



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



AGENDA
ARKANSAS MEDICAID DUR BOARD QUARTERLY DRUG UPDATE
April 17, 2019, 9:00 A.M. – 12:00 P.M.
LOCATION OF MEETING IS MAGELLAN MEDICAID ADMINISTRATION OFFICE
#1 Allied Drive, Suite 1120
BUILDING #1
Little Rock, AR 72202

I. OUTSIDE SPEAKERS

*DUR Board Bylaws, Section 7.02, allow **Outside speakers** at the meeting-- Outside speakers may request to speak on a topic that is posted on the upcoming DUR Board meeting agenda. **Speakers must submit the request in writing to the Chair of the DUR Board to speak at the meeting on a specific topic.** All speakers are required to **submit an emailed copy** of the public comments to the Chair of the DUR Board that he/she will present the day of the meeting. The public comments must be received by the Chair of the DUR Board **at least 2 weeks prior to the DUR Board meeting date.** Public comments at the DUR Board meeting are **limited to a total comment time of five (5) minutes per drug.** If there is more than one speaker for the same drug, the speakers must **split the total comment time of five (5) minutes on that drug.***

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 16, 2019 DUR Board Quarterly Drug Update: None
 - 2) Implementation information from January 16, 2019 DUR Board Quarterly Drug Update and February 13, 2019 Preferred Drug List (PDL) Drug Review Update
- D. PROPOSED CHANGES TO EXISTING CRITERIA and EDITS, INCLUDING POINT OF SALE (POS) CRITERIA, MANUAL REVIEW PA CRITERIA, OR CLAIM EDITS:
 - 1) Heredity Angioedema therapy
 - 2) Oral typical and atypical antipsychotic agents for adults age 18 years and older

III. NEW BUSINESS

- A. PROPOSED NEW CLINICAL POINT OF SALE CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS
None
- B. MANUAL REVIEW PROPOSED CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS:
 - 1) DUPIXENT® (dupilumab) injection—Asthma criteria
 - 2) DAURISMO™ (glasdegib) tablets
 - 3) XOSPATA® (gilteritinib) tablets
 - 4) VITRAKVI® (larotrectinib) capsules and oral solution
 - 5) SYMPAZAN™ (clobazam) oral film
 - 6) TALZENNA™ (talazoparib) capsules
 - 7) TEGSEDI™ (inotersen) injection
 - 8) KRINTAFEL (tafenoquine) tablets
 - 9) INBRIJA™ (levodopa inhalation powder)
 - 10) ARIKAYCE® (amikacin liposome inhalation suspension)
- C. PROPOSED NEW CLAIM EDITS (QUANTITY, DAILY DOSE, ACCUMULATION, GENDER, AGE):
None
- D. ProDUR Report UPDATE
- E. RDUR Report UPDATE