- 2) TOPICAL ANTIBIOTICS (New Class)

B. PDL CLASS REVIEW WITH CRITERIA (see specific medications on page 4)

- 1) ANDROGENIC AGENTS
- 2) BUTALBITAL AGENTS (New Class)
- 3) TARGETED IMMUNOMODULATORS—abbreviated review

C. ESTABLISHED PDL CLASS REVIEW WITHOUT ANTICIPATED CHANGE

- 1) Alzheimer's Agents
- 2) Anti-Parkinson's Agents
- 3) Bowel Prep Agents and Kits
- 4) Hepatitis C Medications
- 5) HMG-CoA Reductase Inhibitors
- 6) Immune Globulins (IVIG/SCIG)
- 7) Neuropathic Pain Agents
- 8) Penicillamine/Cystine-Depleting Agents
- 9) Phosphate Removing Agents
- 10) Platelet Aggregation Inhibitors
- 11) Proton Pump Inhibitors
- 12) Sedative Hypnotics – both BZD and Non-BZD

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) BULLOUS PEMPHIGOID

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

- 1) EMPAVELI (pegcetacoplan) injection (New indications only)
- 2) WEGOVY (semaglutide) injection and REZDIFFRA (resmetirom) tablet (MASH indication)

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

- 1) SEPHIENCE (sepiapterin) oral powder
- 2) HARLIKU (nitisinone) tablet
- 3) EKTERLY (sebetralstat) tablet
- 4) ANDEMBRY (garadacimab) injection

- 5) DAWNZERO (donidalorsen) injection
- 6) ZOKINVY (lonafarnib) capsule
- 7) ANZUPGO (delgocitinib) cream
- 8) EGRIFTA SV and WR (tesamorelin) vial
- 9) BRINSUPRI (brensocatib) tablet (If time allows)
- 10) ZELSUVMI (berdazimer sodium) gel (If time allows)

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

None

F. ProDUR REPORT UPDATE

G. RDUR REPORT UPDATE



PDL THERAPEUTIC CLASSES UNDER REVIEW

TETRACYCLINE AGENTS (New Class): Demeclocycline tablet, Doryx tablet, Doryx MPC tablet, doxycycline hyclate tablet, doxycycline hyclate DR tablet, doxycycline hyclate capsule, doxycycline monohydrate IR/DR capsule, doxycycline monohydrate tablet, doxycycline monohydrate capsule, doxycycline monohydrate suspension, minocycline capsule, minocycline tablet, Morgidox capsule, Oracea IR/DR capsule, tetracycline capsule, tetracycline tablet

BUTALBITAL AGENTS (New Class): butalbital-acetaminophen 50-300 mg and 50-325 mg tablet; butalbital-acetaminophen 50-300 mg capsule, butalbital-acetaminophen-cafeine 50-325-40 mg tablet, butalbital-acetaminophen-cafeine 50-300-40 mg and 50-325-40 mg capsule, butalbital-aspirin-cafeine 50-325-40 mg capsule, butalbital-aspirin-cafeine 50-325-40 mg tablet, Butalbital-acetaminophen-cafeine 50-325-40 mg/15 mL solution, Fioricet capsule

TOPICAL ANTIBIOTICS (New Class): Bacitracin ointment, bacitracin zinc/neomycin/ polymyxin B ointment, Centany ointment, gentamicin ointment, gentamicin cream, mupirocin ointment, mupirocin cream, Xepi cream

ANDROGENIC AGENTS: ~~Androderm patch~~, Androgel packet (pump being discontinued), Aveed vial, ~~Axiron pump~~, Azmiro syringe, Depo-Testosterone vial, **Jatenzo capsule**, **Methitest tablet**, **methyltestosterone capsule**, Natesto nasal gel, Testim gel, testosterone solution pump (generic for Axiron), testosterone gel pump (generic for Androgel and Vogelxo), testosterone gel pump (generic for Fortesta), testosterone gel packet (generic for Androgel and Vogelxo), testosterone gel tube (generic for Testim and Vogelxo), testosterone cypionate 100 mg/ml and 200 mg/ml vial (generic for Depo-testosterone), testosterone enanthate 200 mg/ml vial (generic for Delatestryl), Tlando capsule, Undecatrex capsule, Vogelxo packet/pump/gel, Xyosted autoinjector

TARGETED IMMUNOMODULATORS (This will be an abbreviated review to get DUR Board permission to have the Drug Cost Committee re-review the class.)

****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.**