Arkansas Medicaid DUR Board Meeting Minutes

Date / Time:	July 15, 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	Ginny Yates, Pharm.D.	ATC
		Clint Boone, Pharm.D.	X	Travis Gau, Pharm.D.	Empower
	X	Ashley Crawley, Pharm.D.	X	Lauren Jimerson, Pharm.D.	Summit
	X	Gabriella Douglass, Pharm.D.	X	Jessica Lawson, Pharm.D.	CareSource
	X	Trenton Dunn, Pharm.D.		Ifeyinwa Onowu, Pharm.D.	CareSource
		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
	X	Brenna Neumann, Pharm.D.	X	Christopher Smith, M.D.	DHS advisor
	X	Daniel Pace, M.D.	X	Shane David, Pharm.D.	ADH advisor
		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]		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 8:34 am.
Public comments		1. Shirley Quach, PharmD (Novartis)-RHAPSIDO 2. David Miley, PharmD (Teva)-AJOVY 3. Krystal Ngo, PharmD (Arcutis Biotherapeutics)-ZORYVE 4. Carla McSpadden, RPh (Galderma)- NEMLUVIO 5. Beth Lubelcyzk, PharmD (Eli Lilly)-EBGLYSS 6. Linly Stevens, MPAS, PA-C (LEO Pharma)-ADBRY and ANZUPGO 7. Jessica DuHaime, PharmD (UCB)-KYGEVVI 8. Erik Schindler, PharmD (Sanofi)-DUPIXENT 9. Jeffrey Baldwin, PhD (Amgen)-TEZPIRE 10. Monte Overcast, PharmD (Travere Therapeutics)-FILSPARI 11. Andrew Howe, PharmD (Ascendis Pharma)-YUVIWEL 12. Kyle Anders, MD (Genentech)-XOLAIR 13. KayOnda Emesih, PharmD (AstraZeneca)-BAXFENDY
Announce-ments		1. All attending Board members had no conflict of interest. Dr. Pearson, Dr. Martin, Dr. Evans, and Dr. Sweeney had no conflict of interest. 2. Quarterly provider newsletter— Arkansas Medicaid Quarterly Newslette

		3. System edits updates from previous meeting. 4. General information on new medications following the oncology policy (no vote required) 5. FASENRA had a new indication that will be updated on the next PA criteria (no vote required) 6. VYVGART/VYVGART HYTRULO had an updated indication that was changed in the PA criteria document. (no vote required)
PAD monograph		The PAD Subcommittee approved PAD monograph updates during the June 10th meeting. The medications included ENHERTU, OPDIVO, DARZALEX FASPRO, PROLIA and XGEVA, ENTYVIO, LEQVIO, TECVAYLI, VABYSMO, EXDENSUR, XIPERE, ILARIS. The DUR Board voted to give the final approval of the monograph updates as presented. The motion was made by Dr. Mancino; second by Dr. Pace. All voting members present voted for approval of the PAD monograph updates as presented. Motion passed. Updated monographs were posted online on 07/15/2026.
Minutes		Motion to approve the April 2026 DUR meeting minutes as presented was made by Dr. Mancino; second by Dr. Rodgers and Dr. Crawley. All voting members present voted for approval of the minutes as written. Motion passed.
Reports		• Dr. Pearson presented the PASSE ProDUR report for January through March 2026 o 3rd Quarter SFY 26 (JAN– MARCH) Number of paid claims has stayed consistent. Empower was an outlier for number of DUR alerts, as they made changes in January to a different PBM. The DUR alerts weren't consistent for DUR alerts of the previous PBM used. o Top 10 drugs by amount paid used for each PASSE were interesting due to unique products that came out in the top 10. Some other things to note were some number one drugs for a few PASSEs that the percentage of total spent went up from the last report. • Dr. Evans from Prime Therapeutics presented the FFS ProDUR report for April through June 2026. o Out of the 1.2 million paid claims, ProDUR screened 79% of the paid claims. o There was 1.5 million total alerts, and 23% were overridden and 77% were cancelled. o The average POS alerts increased from the 3rd and 4th Quarter. 42% of high dose alerts were overridden and 32% of therapeutic duplications were overridden. Drug/Drug interactions had the highest volume of alerts at 708,000, and the alerts were only overridden 17%. Early refill alerts were rarely overridden, and 99% were cancelled due to the PA requirement regarding early refill. • Dr. Sweeney from Prime Therapeutics presented the lock-in report as well as the top 25 products by total claims and products by pharmacy reimbursement. She also went over ad hoc reviews. o Dr. Sweeney went over recommendations for the RetroDUR reviews from AUGUST-OCTOBER, ▪ August—Concurrent prescribing opioids, BZDs and skeletal muscle relaxers (15249) ▪ September—Noncompliance with anticonvulsants (7879) ▪ October—Non-compliance with antidepressants (7871) o Lock-in Report for 2nd quarter 2026—There are 120 total beneficiaries locked in, and 99 profiles were reviewed during the quarter. There were 28 annual reviews with no new members added and none were unlocked. o Dr. Sweeney presented the top 25 products by total claims as well as top 25 products by pharmacy reimbursement. This data was compared to the same quarter last year with the addition of TRULICITY to the PDL being the only difference. o Ad Hoc Reviews—These were concerns brought up to look further into lacosamide prescribed off label, butalbital usage and reducing total quantity per month, 5 or more GLP-1 agonists in the past 90 days (sent newsletter to address proper ways to escalate the dose) and suggest a combo agent for those prescribed ACEI/ARB + CCB or thiazide as single agents. **ACTION:** Motion to approve next quarter's clinical review for RDUR was made by Dr. Bemberg for the above criteria; second by Dr. Douglass. All other members present voted for the motion. Motion passed.

