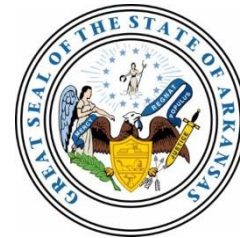




## Division of Medical Services Pharmacy Program



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/DRC BOARD QUARTERLY DRUG UPDATE APRIL 17, 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

***DUR/DRC 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/DRC Board meeting agenda may request to speak on that product or topic. Requests to speak at the DUR/DRC Board meeting must be made in writing to the DUR Chairperson at least two (2) weeks before the DUR/DRC 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; 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/DRC Board meeting are limited to a total of six (6) minutes per drug, which may be shared by multiple speakers. This time limit does not include responses to any questions raised by DUR/DRC 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/DRC Board meeting. The information will be in draft form and may be changed by the DUR/DRC Board prior to being finalized. As such, the draft criteria should not be shared with clinicians or patients.

#### 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 January 17, 2024 DUR/DRC Board: Multiple drugs were not discussed during the October meeting due to a technical issue. Those drugs will be included on this agenda.
- 2) Implementation information from January 17, 2024 DUR/DRC Board

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

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- D. GENERAL INFORMATION
- E. PDL CLASS REVIEW WITHOUT CRITERIA (see specific medications on page 3)
  - 1. Medication Assisted Treatment injections
- F. PDL CLASS REVIEW WITH CRITERIA (see specific medications on page 3)
  - 1. Triptans
  - 2. Oral inhaled corticosteroids (ICS) and ICS/LABA
- G. PROPOSED CHANGES TO EXISTING CRITERIA and EDITS, INCLUDING POINT OF SALE (POS) CRITERIA, MANUAL REVIEW PA CRITERIA, OR CLAIM EDITS: None

**III. NEW BUSINESS**

- A. PROPOSED NEW CLINICAL POINT OF SALE CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS:
  - 1) EOHILIA™ (budesonide) suspension
- B. MANUAL REVIEW PROPOSED CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS:
  - 1) ACCRUFER® (ferric maltol) capsule
  - 2) ADTHYZA THYROID® (thyroid, pork) tablet
  - 3) XOLAIR® (omalizumab) injection–food allergies
  - 4) AGAMREE® (vamorolone) suspension
  - 5) FABHALTA® (iptacopan hcl) capsule
  - 6) WAINUA™ (eplontersen sodium) autoinjection
  - 7) ZILBRYSQ® (zilucoplan sodium) syringe
  - 8) ZORYVE® (roflumilast) foam
  - 9) RIVFLOZA™ (nedosiran sodium) vial/syringe
  - 10) ZURZUVAE™ (zuranolone) capsule
  - 11) FILSUVEZ® (birch triterpenes) gel
  - 12) VOQUEZNA® (vonoprazan) tablet
  - 13) ONCOLOGY POLICY (if time allows)
- C. PROPOSED NEW CLAIM EDITS (QUANTITY, DAILY DOSE, ACCUMULATION, GENDER, AGE): None
- D. ProDUR REPORT UPDATE
- E. RDUR REPORT UPDATE



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### PDL THERAPEUTIC CLASSES UNDER REVIEW

**Medication Assisted Treatment:** Brixadi® SQ syringe, Sublocade® SQ injection, Vivitrol® IM injection

**Inhaled Corticosteroids:** Alvesco®, Asmanex® Twisthaler, Asmanex® HFA, ArmonAir Digihaler®, Arnuity Ellipta®, budesonide ampules for nebulizer, Flovent Diskus®, Flovent HFA® fluticasone diskus, fluticasone HFA, Pulmicort Flexhaler®, Pulmicort Respules®, QVAR Redihaler®

**Inhaled Corticosteroids/long-acting beta agonists:** Advair Diskus®, Advair HFA®, AirDuo Digihaler®, AirDuo RespiClick®, Airsupra®, Breo Ellipta®, Breyna®, budesonide/formoterol HFA, Dulera®, fluticasone/salmeterol diskus, fluticasone/salmeterol HFA, fluticasone/salmeterol RespiClick, fluticasone/vilanterol, Symbicort® HFA, Wixela Inhub®

**Triptans:** eletriptan tablet, Frova®, frovatriptan, Imitrex vial/cartridge/pen, Imitrex spray, Imitrex tablet, Maxalt® tablet, Maxalt MLT® naratriptan tablet, Relpax® tablet, rizatriptan tablet, rizatriptan MLT, sumatriptan vial/cartridge/pen, sumatriptan tablet, sumatriptan spray, sumatriptan/naproxen tablet, Zomig® tablet, Zomig® spray, zolmitriptan tablet, zolmitriptan ZMT, zolmitriptan spray

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