

# ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER

MagellanRx  
MANAGEMENT<sup>SM</sup>



APRIL 2022

THE NUMBERS LISTED  
BELOW ARE FOR  
FEE-FOR-SERVICE (FFS)  
SUPPORT

**Magellan Pharmacy  
Support Center  
(Pharmacy, Member, and  
Prior Authorization)**  
1-800-424-7895  
Monday – Friday  
8:00 a.m. – 5:00 p.m.,  
Central Time (CT)  
excluding State holidays

**Clinical PA Fax**  
1-800-424-7976  
24 Hours A Day,  
7 Days a Week

**Magellan Clinical PA Fax  
(PDL)** 1-800-424-5739  
24 Hours A Day,  
7 Days a Week

**Division of Medical  
Services Pharmacy Unit**  
P.O. Box 1437, Slot S-415  
Little Rock, AR 72203  
Fax: 501-683-4124 OR  
800-424-5851  
Phone: 501-683-4120  
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## UPCOMING LEGISLATIVE IMPLEMENTATIONS

### ACT 406 (HB 1134)

- This Act gives pharmacists via scope of practice the right to prescribe, administer, deliver, distribute, or dispense vaccines, immunizations, and medications to treat adverse actions to those administered vaccines.
- Effective April 1, 2022, Arkansas Medicaid is accepting applications for new provider enrollment as an individual practitioner as provider type 95 RX. This will allow pharmacists to obtain a new PIN and to act as an ordering, rendering, prescribing provider. Submitting applications on the Provider Portal is recommended, but paper applications may also be submitted.
- Pharmacists that enroll may begin using their NPI on claims beginning June 1, 2022, unless there is delay on this deployment date. Communications will be provided for any delay in the go-live date for claims submissions.
- Effective June 1, 2022, provider type 07 using the pharmacy NPI will no longer be submitted as renderer on medical claims. Medical claims must be submitted with individual pharmacist provider type 95 RX NPI as the renderer.
- <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/official-notices/>

## DUR BOARD UPDATE

The following will be presented during the **April 20, 2022** Drug Utilization Review Board meeting.

- PROPOSED CHANGES TO EXISTING CRITERIA: Antiemetics during pregnancy
- MANUAL REVIEW PROPOSED CRITERIA:
  - Livmarli™
  - Livtency™
  - Tarpeyo™
  - Apretude
  - Leqvio®
  - Recorlev®
  - BESREMi®
  - Vonjo™
  - Pyrukynd®
  - Oxervate™

[https://arkansas.magellanrx.com/client/docs/other/ARRx\\_DUR\\_board\\_meeting\\_agenda\\_20220420.pdf](https://arkansas.magellanrx.com/client/docs/other/ARRx_DUR_board_meeting_agenda_20220420.pdf)

## PREFERRED DRUG LIST

Upcoming Drug Review Committee (DRC) classes to review on **May 11, 2022**

- Antipsychotics, Oral
- Bowel prep agents
- Penicillamine/Cystine depleting agents
- Proton pump inhibitors

[https://arkansas.magellanrx.com/client/docs/other/ARRx\\_DRC\\_meeting\\_schedule.pdf](https://arkansas.magellanrx.com/client/docs/other/ARRx_DRC_meeting_schedule.pdf)

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## POINT-OF-SALE CHANGES

- Rescue seizure medications—April 1, 2022

- **Criteria:**

- Recipients must be  $\geq 2$  years of age to receive DIASTAT rectal gel;  $\geq 12$  years of age to receive NAYZILAM;  $\geq 6$  years of age to receive VALTOCO; AND
- If the recipient has  $> 2$  consecutive months of paid pharmacy claims for NAYZILAM, VALTOCO, and/or DIASTAT rectal gel, a prior authorization will be required.
- Quantity edits apply: 10 nasal sprays (5 cartons) for VALTOCO and NAYZILAM per month; 2 DIASTAT twin packs per claim

- IVIG—April 1, 2022

- All IVIG and SCIG products will be subject to point-of-sale edits
- For a claim to process at POS, the recipient must have a billed diagnosis for an indication found in Table A in the last 2 years (see attached memo for table).

