Arkansas Medicaid DUR Board Meeting Minutes

Date / Time:	January 21, 2026 8:30 AM– 12:30 PM Central	**Location:**	ZOOM webinar
Chair:	Cindi Pearson, Pharm.D.	**Reports:**	Jeniffer Martin, Pharm.D. Prime Therapeutics Karen Evans, P.D. Prime Therapeutics Allison Sweeney, Pharm.D. Prime Therapeutics

Attendance		**Panelist (voting members)**		**Panelist (non-voting members)**	**Organization**
	X	Geri Bemberg, Pharm.D.	X	Barry Fielder, Pharm.D.	ATC
	X	Clint Boone, Pharm.D.	X	Marc Cruz, Pharm.D.	Empower
	X	Ashley Crawley, Pharm.D.	X	Lauren Jimerson, Pharm.D.	Summit
		Gabriella Douglass, Pharm.D.	X	Jessica Lawson, Pharm.D.	CareSource
	X	Trenton Dunn, Pharm.D.	X	Ifeyinwa Onowu, Pharm.D.	CareSource
	X	Lana Gettman, Pharm.D.	X	Cindi Pearson, Pharm.D.	DHS, DUR Chair
	X	John Dawson Irvin, M.D.	X	Cynthia Neuhofel, Pharm.D.	DHS pharmacy
	X	Michael Mancino, M.D.		Elizabeth Pitman	DHS DMS director
	X	Melissa Max, Pharm.D.	X	William Golden, M.D.	DHS advisor
		Brenna Neumann, Pharm.D.	X	Christopher Smith, M.D.	DHS advisor
	X	Daniel Pace, M.D.	X	Shane David, Pharm.D.	ADH advisor
	X	Paula Podrazik, M.D.	X	Karen Evans, P.D.	Prime Therapeutics
	X	Chad Rodgers, M.D.	X	Jeniffer Martin, Pharm.D.	Prime Therapeutics
		Shailendra Singh, MBBS, FACP	X	Lesley Irons, Pharm.D.	Prime Therapeutics
		Open M.D. position	X	Linsey Gillam, Pharm.D.	Prime Therapeutics
		[redacted]	X	Alyson Greenwood, Pharm.D.	Prime Therapeutics
			X	Allison Sweeney, Pharm.D.	Prime Therapeutics
			X	Brooke Owens, Pharm.D.	Prime Therapeutics

Call to order		Meeting held virtually by Teams webinar. A quorum was present, and the chair called the meeting to order at 8:40 am.
Public comments		1. Shirley Quach, Pharm.D. from Novartis on Rhapsido 2. Jeff Martin, Pharm.D. from Biocryst on Orladeyo 3. Alan Polnariev, Pharm.D. from Bayer on Lynkuet 4. Written comments from KalVista on Ekterly
Announce-ments		1. All attending Board members had no conflict of interest. Dr. Pearson, Dr. Martin, Dr. Evans, Dr. Sweeney and Dr. Greenwood had no conflict of interest. 2. Quarterly provider newsletter— Arkansas Medicaid Quarterly Newsletter . 3. New medications following the oncology policy a. Komzifti™ (ziftomenib) capsules b. Hyrnuo® (sevabertinib) tablet c. Inluriyo™ (imlunestrant) tablet d. Ensacove™ (ensartinib) capsules 4. System edits updates from previous meeting 5. Update on Otezla XR
Bylaws		The Subcommittee section of the DUR Board Bylaws was updated to define a quorum and note that final approval required review by the full DUR Board. A motion was made to approve the updates as