GENEROUS Model		• Dr. Cynthia Neuhofel went over the GENEROUS model and how it will affect Board members as well as manufacturers, and she noted it is an optional model. It is a model that allows Medicaid programs to get access to the most favored nation pricing. We are actively trying to get an agreement signed by DHS Secretary Mann for submission to CMS. With the participation agreement, we would be able to see what some of the supplemental offers are. We wanted to mention the model since effects may be seen as early as the October DUR meeting. If there are no changes to our PDL, then we wouldn't have to bring it to the Board. If it is going to potentially change our PDL list, we will hopefully have some news for the October or January meeting. It will be an interesting time to see what is in the GENEROUS model, but we have decided to participate in that model and to give the Board notice for potential changes.
PDL Class Review		**1) <u>Anaphylaxis Agents</u>** Dr. Martin presented a PowerPoint with the following information. a) Overview of medications with indications b) Differences between EPIPEN and NEFFY size and durability c) Treatment guidelines were discussed including National Institute of Allergy and Infectious Diseases (NIAID), American Academy of Allergy, Asthma, and Immunology (AAAAI) American College of Allergy, Asthma, and Immunology (ACAAI), and American Academy of Pediatrics (AAP) d) Claims summary from 7/1/2025-6/30/2026 Dr. Pearson noted that we use literature and treatment guidelines to review the efficacy and comparison of the products. If there is no significant difference in efficacy, we as the Medicaid program, must be cautious of what is financially or fiscally the better option for our state. One concern mentioned during the clinical reviews is that some providers will order NEFFY with EPI-PEN as a backup for each other, which doubles the cost. **DISCUSSION:** Dr. Bemberg asked if we could put some edits that would be class specific and put a quantity limit for the whole class. Dr. Pearson responded that we could, but the concern would be of patients having a reaction and have met their quantity limit. Dr. Pearson asked if there was a quantity limit already set in place. Dr. Martin confirmed, and the limit is set to two per claim. Dr. Bemberg readdressed the issue of an injectable product being prescribed on top of NEFFY, and that we might want to put a limit across all agents to prevent prescribers from doing it. Dr. Rodgers also stated that epinephrine is being used and understands that no one wants to give their child an injection. But unless there is an overwhelming justification for NEFFY at this point until the cost comes down and is comparable, I don't see the benefit to the state or the patient. We could do a manual review for NEFFY if the family has serious concerns giving EPIPEN. Dr. Bemberg agreed and wanted to clarify if NEFFY is not currently preferred. Is the action to make it preferred or make it manual review? Dr. Pearson stated that that was the question from the industry and some providers. Dr. Bemberg stated that she thinks it's fine to be non-preferred. Dr. Neumann also stated it should stay non-preferred, and if they have a request to go under manual review. Dr. Pearson stated that they have gotten some requests regarding needle phobia. Dr. Golden asked if there was data about how many prescriptions for EPIPEN must be renewed every year due to use. Dr. Pearson stated she did not have that data. Dr. Neumann asked if there was data on the number of prescriptions per patient on average in a year and on the NEFFY, and what the percentage of patients being prescribed duplicate therapy was within a certain timeframe. Dr. Pearson stated that we did not have the data. Dr. Neumann stated that if prescribers are doing that congruently then that would be an issue. Dr. Pearson stated that these reports will be a takeaway from this meeting, and we can bring it to the October meeting if we find anything worth presenting. Dr. Irvin stated that he could see multiple prescribed for home and one for travel. Dr. Neumann stated that she has heard comments from the pharmacy world that patients prefer the size of NEFFY and AUVI-Q. Dr. Rodgers agrees NEFFY is a good product and a nice option, and he would love to see it be preferred but thinking on Dr. Golden's comments. NEFFY has a

