

Division of Medical Services Pharmacy Program



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ARKANSAS MEDICAID DUR BOARD PHYSICIAN ADMINISTERED DRUGS (PAD) SUBCOMMITTEE

MARCH 11, 2026 12:00 P.M. – 1:00 P.M.

VIRTUAL TEAMS MEETING LINK

[Join the meeting now](#)

Meeting ID: 282 826 800 596 6

Passcode: y2f9CD6P

Dial in by phone

[+1 501-244-3310, 550760405#](tel:+15012443310550760405) United States, Little Rock

Phone conference ID: 550 760 405#

****TENTATIVE AGENDA IS SUBJECT TO CHANGE****

I. OUTSIDE SPEAKERS

Outside speakers with clinical or scientific credentials or patient experience pertinent to a product or topic that is posted on the upcoming PAD Subcommittee 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 PAD Subcommittee meeting must be made in writing to the DUR Chairperson (cinnamon.pearson@dhs.arkansas.gov) at least two (2) weeks before the PAD Subcommittee 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 Subcommittee members two (2) weeks prior to the meeting. Presentations or public comments given at the PAD Subcommittee 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 Subcommittee members during the course of the meeting.

II. UNFINISHED BUSINESS

- A. Vote on minutes from December 8, 2025 DUR PAD Subcommittee meeting
- B. Implementation information from December 8, 2025 meeting

III. NEW BUSINESS

- A. KEYTRUDA (pembrolizumab) injection and KEYTRUDA QLEX (pembrolizumab and berahyaluronidase alfa-pmph) injection
- B. OPDIVO QVANTIG (nivolumab and hyaluronidase-nvhy) injection
- C. VYVGART (efgartigimod alfa-fcab) and VYVGART HYTRULO (efgartigimod alfa-hyaluronidase-qvfc)
- D. RYBREVENT (amivantamab-vmjw) injection and RYBREVENT FASPRO (amivantamab-vmjw and hyaluronidase-lpuj) injection
- E. CEREZYME (imiglucerase) injection