		presented by Dr. Pace; second by Dr. Max. All voting members presented voted for approval. Motion passed.
PAD monograph		The PAD Subcommittee approved the PAD monographs during the December 8th meeting. The DUR Board voted to give the final approval of the monographs as presented. The motion was made by Dr. Rodgers; second by Dr. Podrazik. All voting members present voted for approval of the PAD monographs as presented. Motion passed.
Minutes		Motion to approve the October 2025 DUR meeting minutes as presented was made by Dr. Mancino; second by Dr. Podrazik. All voting members present voted for approval of the minutes as written. Motion passed.
Reports		• Dr. Sweeney from Prime Therapeutics gave the fee-for-service beneficiary lock-in status, and Top 25 reports. She also presented RDUR criteria for voting for the next quarter. o February 2026—7909 Migraine diagnosis with 3 or more narcotic claims without acute migraine treatment drugs o March 2026—15252 SSRIs and SNRIs concomitant use with thiazides o April 2026—15240 Opioids and gabapentin concurrent use 7948 Gabapentin use and no FDA approved indication **ACTION:** Motion was made by Dr. Podrazik for the above criteria; second by Dr. Crawley. All other members present voted for the motion. Motion passed. • Dr. Sweeney from Prime Therapeutics provided a FFS Business Summary report • Dr. Pearson presented the PASSE ProDUR report for July through September 2025 • Dr. Evans from Prime Therapeutics presented the FFS ProDUR report for October through December 2025
PDL Class Review		**1) <u>Hereditary Angioedema Agents</u>** Dr. Martin presented a PowerPoint with the following information. a) Overview of hereditary angioedema and treatment strategies b) Overview of medications with indications c) Summary of mechanism of actions with pathway diagram identifying treatment cascade d) US HAE Association Medical Advisory Board guidelines from 2020 e) World Allergy Organization and European Academy of Allergy and Clinical Immunology guidelines from 2021 f) Treatment considerations g) Claims summary from 1/1/2025-12/31/2025 Dr. Pearson presented an update to the acute and preventative HAE criteria for approval by the Board. **DISCUSSION:** No comments. **ACTION:** Motion was made by Dr. Mancino to have at least one acute and one preventative medication as preferred based on cost committee recommendations; second by Dr. Crawley. Motion was made by Dr. Boone to approve criteria as presented; second by Dr. Podrazik. All other members in attendance voted for the motions. Motions passed. **2) <u>Idiopathic Pulmonary Fibrosis</u>** Dr. Martin presented a PowerPoint with the following information. a) Overview of IPF with treatment goals and list of medications in the class b) Overview of MOA of each medication, efficacy, and common side effects c) The American Thoracic Society, European Respiratory Society, Japanese Respiratory Society, and Latin American Thoracic Association treatment recommendations 2015 & 2022 d) Treatment considerations e) Claims summary from 1/1/2025-12/31/2025

		Dr. Pearson presented draft criteria for Jascayd for approval by the Board. **DISCUSSION:** No comments **ACTION:** Motion was made by Dr. Mancino to decide the preferred medication based on cost committee recommendations; second by Dr. Podrazik. Motion was made by Dr. Rodgers to approve criteria as presented; second by Dr. Pace. All other members in attendance voted for the motions. Motions passed. **3) Classes without changes** **DISCUSSION:** No comments **ACTION:** Motion was made by Dr. Pace to remove discontinued medications and keep the current preferred options; second by Dr. Rodgers. All other members in attendance voted for the motion. Motion passed.
Disease States		**1) CHRONIC SPONTANEOUS URTICARIA** **Dr. Pearson presented the following:** • Rhapsido information including indication, dosing, contraindications/warnings and mechanism of action • Medicaid estimated reimbursement rate for Dupixent, Rhapsido, and Xolair • Clinical trial information • CSU criteria with updates to reflect the addition of Rhapsido **DISCUSSION:** No comments **ACTION:** Motion was made by Dr. Max to approve criteria as presented; second by Dr. Podrazik. All other members in attendance voted for the motion. Motion passed.
Changes to existing criteria or edits		**1) LYNKUET (elinzanetant) capsule and VEOZAH (fezolinetant) tablet** **Dr. Pearson provided the following:** • Lynkuet and Veozah information including indications, contraindications/warnings, mechanism of action and dosing • Medicaid estimated reimbursement rate for Lynkuet and Veozah • Clinical trial information • Treatment information for vasomotor symptoms • Veozah criteria with updates to reflect the addition of Lynkuet **DISCUSSION:** Dr. Crawley noted that Carti has had difficulty with Lynkuet availability. The Bayer drug rep noted that Lynkuet should be available in retail pharmacies and Blink RX. Dr. Boone noted that he has the medication and to contact him for assistance. **ACTION:** Motion was made by Dr. Mancino to approve criteria as presented; second by Dr. Dunn. All other members in attendance voted for the motion. Motion passed. **2) ACTHAR HP and CORTROPHIN (corticotropin)**

