

# 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 JULY 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. REVIEW BYLAWS UPDATES
- D. UPDATE ON SYSTEM EDITS, IMPLEMENTATIONS, OR FOLLOW-UP ITEMS.
  - 1) Follow-up items from April 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 April 17, 2024 DUR/DRC Board

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- E. GENERAL INFORMATION
  - 1) CMS FFY2023 annual report
  - 2) SUPPORT Act discussion
  - 3) New medications following the oncology policy
- F. PDL CLASS REVIEW WITHOUT CRITERIA (see specific medications on page 3)
  1) VAGINAL HORMONES
- G. PDL CLASS REVIEW WITH CRITERIA (see specific medications on page 3)
  1) MULTIPLE SCLEROSIS
- H. PROPOSED CHANGES TO EXISTING CRITERIA and EDITS, INCLUDING POINT OF SALE (POS) CRITERIA, MANUAL REVIEW PA CRITERIA, OR CLAIM EDITS:
  - 1) DAW code discussion
  - 2) Preventive medications for allergen induced rhinitis
    - a. Odactra™
    - b. Oralair®
    - c. Grastek®--Board approved criteria in 2015
    - d. Ragwitek®--Board approved criteria in 2015

### III. NEW BUSINESS

- A. PROPOSED NEW CLINICAL POINT OF SALE CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS:
- B. PROPOSED NEW MANUAL REVIEW CRITERIA FOR CERTAIN DISEASE STATES:
  - 1) VITILIGO
  - 2) PUSTULAR PSORIASIS
- C. MANUAL REVIEW PROPOSED CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS:
  - 1) CRYSVITA® (burosumab-twza) injection
  - 2) REZDIFFRA<sup>™</sup> (resmetirom) tablet
  - 3) WEGOVY® (semaglutide) injection (MACE indication)
  - 4) TRYVIO<sup>™</sup> (aprocitentan) tablet
  - 5) VOYDEYA™ (danicopan) tablet
  - 6) LYMEPAK<sup>™</sup> (doxycycline hyclate) tablet
  - 7) FRAICHE TOOTHPASTE
  - 8) MYHIBBIN™ (mycophenolate) suspension
- 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

**VAGINAL HORMONES:** Estrace® vaginal cream; estradiol vaginal cream; estradiol vaginal tablet; Estring® vaginal ring; Femring® vaginal ring; Premarin® vaginal cream; Vagifem® vaginal tablet; yuvafem vaginal tablet

**MULTIPLE SCLEROSIS:** Ampyra ER tablet; Aubagio tablet; Avonex syringe; Avonex Pen; Bafiertam capsule; Betaseron vial; Copaxone syringe; dalfampridine ER tablet; dimethyl fumarate capsule; Extavia vial; fingolimod capsule; Gilenya capsule; glatiramer acetate syringe; Glatopa syringe; Kesimpta pen; Mavenclad tablet; Mayzent tablet; Plegridy syringe; Plegridy pen; Ponvory tablet; Rebif syringe; Rebif Rebidose pen; Tascenso ODT; Tecfidera capsule; teriflunomide tablet; Vumerity capsule; Zeposia capsule