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ARKANSAS DEPARTMENT OF HUMAN SERVICES

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 BOARD QUARTERLY DRUG UPDATE
OCTOBER 21, 2026 8:30 A.M. – 12:30 P.M. CST
VIRTUAL TEAMS MEETING LINK
Microsoft Teams Need help?
Join the meeting now
Meeting ID: 259 819 253 129 14
Passcode: qj6Gf2Gd

Dial in by phone
+1 501-244-3310,,578620884# United States, Little Rock
Find a local number
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****TENTATIVE AGENDA IS SUBJECT TO CHANGE****

I. OUTSIDE SPEAKERS

Per the DUR 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 Board 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 DUR Board meeting must be made in writing to the DUR Chairperson at least two (2) weeks before the DUR 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 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 Board members two (2) weeks prior to the Board meeting. Presentations or public comments given at the DUR Board 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 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 Board meeting. The information will be in draft form and may be changed by the DUR Board prior to being finalized. As such, the draft criteria should not be shared with clinicians or patients.

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II. UNFINISHED / OLD BUSINESS AND GENERAL INFORMATION
- 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 July 15, 2026 DUR Board
  2) Implementation information from July 15, 2026 DUR Board
- D. GENERAL INFORMATION
  1) New medications following the oncology policy (no vote required)
     a. CAVHANZA (nilotinib) tablet
     b. JIDEYTRO (zidesamtinib) tablet
     c. ZENBEXUS (iberdomide) capsule
  2) FUROSCIX READYFLOW (no vote required)
  3) OVERDOSE REPORT
- E. PAD SUBCOMMITTEE REPORT AND MONOGRAPH VOTE

III. PDL CLASS REVIEW AND CRITERIA/EDIT CHANGES
- A. PDL CLASS REVIEW WITHOUT CRITERIA
  None
- B. PDL CLASS REVIEW WITH CRITERIA (see specific medications on pages 4 and 5)
  1) PULMONARY ARTERIAL HYPERTENSION
  2) ERYTHROPOIESIS STIMULATING AGENTS
  3) NARCOLEPSY AGENTS
  4) HEPATITIS C AGENTS (tentative)
  5) TARGETED IMMUNOMODULATORS
  6) CALCIUM CHANNEL BLOCKERS
  7) LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA) BRONCHODILATORS
  8) INHALED COMBINATION PRODUCTS (LABA/LAMA) BRONCHODILATORS
  9) INHALED COMBINATION PRODUCTS (ICS/LABA/LAMA) BRONCHODILATORS
- C. ESTABLISHED PDL CLASS REVIEW WITHOUT ANTICIPATED CHANGE
  None

IV. NEW BUSINESS
- A. PROPOSED NEW OR UPDATED CLINICAL POINT OF SALE CRITERIA:
- B. PROPOSED MANUAL REVIEW CRITERIA FOR CERTAIN DISEASE STATES:
  1) DERMATOMYOSITIS (LISRAYA INDICATION)
- C. PROPOSED NEW CRITERIA OR UPDATES TO EXISTING MANUAL REVIEW PA CRITERIA:
  1) LYNAVOY (linerixibat) tablet
  2) TRYNGOLZA (olezarsen) injection
  3) LIPFENDRA (enlicitide) tablets

4) **TRUTAKNA (atacicept-vymj) injection**
5) **LEQEMBI IQLIK (lecanemab) injection**
6) **MOUNJARO (tirzepatide) injection (FOR MACE)**
7) **ISOTRETINOIN capsule (FOR ACNE)**

D. **PROPOSED NEW OR UPDATED CLAIM EDITS (e.g., QUANTITY, ACCUMULATION, GENDER, AGE):**
E. **PROPOSED NEW FISCAL EDITS:**
   1) **MANUFACTURERS REQUIRING PRIOR AUTHORIZATION POLICY**
F. **ProDUR REPORT UPDATE**
G. **RDUR REPORT UPDATE**