shelf life of 2 years whereas EPIPEN only has one year, so we prescribe them every year for thousands of kids going back to school so that would be good to look at for sure. Dr. Neumann agreed.

ACTION:
Motion was made by Dr. Bemberg, to have the PDL remaining the same for the class; second by Dr Irvin. All other members in attendance voted for the motion. Motion passed.

2) <u>Anti-Migraine Agents, Other</u>

Dr. Martin presented a PowerPoint with the following information.
a) Summary of medications with indications and mechanism of action
b) Treatment guidelines for migraine prophylaxis and acute treatment from the American Headache Society (AHS) and American College of Physicians (ACP)
c) Treatment considerations for each drug class in this PDL class
d) Claims summary from 7/1/2025-6/30/2026

Dr. Pearson stated that effective April 1st we started the new supplemental rebate cycle. Some of the classes discussed today have new rebate offers to consider, and we don't intend to take any current preferred products away. There is a possibility to move a currently non-preferred product to a preferred product depending on the cost committee review. The intent is to end up in the cost committee review, unless you think there is a clinically superior non-preferred product that needs to be moved to preferred.

DISCUSSION:
No comments

ACTION:
Motion was made by Dr. Mancino to defer to the cost committee for the preferred medication(s); second by Dr. Max. All other members in attendance voted for the motion. Motion passed.

3) <u>Immunomodulators, Atopic Dermatitis</u>

Dr. Martin presented a PowerPoint with the following information.
a) Summary of medications with indications and mechanism of action
b) Treatment guidelines summary with American Academy of Dermatology (AAD) Guidelines of Care (Management of Atopic Dermatitis (AD) in Adults with Topical Therapies, Management of Atopic Dermatitis in Adults with Phototherapy and Systemic Therapies, Management of Atopic Dermatitis (AD) in Pediatric Patients) and Atopic Dermatitis Guidelines GRADE and Institute of Medicine- Based Recommendations from American Academy of Allergy, Asthma, and Immunology and American College of Allergy, Asthma, and Immunology
c) Treatment considerations
d) Claims summary from 7/1/2025-6/30/2026

Dr. Pearson stated that this is another one of those classes we needed to look at due to the rebate cycle, and there are possibly new preferred products we can add to the list.

Dr. Pearson updated the PA Criteria for non-topical products ADBRY, CIBINQO, DUPIXENT, EBGLYSS, NEMLUVIO, and RINVOQ—adding in each indication that it is being prescribed for the indication that we're discussing in that specific section

Dr. Pearson updated PA Criteria for topical products EUCRISA, OPZELURA, VTAMA, ZORYVE, and ANZUPGO (not for Atopic Dermatitis).

DISCUSSION:
Dr. Irvin asked if there is a product that is non-preferred, is there any inhibition for Medicaid paying for some of it and the patient taking on the rest. Dr. Pearson stated that we do not have that capability at all. The patients have no cost share at all. Dr Neumann had questioned whether any of these products had body surface area recommendations or requirements. Dr. Pearson stated that she did not recall any topical products having a BSA requirements, but the injectable product criteria has a requirement of over 10% body surface area. Patients meeting minimum BSA can skip topicals, and that would be a reason to do injectable.

ACTION:
Motion was made by Dr. Irvin to approve the changes to the PA Criteria as presented; second by Dr. Crawley. All other members in attendance voted for the motion. Motion passed.

Motion was made by Dr. Mancino to defer to the cost committee for the preferred medication(s) for Atopic Dermatitis; second by Dr. Rodgers. All other members in attendance voted for the motion. Motion passed.