[https://arkansas.magellanrx.com/client/docs/provider\\_memos/ProvMem-20211124.pdf](https://arkansas.magellanrx.com/client/docs/provider_memos/ProvMem-20211124.pdf)

- Polypharmacy soft edits—April 18, 2022

For the following drug combinations, add a POS prospective review by the pharmacist requiring proper DUR codes if the combination is appropriate for that individual patient.

- Opioid—sedative hypnotic; opioid—muscle relaxer; opioid—antipsychotics; and opioid—gabapentin in addition to the opioid—benzodiazepines already in place

- Quetiapine—April 28, 2022

If one of the following POS criteria are not met, a prior authorization will be required.

**Criterion 1:** Recipient has a billed diagnosis in the past two years for one of the following:

- Schizoaffective disorder
- Schizophrenia
- Bipolar I disorder
- Bipolar II disorder
- Unspecified bipolar and related disorder
- Unspecified schizophrenia spectrum and other psychotic disorders
- Delusional disorder

**Criterion 2:** Recipient has a paid pharmacy claim in their Medicaid drug history for quetiapine in the last 120 days

- Anticonvulsants—May 18, 2022

Patients compliant on a non-preferred agent will be able to continue that medication without a PA if there is a claim in their Medicaid profile in the previous 60 days.

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### NADAC REIMBURSEMENT REVIEW

Affordable Care Act Federal Upper Limit (ACA FUL) rates are updated monthly and National Average Drug Acquisition Cost (NADAC) rates are calculated monthly but can change on a weekly basis. NADAC rates that potentially change are released on Wednesdays. Most common reasons a NADAC may change weekly instead of monthly may be due to provider inquiry to the NADAC Help Desk or the WAC rate changes on a brand drug which triggers the Brand NADAC to be recalculated. Arkansas Medicaid gets the drug file reported to them on a weekly basis from First Data Bank and is generally loaded on Saturday nights. The effective date of any ACA FUL or NADAC on the file will be backdated in our system to reflect the effective date on the weekly drug file in which it was reported.

Occasionally, a NADAC rate review needs to be done if the acquisition cost from the wholesalers is more than the NADAC rate. To request a NADAC rate review, see the attached document that should be sent to Myers and Stauffer, LLC.

[https://arkansas.magellanrx.com/client/docs/rxinfo/ARRx\\_NADAC\\_Request\\_Medicaid\\_Reimbursement\\_Review\\_Form.pdf](https://arkansas.magellanrx.com/client/docs/rxinfo/ARRx_NADAC_Request_Medicaid_Reimbursement_Review_Form.pdf)

For Medicaid claims, the Arkansas Insurance Department is not the appropriate avenue to get the NADAC rate reviewed. If you have any questions, you can reach out to the NADAC Help Desk:

**NADAC Help Desk:**  
 Toll-free phone: (855) 457-5264  
 Electronic mail:  
[info@mslcrps.com](mailto:info@mslcrps.com)  
 Facsimile: (844) 860-0236

### NEW PRODUCTS ON THE MARKET

MEDICATION	INDICATION	AR MEDICAID COVERAGE
Pluvicto®	Prostate Cancer	Medical coverage only (contact AFMC)
Opdualag™	Melanoma	Medical coverage only (contact AFMC)
Vonjo™	Primary or secondary myelofibrosis	Manual review with criteria determined by the DUR Board
Ibsrela®	IBS with constipation	Nonpreferred in IBS class
Releuko®	Biosimilar for Neupogen	Nonpreferred in colony stimulating factor class
Pyrukynd®	Anemia in pyruvate kinase deficiency	Manual review with criteria determined by the DUR Board
Livtencity™	Post-transplant CMV infection	Manual review with criteria determined by the DUR Board
Apretude	HIV PrEP	Manual review with criteria determined by the DUR Board