PDL THERAPEUTIC CLASSES UNDER REVIEW
PULMONARY ARTERIAL HYPERTENSION—Adcirca tablet, Adempas tablet, **Alyq tablet**, ambrisentan tablet, bosentan tablet, bosentan tablet for suspension, epoprostenol vial (generic for Veletri), ~~Flolan vial~~, Letairis tablet, ~~Liqrev oral suspension~~, macitentan tablet, Opsumit tablet, Opsynvi tablet, Orenitram ER tablet, Orenitram titration pack, Remodulin vial, ~~Revatio powder for suspension~~, Revatio tablet, Revatio vial, sildenafil suspension, sildenafil tablet, sildenafil vial, tadalafil tablet, Tadliq oral suspension, Tracleer tablet, Tracleer tablet for suspension, treprostinil vial, Tyvaso and Tyvaso DPI inhalation, Tyvaso starter kit, Tyvaso refill kit, Uptravi vial, Uptravi tablet, Uptravi titration pack, Veletri vial, ~~Ventavis ampule for nebulizer,~~ Winrevair kit, and Yutrepia inhalation
ERYTHROPOIESIS STIMULATING AGENTS—Aranesp syringe, Aranesp vial, Epogen vial, Mircera syringe, Procrit vial, Reblozyl vial, and Retacrit vial
NARCOLEPSY AGENTS—armodafinil tablet, **Lumryz oral suspension (available in October)**, modafinil tablet, Nuvigil tablet, Provigil tablet, sodium oxybate solution, Sunosi tablet, Wakix tablet, Xyrem solution, and Xywav solution
HEPATITIS C AGENTS (tentative)—Epclusa tablet, Epclusa pellet pack, Harvoni tablet, Harvoni pellet pack, ledipasvir-sofosbuvir tablet, Mavyret tablet, Mavyret pellet pack, Pegasys syringe, Pegasys vial, ribavirin capsule, ribavirin tablet, sofosbuvir-velpatasvir tablet, Sovaldi tablet, Sovaldi pellet pack, Vosevi tablet, and Zepatier tablet (manufacturer obsolete date 7/1/26)
TARGETED IMMUNOMODULATORS—Abrilada syringe/pen, Actemra syringe/autoinjector, adalimumab-aacf syringe/pen, adalimumab-aaty syringe/autoinjector, adalimumab-adaz syringe/pen, adalimumab-adbm syringe/pen, adalimumab-fkjp syringe/pen, adalimumab-ryvk syringe/autoinjector, Amjevita syringe/autoinjector, Arcalyst vial, Avtozma syringe/autoinjector, Bimzelx syringe/autoinjector, Cimzia syringe, Cosentyx syringe/pen, Cyltezo syringe/pen, Enbrel syringe/vial/cartridge/sureclick, Enspryng syringe, Entyvio pen, Hadlima syringe/pushtouch, Hulio syringe/pen, Humira syringe/pen, Hyrimoz syringe/pen, Icotyde tablet, Ilaris vial, Imuldosa syringe, Kevzara syringe/pen, Kineret syringe, Leqselvi tablet, Litfulo capsule, Olumiant tablet, Omvoh syringe/pen, Orencia syringe/clickject, Otezla tablet, Otezla XR tablet, Otulfi syringe/vial, Pyzchiva syringe/vial, Rinvoq tablet/solution, Selarsdi syringe/vial, Simlandi syringe/autoinjector, Simponi syringe/pen, Skyrizi syringe/pen/On-Body, Sotyktu tablet, Spevigo syringe, Starjemza syringe/vial, Stelara syringe/vial, Steqeyma syringe/vial, Taltz syringe/autoinjector, tofacitinib solution/tablet, tofacitinib ER tablet, Tremfya syringe/pen/one-press, Tyenne syringe/autoinjector, ustekinumab syringe/vial, ustekinumab-aauz syringe, ustekinumab-aekn syringe, ustekinumab-ttwe syringe/vial, Velsipity tablet, Xeljanz solution/tablet, Xeljanz XR tablet, Yesintek syringe/vial, Yuflyma syringe/autoinjector, Yusimry pen, Zymfentra syringe/pen
CALCIUM CHANNEL BLOCKERS—amlodipine tablet, amlodipine-benazepril capsule, amlodipine-olmesartan tablet, amlodipine-valsartan tablet, amlodipine-valsartan-HCTZ tablet, amlodipine-atorvastatin tablet, **amlodipine-telmisartan tablet,** Azor tablet, Caduet tablet, Cardamyst spray, ~~Cardizem tablet,~~ Cartia XT capsule, Dilt XR capsule, diltiazem tablet, diltiazem 12 hr ER capsule, diltiazem 24 hr ER capsule (CD), diltiazem 24 hr ER tablet (LA), diltiazem 24 hr ER capsule (XR), diltiazem 24 hr ER capsule, Exforge tablet, Exforge HCT tablet, felodipine ER tablet, isradipine capsule, Katerzia suspension, ~~levamlodipine tablet~~, Lotrel capsule, Matzim LA tablet, nicardipine capsule, nifedipine capsule, nifedipine ER tablet, nimodipine capsule/solution, nisoldipine ER tablet, Norliqva solution, Norvasc tablet, Nymalize solution, olmesartan-amlodipine-HCTZ tablet, Procardia XL tablet, Sdamlo powder, Sular ER tablet, Tiadylt ER capsule, ~~Tiazac capsule,~~

~~trandolapril-verapamil ER tablet~~, Tribenzor tablet, verapamil tablet, verapamil ER tablet/capsule, verapamil ER PM capsule, verapamil SR capsule, **verapamil ER/trandolapril tablet** and ~~Widaplik tablet~~
LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA) BRONCHODILATORS—Incruse Ellipta, Spiriva Handihaler, Spiriva Respimat, tiotropium, Tudorza Pressair, umeclidinium, and Yupelri
INHALED COMBINATION PRODUCTS (LABA/LAMA) BRONCHODILATORS—Anoro Ellipta, Bevespi Aerosphere, Duaklir Pressair, Stiolto Respimat, and umeclidinium/vilanterol
INHALED COMBINATION PRODUCTS (ICS/LABA/LAMA) BRONCHODILATORS—Breztri Aerosphere, Trelegy Ellipta

**Bolded are new to the market since last review or were not listed on the PDL document, and stricken meds are no longer on the market or will be unavailable soon.