		Dr. Pearson provided the following: • Acthar and Cortrophin indications and dosing • Medicaid estimated reimbursement rate for Acthar and Cortrophin • Contraindications/warnings • Acthar criteria with updates to reflect requirements for Cortrophin **DISCUSSION:** No comments **ACTION:** Motion was made by Dr. Rodgers to accept the criteria as presented; second by Dr. Irvin. All other members in attendance voted for the motion. Motion passed.
New Business		**1) SAMSCA (tolvaptan) 15 mg and 30 mg tablet** **Dr. Pearson provided the following:** • Samsca information including indication, dosing, contraindications/warnings and mechanism of action • Medicaid estimated reimbursement rate for brand and generic • Clinical trial information • Drafted Samsca criteria **DISCUSSION:** Dr. Golden suggested that the provider requesting a PA should be a fellowship trained nephrologist. And that CrCl < 10 basically means there is no functioning kidney. Dr. Pearson recommended to change that language to end stage renal disease. No Board members had concerns with the recommended changes. **ACTION:** Motion was made by Dr. Rodgers to accept the criteria as amended; second by Dr. Podrazik and Dr. Bemberg. All other members in attendance voted for the motion. Motion passed. **2) ORLYNVAH (sulopenem etzadroxil/probenecid) and BLUJEPA (gepotidacin) tablets** **Dr. Pearson provided the following:** • Orlynvah and Blujepa information including indications, dosing with modifications, and contraindications/warnings • Medicaid estimated reimbursement rate for Orlynvah, Blujepa, and various antibiotics used to treat UTIs • Drafted Orlynvah and Blujepa criteria **DISCUSSION:** Dr. Golden recommended that the criteria be approved pending review in the next 30-60 days by consultants form the statewide antibiotic resistance group so that we can ensure that the drugs are used appropriately. Dr. Boone was questioning whether this review could be done in that timeframe. Dr. Golden did not think that would be an issue. Dr. Irvin recommended that we approve the criteria, and if the ID Board has a problem with the criteria we can address it later. **ACTION:** Motion was made by Dr. Irvin to accept the criteria as presented with review by the antibiotic resistance group; second by Dr. Max. All other members in attendance voted for the motion. Motion passed. **3) LEQEMBI IQLIK (lecanemab-irmb) 360 mg/1.8 mL auto-injection**

Dr. Pearson provided the following:

- Leqembi Iqlik information including indication, dosing, contraindications/warnings, and mechanism of action
- Medicaid estimated reimbursement rate for the Iqlik and IV maintenance Leqembi
- Clinical trial information for Leqembi IV with limited information on the Iqlik formulation
- Information on Alzheimer's disease including diagnosis, treatment and contraindications for anti-amyloid therapy
- Drafted Leqembi Iqlik criteria

DISCUSSION:
Dr. Mancino asked if all of the assessment scores would be required. Dr. Pearson stated that one would be sufficient. Dr. Podrazik said their clinic has a treatment protocol for AD concerning MRIs and treatment with IV meds. Dr. Golden stated there are multifactorial reasons for memory decline (e.g., small vessel disease from smoking or substance use etc.). Dr. Pearson stated there are different ways to look for the plaques or damage, and we would expect to see something that does confirm the diagnosis. Dr. Irvin asked if there is an increased risk of stroke during treatment. Dr. Podrazik noted that the ARIA bleed rate is 17% due to microhemorrhages and 13% due to swelling/edema.