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Recorlev®	Hypercortisolemia in Cushing’s syndrome	Manual review with criteria determined by the DUR Board
Adbry™	Atopic dermatitis	Nonpreferred in TIMS class
Cibinqo®	Atopic dermatitis	Nonpreferred in TIMS class
Zimhi™	Naloxone for opioid overdose	No PA required
Kimmtrak®	Uveal melanoma	Medical coverage only (contact AFMC)
Ztalmy®	Seizures associated with CDKL5 deficiency disorder	Manual review with criteria determined by the DUR Board

**DISPENSE AS WRITTEN (DAW) CODES**

- The prescriber must determine whether the Medicaid beneficiary has the medical necessity for a brand name medication that meets the required conditions to override a Generic Upper Limit (i.e., Federal Upper Limit (FUL), State Actual Acquisition Cost (SAAC), or Generic NADAC). The prescriber must submit a prior authorization request with the required MedWatch documentation to be considered for a “Brand Medically Necessary” override of the Upper Limit to reimburse at the brand name reimbursement rate.
- If a PA is approved and the pharmacy claim is submitted with a code of “1” in the dispense as written (DAW) field, the claim will be reimbursed using the Brand NADAC (or WAC when applicable) for the specific product dispensed rather than the Generic Upper Limit rate.
- A claim with a DAW code of 2-9 will process without a PA. However, a DAW code of 2-9 in the dispense as written field WILL NOT override the Generic Upper Limit (FUL, SAAC, Generic NADAC) and may result in the pharmacy losing money on a claim.

DAW CODE	DAW Code Definitions
00	Generic or Single-Source Brand dispensed
01	Physician DAW—brand name medically necessary
02	Patient requested brand
03	Pharmacist selected brand
04	Generic not in stock
05	Brand dispensed, priced as generic
06	Undefined—specific to payer
07	Brand mandated by law
08	Generic not available
09	Plan requires brand

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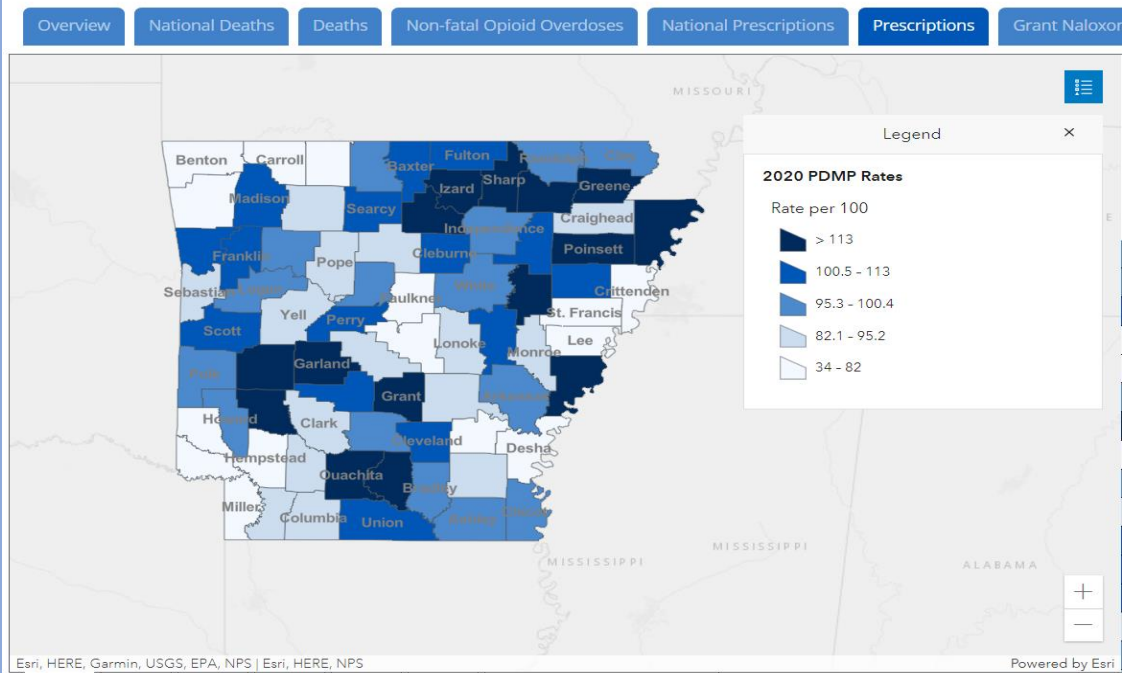
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**INFORMATION FROM THE ARKANSAS OPIOID RESPONSE DASHBOARD (link below)**  
[Prescription volume by county](#)

