

ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER

MagellanRx
MANAGEMENTSM



APRIL 2023

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
Monday – Friday
8:00 a.m. – 4:30 p.m.,
Central Time (CT)
excluding State holidays

DRUG UTILIZATION REVIEW (DUR)/DRUG REVIEW COMMITTEE (DRC) BOARD UPDATE

The following will be presented during the **April 19, 2023** DUR/DRC Board meeting.

- PREFERRED DRUG LIST REVIEW: Hypoglycemic agents, pituitary suppressive agents
- PROPOSED CHANGES TO EXISTING CRITERIA: Hypoglycemic agents, pituitary suppressive agents
- PROPOSED NEW POS CLAIM EDITS: CFTR modulators, certain non-preferred anticonvulsants
- MANUAL REVIEW PROPOSED CRITERIA:
 - Polymyalgia Rheumatica
 - ALS medications
 - Krazati™
 - Sunlenca®
 - Jaypirca™
 - Orserdu™
 - DartislaODT™
 - Filspari™

https://arkansas.magellanrx.com/client/docs/other/ARRx_DUR_DRC_meeting_agenda_20230419.pdf

POINT-OF-SALE CHANGES

Leukotriene Antagonists effective April 1, 2023

Currently, montelukast will deny for a therapeutic duplication with another leukotriene receptor antagonist including other montelukast strengths.

Claims will process for montelukast at point-of-sale if a recipient meets ANY of the following:

Criterion 1:

- Diagnosis of asthma in the previous 2 years
OR
- AR Medicaid pharmacy claim for any of the following in the previous 186 days:
 - Inhaled corticosteroid (ICS)
 - Inhaled long-acting beta2 agonist (LABA)
 - Inhaled short-acting beta2 agonist (SABA)
 - Inhaled ICS/LABA

Criterion 2:

- Diagnosis of allergic rhinitis in the previous 2 years
OR
- AR Medicaid pharmacy claim for any of the following within the previous 60 days:
 - ≥ 1 claim for an inhaled nasal steroid
 - ≥ 1 claim for a first or second-generation antihistamine
 - ≥ 1 claim for azelastine nasal spray or ipratropium nasal spray

Criterion 3:

- Diagnosis of Chronic Idiopathic Urticaria in the previous 2 years

Clonidine ER (Kapvay®) changes effective April 1, 2023

- Clonidine ER was moved to preferred status in the ADD/ADHD PDL class
- Clonidine ER was added to the clonidine/guanfacine therapeutic duplication rule. Claims will deny if both an ER and IR alpha agonist are billed for the same date or with continued overlapping therapy.

ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER



APRIL 2023

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
Monday – Friday
8:00 a.m. – 4:30 p.m.,
Central Time (CT)
excluding State holidays

NEW MEDICATIONS 2023

MEDICATION	INDICATION	AR MEDICAID COVERAGE
Leqembi™	Treat Alzheimer’s Disease	Medical coverage only (contact AFMC)
Brenzavvy™	Type 2 Diabetes	Nonpreferred in SGLT2 class
Jaypirca™	Relapsed or refractory mantle cell lymphoma (MCL)	Manual review with criteria determined by the DUR board
Orserdu™	Advanced or metastatic breast cancer	Manual review with criteria determined by the DUR board
Jesduvroq	Anemia due to CKD	Manual review with criteria determined by the DUR board
Lamzede®	Treat non-CNS manifestations of alpha-mannosidosis	Medical coverage only (contact AFMC)
Filspari™	Reduce proteinuria in adults with primary immunoglobulin A nephropathy at risk of rapid disease progression	Manual review with criteria determined by the DUR board
Skyclarys™	Friedreich’s ataxia	Manual review with criteria determined by the DUR board
Zavzpret™	Acute migraine	Nonpreferred in antimigraine agents for treatment class
Daybue™	Rett Syndrome	Manual review with criteria determined by the DUR board
Zynyz™	Advanced Merkel cell carcinoma	Medical coverage only (contact AFMC)
Rezzayo™	Candidemia and invasive candidiasis	Medical coverage only (contact AFMC)

MAGELLAN PHARMACY POINT OF SALE SYSTEM WILL BE DOWN

Magellan will be performing maintenance to the pharmacy point of sale system beginning **Sunday, April 16** at 12:00 AM CT and ending at 4:00AM CT. The pharmacy point of sale claims system will be down during this timeframe.