4) <u>Immunomodulators, Asthma and Miscellaneous Indications</u>

Dr. Martin presented a PowerPoint with the following information.
a) Summary of medications with indications, mechanism of action, and dosing information
b) Treatment guidelines for Asthma Global Initiative for Asthma (GINA)
c) Clinical Trials for Asthma
d) Treatment recommendations for other indications (Internal Guideline for the Definition, Classification, Diagnosis, and Management of Urticaria, Global Initiative for Chronic Obstructive Pulmonary Disease (GOLD), and American College of Gastroenterology (ACG)).
e) Claims summary from 7/1/2025-6/30/2026

Dr. Pearson updated PA criteria for DUPIXENT, FASENRA, RHAPSIDO, XOLAIR, NEMLUVIO, NUCALA, and TEZSPIRE. — Dr. Pearson wanted clarification on required eosinophilic count for DUPIXENT and NUCALA as the presented criteria states at least 300 cells/µL for DUPIXENT request and at least 150 cells/µL for NUCALA request as a baseline drawn in last 12 months. Dr. Pearson also made a note that once they have clarification to match the package inserts for COPD then that will be addressed.

DISCUSSION:
No comments.

ACTION:
Motion was made by Dr. Rodgers to approve the changes to PA Criteria as presented; second by Dr. Irvin. All other members in attendance voted for the motion. Motion passed.

Motion was made by Dr. Mancino to defer to the cost committee for the preferred medication(s) for Immunomodulators; second by Dr. Rodgers. All other members in attendance voted for the motion. Motion passed.

5) <u>Anticonvulsants</u>

Dr. Martin presented a PowerPoint with the following information.
a) Summary of medications with indications
b) Treatment guidelines including American Epilepsy Society (AES) and American Academy of Neurology (AAN)
c) Treatment considerations, Boxed Warnings, Suicidal Behavior and Ideation

		d) Claims summary from 7/1/2025-6/30/2026 **DISCUSSION:** Dr. Neumann wanted clarification on TOPIRAMATE and if there was another option outside of the tablet like sprinkles or solutions on the PDL. Dr. Pearson stated that there are a couple of products in liquid that are brand preferred. Dr. Martin stated there is no topiramate sprinkle or solution as preferred, but it was an option. Dr. Martin stated that if we did make it preferred to add an age limit. Dr. Neumann stated that it would be fine. Dr. Pearson confirmed that she would make the sprinkle preferred with swallow criteria. **ACTION:** Motion was made by Dr. Neumann to defer to the cost committee with the exception of adding the TOPIRAMATE sprinkle as a preferred option for the preferred medication(s) for Anticonvulsants; second by Dr. Max. All other members in attendance voted for the motion. Motion passed.
Established PDL class Reviews		**1) <u>Established PDL Class Reviews Without Anticipated Changes</u>** Dr. Martin reviewed to clean up and remove obsolete or discontinued mediations from these classes • Medication Assisted Treatment Agents • Migraine Treatment (Acute)- Triptans • Colony Stimulating Factors • Erythropoiesis Stimulating Agents • Urea Cycle Disorder Agents • Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors • Ophthalmic- Antibiotic Drops • Otic Anit-Infective and Antibiotic/Corticosteroid Combinations • Anticonvulsants, Rescue **DISCUSSION:** No comments. **ACTION:** Motion was made by Dr. Max to approve the cleanup of established PDL classes; second by Dr. Mancino. All other members in attendance voted for the motion. Motion passed.
New Business		**<u>QUIOFIC (folic acid) oral solution</u>** **<u>Dr. Pearson provided the following via PowerPoint:</u>** • Indication, gross cost, and dosing • Mechanism of action • Draft criteria **DISCUSSION:** No comments. **ACTION:** Motion was made by Dr. Mancino to approve criteria for POS edits as presented; second by Dr. Irvin. All other members in attendance voted for the motion. Motion passed. **<u>DESMODA (desmopressin acetate) oral solution</u>** **<u>Dr. Pearson provided the following via PowerPoint:</u>** • Indication, gross cost comparison, and dosing

- Utilization summary for all forms of DESMOPRESSIN
- Contraindications and warnings
- Mechanism of action
- Clinical trial information
- Information on Central Diabetes Insipidus
- Draft criteria

DISCUSSION:
Dr. Mancino had questions regarding whether renewal requirements demanded a 24-hour urine volume. Dr. Pearson stated that was a good question and would update that in the criteria. Dr. Neumann had a question about whether this medication was approved if it was going to be approved for 6-12 months. Dr. Pearson stated that typically we start out with a 3-month PA, but if they need it continuously then we would do it 6 months after that.