Arkansas Opioid Response Dashboard



**Opioid prescription rate compared to the national average**

Arkansas Opioid Response Dashboard



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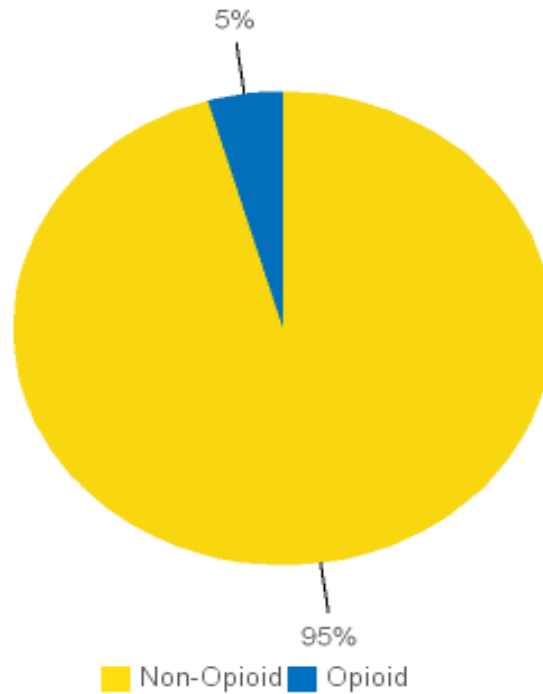
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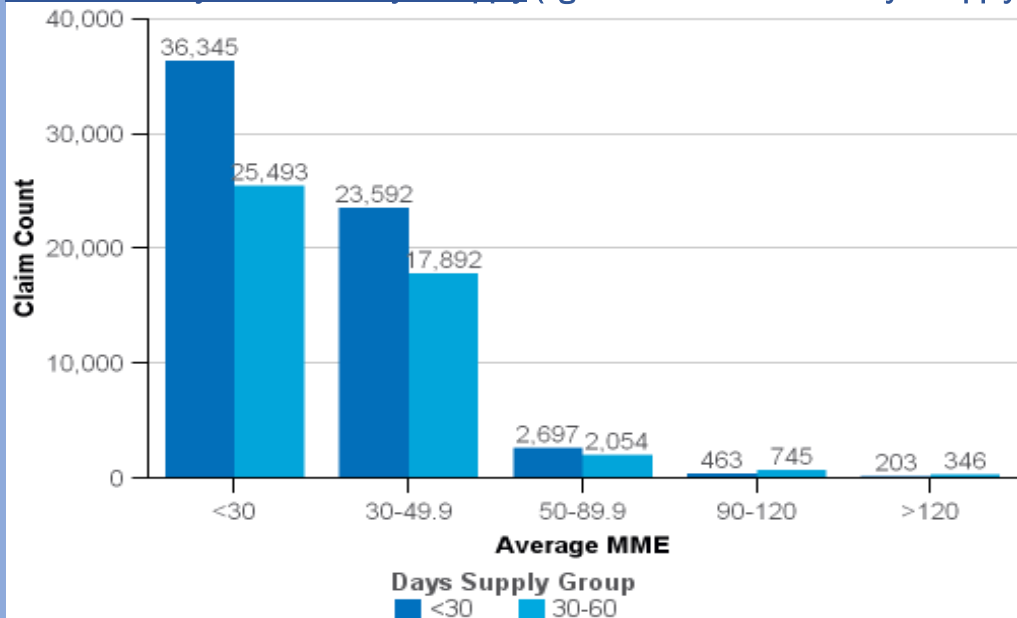
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### OPIOID UTILIZATION FOR ARKANSAS MEDICAID MARCH 2021 - FEBRUARY 2022