HEPATITIS C TREATMENT INFORMATION

Educational information on treating Hepatitis C along with treatment consultations may be obtained through the Clinician Consultation Center. The Clinician Consultation Center is not affiliated with Arkansas Medicaid, but the information may be useful for providers in our state and provided only as an educational tool.

1) Link for the Clinician Consultation Center—<http://www.hepcap.org/hepatitis-c-consultation-warmline/>

2) Hepatitis C Warmline for phone consultation—(844) HEP-INFO or (844) 437-4636

The clinical consultation staff may give advice on any of the following topics—HCV staging & monitoring, Regimen selection & dosing, Drug interactions, HIV/HCV management strategies, HCV transmission & prevention, HCV screening & diagnostic testing, and HCV in special populations

ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER

MagellanRx
MANAGEMENTSM



APRIL 2023

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
Monday – Friday
8:00 a.m. – 4:30 p.m.,
Central Time (CT)
excluding State holidays

OVERVIEW OF AMYOTROPHIC LATERAL SCLEROSIS:

Amyotrophic lateral sclerosis (ALS) is a relentlessly progressive, presently incurable neurodegenerative disorder that causes muscle weakness, disability, and eventually death. ALS is one of multiple degenerative motor neuron diseases that are clinically defined based on the involvement of upper and/or lower motor neurons. ALS is the most common form of acquired motor neuron disease, classified as sporadic (90-95%) or familial (5-10%).

Clinical manifestations of ALS include the presence of upper motor neuron and lower motor neuron signs, progression of disease, and the absence of an alternative explanation.

Risk Factors:

- Age, highest prevalence aged 60-79
- Family History (5-10%)

Lower motor neuron signs:

- Asymmetric limb weakness
- Fasciculations
- Muscular atrophy
- Decreased muscle tone and reduced reflexes

Upper motor neuron signs:

- Increased tone and increased extremity deep-tendon reflexes
- Reflexes in muscles that are weak and wasted
- Pathologic reflexes such as crossed adductors, jaw jerk, Hoffman sign or Babinski sign
- Syndrome of pseudobulbar affect

Early symptoms include muscle weakness or stiffness and gradually all voluntary muscles are affected. Patients lose their strength and the ability to speak, eat, move, and breathe. Most people with ALS die from respiratory failure usually within 3-5 years.

There is no single diagnostic test that can confirm or entirely exclude the diagnosis of motor neuron disease. The diagnosis of ALS is considered in patients with gradually progressive weakness occurring without associated pain or sensory impairment.

The diagnosis of ALS is made in patients who meet diagnostic criteria assessed by history and physical examination, supported by electrodiagnostic studies, and not excluded by neuroimaging and laboratory studies.

Current medications for treating ALS

- Riluzole (Rilutek®, Tilgutik®, and Exservan®)
- Enderavone (Radicava® IV and Radicava ORS®)
- Sodium phenylbutyrate/taurusodiol (Relyvrio®)

ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER

MagellanRx
MANAGEMENTSM



APRIL 2023

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
Monday – Friday
8:00 a.m. – 4:30 p.m.,
Central Time (CT)
excluding State holidays

MEDICATION	INDICATION	DOSING
RILUTEK (riluzole)	Treatment of patients with amyotrophic lateral sclerosis (ALS); may extend survival and/or time to tracheostomy	50 mg tablet twice daily
TIGLUTIK (riluzole)	Treatment of patients with amyotrophic lateral sclerosis (ALS); may extend survival and/or time to tracheostomy	50 mg (10 mL) twice daily
EXSERVAN (riluzole)	Treatment of patients with amyotrophic lateral sclerosis (ALS); may extend survival and/or time to tracheostomy	50 mg (1 film) twice daily
RADICAVA ORS (edaravone)	Treatment of amyotrophic lateral sclerosis (ALS)	Oral: Initial cycle: 105 mg (5 mL) once daily for 14 days, followed by a 14-day drug-free period. Subsequent cycles: 105 mg (5 mL) once daily for 10 days within a 14-day period, followed by a 14-day drug-free period.
RELYVRIO (sodium phenylbutyrate and taurursodiol)	Treatment of adults with amyotrophic lateral sclerosis.	One packet once daily for 3 weeks, then increase dose to 1 packet twice daily, if tolerated

Recommendations from Institute for Clinical and Economic Review (ICER): RELYVRIO

- Should **not** limit approval criteria based on clinical trials inclusion requirements
 - Symptoms onset less than 18 months
 - Slow vital capacity >60%
- Should not exclude those with tracheostomy
- Should limit to neurologists
- No clinical rationale to justify requiring step therapy through riluzole and/or edaravone
- Given rapid progressive nature of ALS, combining ALS meds that target different MOAs is the best way to slow loss off motor neurons.