ACTION:
Motion was made by Dr. Mancino to accept the criteria as presented with an amendment requiring 24-hour urine volume and making an initial PA length noted in the criteria; second by Dr. Irvin. All other members in attendance voted for the motion. Motion passed.

YUVIWEL (navepegritide)

Dr. Pearson provided the following via PowerPoint:

- Indication, gross cost comparison, and dosing
- Utilization for VOXZOGO
- Contraindications and warnings
- Mechanism of action
- Clinical trial information
- Information on achondroplasia
- Draft criteria

DISCUSSION:
Dr. Mancino made a reference to the presenter for this drug discussed that this medication was superior to the other agents regarding the spinal narrowing and wanted to know if we had any inclusion about that in here. Dr. Pearson stated that she does not have that in her criteria and does not have head-to-head information on that. Dr. Pearson brought back in Dr. Andrew Howe, and he stated that they don't have head-to-head data, but he stated that they did see spinal canal dimensions were improved in navepegritide compared to the placebo in L1 through L5 from baseline to week 52. It was considered significant with the mean difference of 0.62. Dr. Mancino confirmed that there was no direct comparison that was made.

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

KYGEVVI (doxecitine and doxribtimine) powder

Dr. Pearson provided the following via PowerPoint:

- Indication, gross cost, and dosing
- Contraindications and warnings
- Mechanism of action
- Clinical trial information

- Information on thymidine kinase 2 deficiency
- Draft criteria

DISCUSSION:
No comments.

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

IMCIVREE (setmelanotide) solution

Dr. Pearson provided the following via PowerPoint:
- Indication, gross cost, and dosing
- IMCIVREE utilization data
- Contraindications and warnings
- Mechanism of action
- Clinical trial information
- Information on acquired hypothalamic obesity
- Draft criteria

DISCUSSION:
Dr. Irvin asked if there were any studies on Prader-Willi. Dr. Pearson stated she has not seen studies for Prader-Willi, and they didn't have the drug rep for the meeting.

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

CONTEPO (fosfomycin disodium) vial

Dr. Pearson provided the following via PowerPoint:
- Indication, gross cost, and dosing
- Contraindications and warnings
- Mechanism of action
- Clinical trial information
- Management of complicated UTI
- Draft criteria

DISCUSSION:
Dr. Golden stated that a lot of these patients may have complicated presentations. Did any of the criteria you looked at talk about assessing the patients for structural problems such as strictures, stones, retained stones, other than just resistant infection? Dr. Golden stated that these issues are associated with a repetitive kind of infection environment, or there will be an anatomic problem. Dr. Pearson stated that that was a good point and it was not included in the literature, but she could see how that would be cause for a recurrent issue. This would need to be addressed and needed to think how that could be included in the criteria to account for that. Dr. Golden also asked if she envisioned if this would be requested for a patient that is not hospitalized. If it were an ambulatory presentation the prescriber would want a quick turnaround due to the risk, and this could be problematic potentially. Dr. Pearson stated that if they had a rationale for not using the typical first line agent that would be fine, and she wanted clarification if the suggestion was to not make criteria on this? Dr. Golden stated no, he was just looking at the treatment flow and the kind of patient you are going to be inquired about needing the medication. Depending on results, this may not want to be delayed

and will need a quick response. Dr. Pearson asked if moving to something like this instead of trying the typical first line medication first would be a concern. Dr. Golden stated he agreed that you would start on something basic and with further testing may find a resistant organism, and then they will want to switch and not delay that process. Dr. Golden stated this will need an expedited review for this drug. Dr. Neumann asked if there was a POS edit that accomplishes what he's asking. Dr. Pearson stated that she would have to defer to Prime. Dr. Golden chimed in and stated that no they would not have the urine culture readily available at the pharmacy. Dr. Evans agreed with Dr. Golden and stated looking for an antibiotic we can, but we would not have the other information readily available. She stated that we do get labs but was unsure of how quickly that would be in the system for us to review. Dr. Golden stated that for the PA renewal it would be important to notate testing be completed either neurological or structural assessment of what's going on due to resistant infection needing additional antibiotics. We would need to rule out a structural problem. Dr. Pearson asked what the timeline should be and if the patient has been evaluated by a urologist. Dr. Irvin stated a CT of the pelvis would be adequate. Dr. Pearson clarified for the renewal we will have something prepared on what we would need from the specialist and make sure they have checked everything for a recurrence. Dr. Irvin stated that a urologist does not want to see everyone for a UTI and just request a CT of the pelvis and if something structural is found then you would advance them to the urologist. Dr. Golden stated the other option would be to have someone with infectious diseases to review it. Someone who views it beyond a routine UTI with a funny bug. Dr. Pearson wanted clarification on the timeline. Dr. Irvin stated that clinically if the patient is being treated every month, then they we are looking for something else and for ladies it would be 2-3 UTI's and further investigating is warranted and for males it would be just one. Dr. Irvin stated a month or two would be reasonable. Dr. Golden stated for sure in a male patient.