(Data provided by Magellan Rx Management)  
 5% of all claims were opioids



### Total Claims by MME and Days' Supply (light blue would be 31 days' supply)



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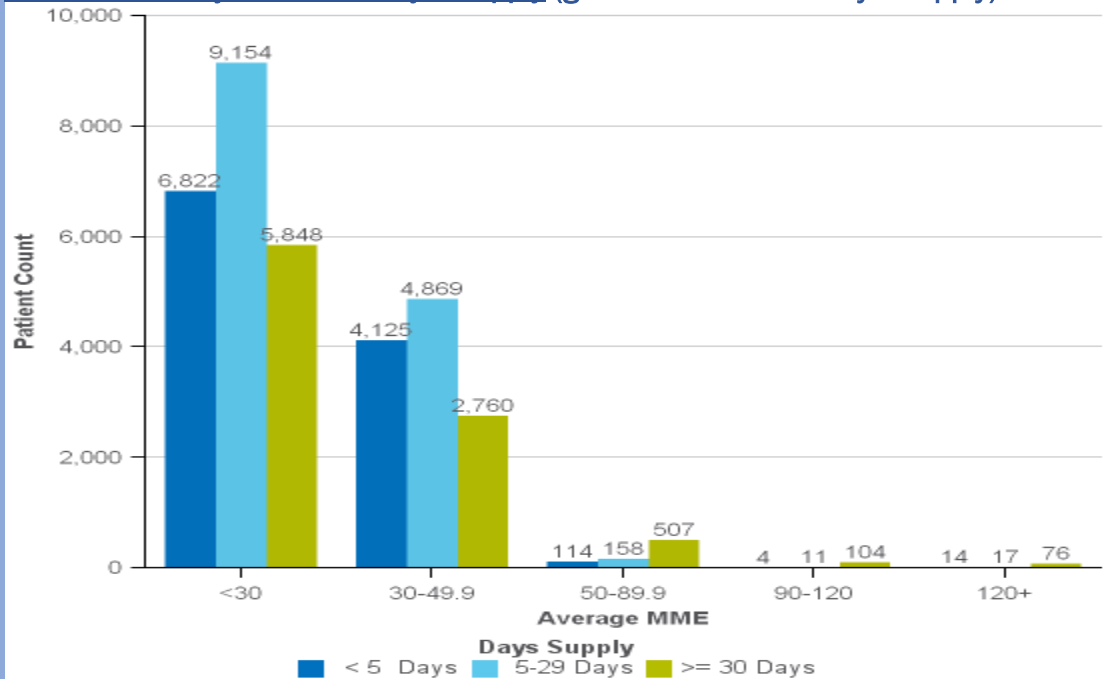
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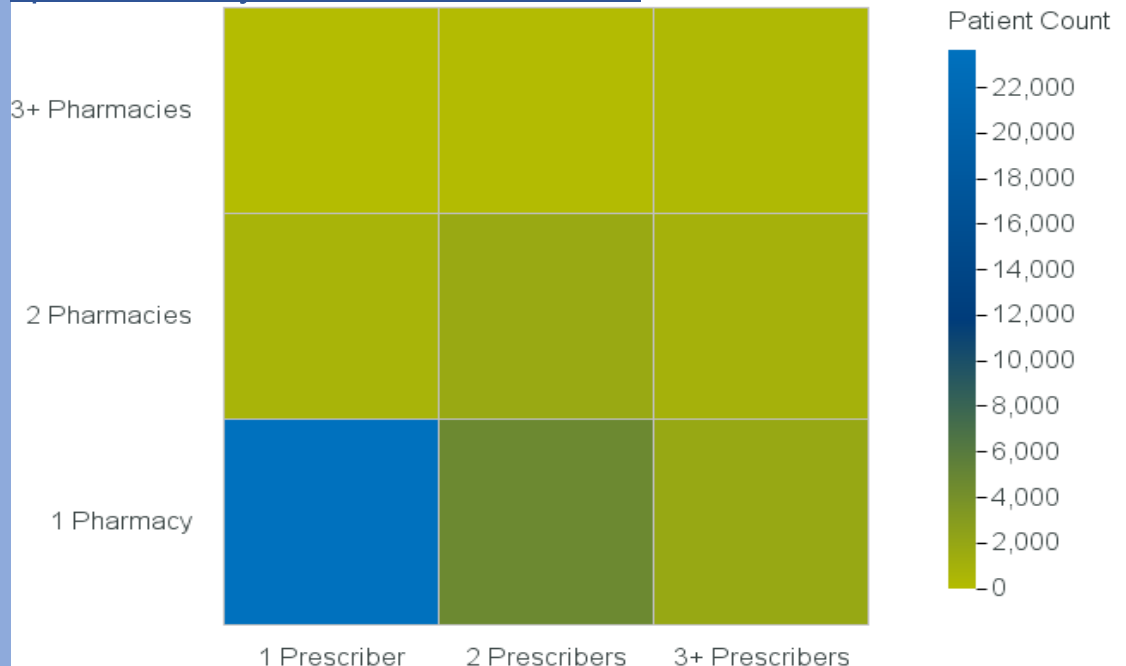
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Total Patients by MME and Days' Supply (green would be 31 days' supply)