ACTION:
Motion was made by Dr. Mancino to accept the criteria as presented; second by Dr. Irvin. All other members in attendance voted for the motion. Motion passed.

4) GALZIN (zinc acetate) 50 mg and 25 mg capsule

Dr. Pearson provided the following:

- Galzin information including indication, dosing with modifications, contraindications/warnings, and mechanism of action
- Medicaid estimated reimbursement rate for Galzin, Depen, penicillamine, and trientine
- Clinical trial information on Galzin
- Information on Wilson's disease including symptoms, diagnosis, and expectations for treatment response
- Drafted Galzin criteria

DISCUSSION:
Dr. Golden asked to update the provider bullet to fellowship trained hepatologist.

ACTION:
Motion was made by Dr. Mancino to accept the criteria as amended; second by Dr. Rodgers. All other members in attendance voted for the motion. Motion passed.

5) PALSONIFY (paltusotine) 20 mg and 30 mg tablet

Dr. Pearson provided the following:

- Palsonify information including indication, dosing with modifications, contraindications/warnings, and mechanism of action
- Medicaid estimated reimbursement rates for Palsonify, Mycapssa, Sandostatin, Signifor LAR, Somavert, and Bynfezia
- Clinical trial information on Palsonify
- Information on acromegaly including when to consider the diagnosis, how to diagnose, comparison of treatments, and treatment algorithm
- Drafted Palsonify criteria

		DISCUSSION: No comments **ACTION:** Motion was made by Dr. Irvin to accept the criteria as presented; second by Dr. Rodgers. All other members in attendance voted for the motion. Motion passed. **6) <u>REVCOVI (elapegademase-lvlr) 2.4 mg/1.5 mL vial</u>** **<u>Dr. Pearson provided the following:</u>** • Revcovi information including indication, estimated reimbursement rate, contraindications/warnings, mechanism of action and dosing • Monitoring required with Revcovi administration • Revcovi clinical trial information • Information on ADA-SCID including protective measures and treatment options • Drafted Revcovi criteria **DISCUSSION:** Dr. Pearson noted that normally this product would be billed medically only. But the agency is making an exception on this medication due to a specific patient's needs. No other comments were made. **ACTION:** Motion was made by Dr. Irvin to accept the criteria as presented; second by Dr. Pace. All other members in attendance voted for the motion. Motion passed.
Claim Edits		**1) Butalbital containing products (non-codeine)** Dr. Neumann contacted the State after the October 2025 DUR meeting with concerns about our butalbital (non-codeine) product quantity limits. After running reports and doing some research on practices within other Medicaid programs, we decided to bring this to the Board for an open discussion. **DISCUSSION:** Dr. Mancino stated it would not be safe to decrease from the current allowed quantities to those similar to other Medicaid programs polled. He was concerned about withdrawals. Dr. Irvin asked how many letters were sent to providers in the RDUR campaign that had been prescribed the maximum doses. Dr. Sweeney stated that letters were sent to 198 providers. Dr. Golden asked what diagnosis was seen in documentation for the patients on high doses. And Dr. Sweeney noted that most were for migraines. Dr. Golden suggested that we do a stepwise reduction similar like we did with opioids while reducing MMEs. Dr. Irvin asked if we should ease up on restrictions for other medications for migraines. Dr. Podrazik asked if butalbital products cause overuse headaches. And Dr. Pearson confirmed this. After much discussion, the board came to a consensus to lower the maximum quantity to 100 pills per 31 days effective 4/1/2026. We will discuss the topic again in July 2026. **ACTION:** Motion was made by Dr. Irvin to decrease non-codeine butalbital products to 100 pills every 31 days with review in July to determine further reductions; second by Dr. Podrazik. All other members in attendance voted for the motion. Motion passed.
Board comments		None
Adjourn		Meeting was adjourned at 11:45 am.