ACTION:
Motion was made by Dr. Irvin to accept the criteria as presented with renewal requirements are going to have to look back for a month or two for previous treatment and if that is found we need documentation of any structural defects; second by Dr. Rodgers and Dr. Max. All other members in attendance voted for the motion. Motion passed.

SAPHNELO (anifrolumab-fnia) syringe

Dr. Pearson provided the following for:

- Indication, gross cost, and dosing
- Utilization data for BENLYSTA
- Contraindications/warnings and mechanism of action
- Clinical trials information
- Information on systemic lupus erythematosus
- Draft criteria

DISCUSSION:
No comments.

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

BAXFENDY (baxdrostat) tablet

Dr. Pearson provided the following for:

- Indication, gross cost, and dosing
- Contraindications/warnings and mechanism of action
- Clinical trial information

- Draft criteria

DISCUSSION:
Dr. Pearson asked if the Board was in agreement with the spironolactone bullet. Dr. Neumann stated she agrees that this medication needs criteria assessment and agrees with the statement in criteria (If has not trialed spironolactone, provide the medical necessity over the use of that medication).

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

HEPCLUDEX (bulevirtide) vial

Dr. Pearson provided the following for:
- Indication, gross cost, and dosing
- Contraindications and warnings
- Mechanism of action
- Clinical trial information
- Information on Hepatitis Delta Virus
- Draft criteria

DISCUSSION:
No comments.

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

FILSPARI (sparsentan) tablet

Dr. Pearson provided the following for:
- Indication, gross cost, and dosing
- Mechanism of action
- Clinical trial information
- Information on Focal Segmental Glomerulosclerosis
- Draft criteria

DISCUSSION:
No comments.

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

BUTALBITAL MAXIMUM QUANTITY (NON-CODEINE)

Dr. Pearson provided the following for:
- Information on the decrease for maximum of BUTALBITAL to 100 pills
- Claim overview

DISCUSSION:

		Dr. Neumann clarified that the decrease happened in April. Dr. Pearson confirmed, and Dr. Neumann was unsure of decreasing further in such a short time. Dr. Pearson went over the impact, and Dr. Rodgers asked if the goal was to get it down to 30. Dr. Pearson stated yes, and that the package insert was between 18-30 per month. So, we are way above what other states do that are only doing 18. Dr. Golden asked us what the current limit was, and Dr. Pearson stated it was 100. He suggested dropping it to 90. Dr. Neumann stated that she did not realize how far off we were from the package insert and other states and said her view changes based on that information. Dr. Pearson stated that we had high limits, but we need to consider treatment method. Would we rather have someone treat their headaches with this or hydrocodone? The answer is obvious. The goal is to prevent them from shifting it to something we don't want them to, but this is clearly not being taken the way it's intended. Dr. Rodgers stated they were trying to encourage people to taper as well and so in three months we can drop to 90 and then in six months we drop to 60 and then another six we drop to 30. Dr. Neumann stated that it's cheap enough, and that if they want to pay out of pocket they can. Patients with these high doses are overusing it and having rebound headaches. Dr. Pearson stated that they are going to get what they want, and they will get as much as they can get on their insurance and pay cash for the rest. Dr. Pearson stated we can only do our best to try and control the prescribing habits in that way and utilization. It's not all on the prescriber; it's clearly the patients that are overusing. Dr. Rodgers stated that even prescribers aren't aware that there is that limit, and they were overusing it until they looked at the data. It's good for the people of Arkansas to reign that in. **ACTION:** Motion was made by Dr. Rodgers to drop to 90 by 10/01/2026 and then at six-month intervals we drop another 30 each; second by Dr. Neumann. All other members in attendance voted for the motion. Motion passed.
Board comments		None
Adjourn		Meeting was adjourned at 12:35 pm.