Opioid Patients by Prescribers and Pharmacies



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## TOP 12 AR MEDICAID PRESCRIBERS OF OPIOIDS BY CLAIM COUNT 2021

Taxonomy	Prescriber Location	Patient Count	Total Claims	Total Units Dispensed	Avg Units Dispensed / Claim
FAMILY PRACTICE	NORTHWEST ARKANSAS	300	2,241	180,250	80.43
PAIN MEDICINE	CENTRAL ARKANSAS	287	1,518	118,130	77.82
INTERNAL MEDICINE	EASTERN ARKANSAS	167	1,113	43,112	38.73
PHYSICAL MEDICINE AND REHABILITATION	CENTRAL ARKANSAS	248	1,034	83,890	81.13
ALLOPATHIC & OSTEOPATHIC PHYSICIANS - ANESTHESIOLOGY - ANESTHESIOLOGY	NORTHERN ARKANSAS	185	1,022	71,789	70.24
PHYSICIAN ASSISTANTS & ADVANCED PRACTICE NURSING PROVIDERS - NURSE PRACTITIONER - FAMILY	NORTHEAST ARKANSAS	255	1,004	83,099	82.77
ALLOPATHIC & OSTEOPATHIC PHYSICIANS - FAMILY MEDICINE - FAMILY MEDICINE	NORTHEAST ARKANSAS	150	922	62,885	68.20
INTERVENTIONAL PAIN MEDICINE	NORTHEAST ARKANSAS	157	875	49,938	57.07
ALLOPATHIC & OSTEOPATHIC PHYSICIANS - PHYSICAL MEDICINE & REHABILITATION - PAIN MEDICINE	NORTHEAST ARKANSAS	159	839	63,970	76.25
ALLOPATHIC & OSTEOPATHIC PHYSICIANS - EMERGENCY MEDICINE	NORTHEAST ARKANSAS	255	785	61,112	77.85
PHYSICIAN ASSISTANTS & ADVANCED PRACTICE NURSING PROVIDERS - NURSE PRACTITIONER - FAMILY	CENTRAL ARKANSAS	144	768	62,703	81.64
ALLOPATHIC & OSTEOPATHIC PHYSICIANS - ANESTHESIOLOGY - ANESTHESIOLOGY	NORTHEAST ARKANSAS	200	752	63,724	84.74
INTERVENTIONAL PAIN MEDICINE	NORTHEAST ARKANSAS	150	738	54,752	74.19