RADICAVA ORS

- Should limit to populations from Study 19
- Reasonable to exclude for poor renal function (CrCl ≤ 50 mL/minute)
- Should allow for flexibility in dosing about that in package insert
- Should limit to neurologist
- No clinical rationale to justify requiring step therapy through riluzole and/or sodium phenylbutyrate and taurursodiol
- Given rapid progressive nature of ALS, combining ALS meds that target different MOAs is the best way to slow loss off motor neurons.

ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER



APRIL 2023

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
 Monday – Friday
 8:00 a.m. – 4:30 p.m.,
 Central Time (CT)
 excluding State holidays

NCPDP REJECT CODES

Medicaid has many billing requirements, and often there may be confusion on the reason for the claim rejections. Below are some of the more common Medicaid rejections with corresponding codes and possible supplemental messages. Different pharmacy software systems may display more or less of these supplemental messages. If there is a question at the time the claim is submitted, please reach out to the Magellan Help Desk for further explanation at 800-424-7895.

Common NCPDP Reject Codes	
Rejection	Supplemental message
NCPDP 70 - Product/Service Not Covered	
NCPDP 75 - Prior Authorization Required	Age requirement not met. Required product/s not in history. Required diagnosis not in history. Required diagnosis or procedure not in history. Inadmissible diagnosis in history. Inadmissible product/s in history. Prior Authorization Required. Exceeded quantity limit. Inadmissible product currently identified in recipient <u>hx</u> . Non-preferred product. Prescriber call Help Desk 800-424-7895. Clinical criteria not met. MD call Help Desk 800-424-7895. "No <u>Hx</u> or estimated <u>days</u> supply is not 25% or less" Inadmissible procedure in history. Required procedure not in history Prior Authorization Required. Patient not LTC. Max # of products in patient's history. "PA Required. Fax letter of medical necessity to 800-424-5851". No history or Max <u>days</u> supply in history exceeded. "PA Required. <u>MD</u> please call 1-800-424-7895. Max # of fills exceeded. Maximum days of therapy exceeded.
NCPDP 76 - Plan Limitations Exceeded	Quantity dispensed exceeds maximum allowed. Requested quantity exceeds allowed amount.
NCPDP 88 - DUR Reject Error	

ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER



APRIL 2023

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
Monday – Friday
8:00 a.m. – 4:30 p.m.,
Central Time (CT)
excluding State holidays

PROFESSIONAL SERVICE CODES

Pharmacy Professional Service Codes		
Response Field		Reason Codes
Reason for Service Codes	ER	Early Refill
	DD	Drug-To-Drug Interaction
	HD	High Dose
	TD	Therapeutic Duplication
Professional Service Codes	MO	Prescriber consulted
	PO	Patient Consulted
	RO	Pharmacist Consulted Other Source
Result of Service Code	1A	Filled As Is, False Positive
	1B	Filled Prescription As IS
	1C	Filled, With Different Dose
	1D	Filled, With Different Directions
	1E	Filled, With Different Drug
	1F	Filled, With Different Quantity
	1G	Filled, With Prescriber Approval
	2A	Prescription Not Filled
	2B	Not Filled, Directions Clarified



MMIS Outreach Specialists Information Sheet

1020 W. 4th St., Suite 400 • Little Rock, AR 72201 • Toll free: 1-877-650-2362 • afmc.org/mmis

MMIS OUTREACH SPECIALISTS

HOURS OF OPERATION:
Monday–Friday • 8 A.M.–5 P.M.