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**TOP 15 AR MEDICAID PHARMACIES DISPENSING OPIOIDS BY CLAIM COUNT 2021**

Pharmacy Type	Pharmacy Location	Patient Count	Total Claims	Total Units Dispensed	Avg Units Dispensed/Claim
CHAIN	NORTHEAST ARKANSAS	567	1,270	55,828	43.96
INDEPENDENT	CENTRAL ARKANSAS	288	1,247	69,401	55.65
CHAIN	CENTRAL ARKANSAS	500	1,175	49,157	41.84
CHAIN	NORTHEAST ARKANSAS	395	1,037	46,411	44.76
INDEPENDENT	EASTERN ARKANSAS	272	1,027	47,396	46.15
CHAIN	CENTRAL ARKANSAS	356	1,018	49,634	48.76
CHAIN	EASTERN ARKANSAS	335	920	38,560	41.91
CHAIN	CENTRAL ARKANSAS	358	872	38,752	44.44
CHAIN	CENTRAL ARKANSAS	315	857	42,415	49.49
CHAIN	CENTRAL ARKANSAS	252	833	47,242	56.71
CHAIN	CENTRAL ARKANSAS	323	804	38,439	47.81
CHAIN	CENTRAL ARKANSAS	326	798	36,840	46.17
INDEPENDENT	WESTERN ARKANSAS	272	760	42,687	56.17
CHAIN	CENTRAL ARKANSAS	337	720	32,255	44.80
CHAIN	CENTRAL ARKANSAS	243	678	33,451	49.34

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## SMART THERAPY

<https://ginasthma.org/wp-content/uploads/2021/05/GINA-Main-Report-2021-V2-WMS.pdf>

<https://www.nhlbi.nih.gov/health-topics/all-publications-and-resources/2020-focused-updates-asthma-management-guidelines>

Per the Global Initiative for Asthma (GINA)—“Asthma is a heterogeneous disease, usually characterized by chronic airway inflammation. It is defined by the history of respiratory symptoms such as wheeze, shortness of breath, chest tightness and cough that vary over time and in intensity, together with variable expiratory airflow limitation. Symptoms and airflow limitation may resolve spontaneously or in response to medication and may sometimes be absent for weeks or months at a time. On the other hand, patients can experience episodic flare-ups (exacerbations) of asthma that maybe life-threatening.”

The pharmacological options for long-term treatment of asthma fall into the following three main categories:

- Controller medications used daily (i.e., ICS, ICS-LABA)
- Reliever medications used as needed (i.e., ICS-formoterol, SABA)
- Add-on therapies for severe asthma (i.e., high dose ICS-LABA)

**Over-use of SABA (e.g., dispensing three or more 200-dose inhalers per year) can increase the risk of asthma exacerbations.**

Per the National Institutes of Health (NIH)—“In patients 4 years of age and older, the preferred therapy is a combination ICS-formoterol used daily and as needed (i.e., Single Maintenance and Reliever Therapy (SMART)).”

Based on the updated guidance around SMART therapy, the Arkansas Medicaid DUR Board voted to change the ICS-LABA criteria to mimic the GINA and NIH recommendations. Effective November 2, 2021, Arkansas Medicaid allows 2 Symbicort® (budesonide-formoterol) OR Dulera® (mometasone-formoterol) inhalers per month to account for as needed dosing. To facilitate claim processing for our Medicaid clients, follow these recommendations.

1. When a claim for ICS-LABA is submitted, the system looks back 30 days in a patient’s Medicaid pharmacy profile. If the patient received 1 inhaler within 30 days of a claim for 2 inhalers when changed to SMART therapy, the claim will deny at point-of-sale. In this example, the initial claim of SMART therapy will need a prior authorization as the system considers the patient received 3 inhalers. If the ICS-LABA is filled correctly from that point, no further PAs will be needed for 2 inhalers.
2. Some pharmacy software programs have not updated to compensate for the new GINA/NIH guidelines. Some of these programs are forcing the claim to pay for 1 inhaler only. Contact your pharmacy software program for information on submitting an override to allow 2 inhalers per month. (e.g., Walgreens’s software requires an override code of 9995)

Short-acting beta agonist (SABA) usage should be replaced with ICS-LABA as needed whenever possible. For AR Medicaid claims, SABA’s had the highest amount of pharmacy claims for the 3<sup>rd</sup> quarter 2021 of all medications. SABA usage will be monitored, and future edits may be needed.

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**Magellan Clinical PA Fax  
(PDL) 1-800-424-5739**  
24 Hours A Day,  
7 Days a Week

**Division of Medical  
Services Pharmacy Unit**  
P.O. Box 1437, Slot S-415  
Little Rock, AR 72203  
Fax: 501-683-4124 OR  
800-424-5851  
Phone: 501-683-4120  
Monday – Friday  
8:00 a.m. – 4:30 p.m.,  
Central Time (CT)  
excluding State holidays

### MOST PRESCRIBED MEDICATIONS FOR AR MEDICAID CLIENTS BY CLAIM COUNT

3 <sup>RD</sup> QUARTER 2021 RANK	MEDICATION	TOTAL CLAIMS FOR QUARTER
1	PROAIR HFA	25,146
2	HYDROCODONE/APAP	19,532
3	FLUTICASONE NASAL	17,762
4	CETIRIZINE SOLUTION	17,360
5	ATORVASTATIN	15,915
6	GABAPENTIN	15,786
7	CETIRIZNE TABLET	15,319
8	SERTRALINE	14,332
9	LISINOPRIL	13,474
10	AMLODIPINE	12,758
11	FLOVENT HFA	11,194
12	ONDANSETRON ODT	11,158
13	FOCALIN XR	9,976
14	VYVANSE	9,226
15	ESCITALOPRAM	8,994

### MOST PRESCRIBED MEDICATIONS FOR AR MEDICAID CLIENTS BY NET COST AFTER REBATE

3 <sup>RD</sup> QUARTER 2021 RANK	MEDICATION
1	STELARA
2	FOCALIN XR
3	VYVANSE
4	HYDROCODONE/APAP
5	INVEGA SUSTENNA
6	SUBOXONE FILM
7	FLUTICASONE NS
8	ENTRESTO
9	TALTZ
10	GABAPENTIN
11	CETIRIZINE SOLUTION
12	EPINEPHRINE (EPIPEN)
13	GENOTROPIN
14	REXULTI
15	ATORVASTATIN

# ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER

MagellanRx  
MANAGEMENT<sup>SM</sup>



APRIL 2022

THE NUMBERS LISTED  
BELOW ARE FOR  
FEE-FOR-SERVICE (FFS)  
SUPPORT

Magellan Pharmacy  
Support Center  
(Pharmacy, Member, and  
Prior Authorization)  
1-800-424-7895  
Monday – Friday  
8:00 a.m. – 5:00 p.m.,  
Central Time (CT)  
excluding State holidays

Clinical PA Fax  
1-800-424-7976  
24 Hours A Day,  
7 Days a Week

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## USEFUL LINKS

### DHS webpage

- <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/>

### DHS provider manuals

- <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/>

### Opioid guidance

- <https://arkansas.magellanrx.com/client/documents>
- <http://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- <https://www.samhsa.gov/medication-assisted-treatment>
- <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>
- [The Dangers Of Mixing Benzodiazepines With Opiates - Opioid Treatment](#)
- <https://www.cdc.gov/drugoverdose/index.html>
- <https://www.rehabs.com/blog/the-polypharmacy-overdose-a-killer-trend/>
- <https://afmc-analytics.maps.arcgis.com/apps/MapSeries/index.html?appid=2977d338de974451af5ce8ff24d2a30c>

## DUR BOARD MEETING DATES

- [April 20, 2022](#)
- [July 20, 2022](#)
- [October 19, 2022](#)

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APRIL 2022