MMIS Manager

Becky Andrews 501-212-8738
bandrews@afmc.org

MMIS Supervisor

Andrea Allen
Pulaski County 501-906-7566 Ex. 1
pulaskibilling@afmc.org

Outreach Specialists

Christy Owens
NW—Northwest 501-906-7566 Ex. 2-2
northwestbilling@afmc.org

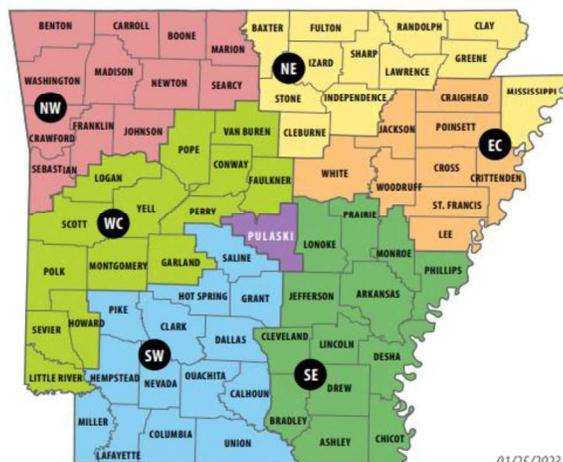
Rose Bruton
NE—Northeast 501-906-7566 Ex. 2-1
northeastbilling@afmc.org

Mary Riley
EC—East Central 501-906-7566 Ex. 4-1
eastcentralbilling@afmc.org

Kristie Williams
SE—Southeast 501-906-7566 Ex. 3-1
southeastbilling@afmc.org

Angie Riggan
SW—Southwest 501-906-7566 Ex. 3-2
southwestbilling@afmc.org

Renee Smith
WC—West Central 501-906-7566 Ex. 5-1
westcentralbilling@afmc.org



01/25/2023

ARKANSAS DEPARTMENT OF HUMAN SERVICES, DMS

ARKIDS FIRST/MEDICAID

<https://humanservices.arkansas.gov/>
ARKids First Enrollment
Information 888-474-8275

CONNECTICARE
Toll free 800-275-1131

MEDICAID FRAUD CONTROL
UNIT (PROVIDERS)
Central Arkansas 501-682-8349

ARKANSAS MEDICAID MANAGED CARE VICE
INFORMATION SERVICES
Toll free 800-805-1512

PHARMACY
Magellan Medicaid Administration
Help Desk 800-424-7895

TPL INFORMATION
Local 501-537-1070
Fax 501-682-1644

DHS Division of Medical Services,
TPL Unit • P.O. Box 1437, Slot S296
Little Rock, AR 72203-1437

GAINWELL TECHNOLOGIES (Claims Processing)

Gainwell Provider Assistance Center

In-state toll free 800-457-4454
Local and out-of-state 501-376-2211

Gainwell Provider Services Manager

Cynthia Bogard 469-830-6768

CLAIMS
P.O. Box 8034
Little Rock, AR 72203

SPECIAL CLAIMS
ATTN: Research Analysts
P.O. Box 8036
Little Rock, AR 72203

CROSSOVER CLAIMS
P.O. Box 34440
Little Rock, AR 72203

PROVIDER ENROLLMENT
P.O. Box 8105
Little Rock, AR 72203
Fax: 501-374-0746

ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER

MagellanRx
MANAGEMENTSM



APRIL 2023

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
Monday – Friday
8:00 a.m. – 4:30 p.m.,
Central Time (CT)
excluding State holidays

USEFUL LINKS/PHONE NUMBERS

DHS webpage

(contains official notices and other information for providers and clients)

- <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/>

Arkansas Foundation for Medical Care (AFMC)

If you are having billing issues for vaccines and other medical professional claims, contact AFMC or your outreach specialist.

- <https://www.afmc.org/>
- <https://medicaid.afmc.org/services/arkansas-medicaid-management-information-system>

AFMC PHONE: 501-212-8741

AFMC FAX: 501-212-8663

DME billing assistance

Kara Orvin phone: 501-630-6064

Kara.L.Orvin@dhs.arkansas.gov

Third Party Liability (TPL) phone: 501-537-1070

Provider Assistance Center (PAC)

For questions about individual or pharmacy enrollment, please contact the provider assistance center.

PROVIDER ASSISTANCE CENTER (PAC) IN ARKANSAS: 800-457-4454

PROVIDER ASSISTANCE CENTER (PAC) FROM OUT OF STATE: 501-376-2211

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/>

DUR BOARD MEETING DATES

- July 19, 2023
- October 18, 2023