ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER

APRIL 2025

DRUG UTILIZATION REVIEW (DUR) BOARD UPDATE

The following will be presented during the **April 16, 2025** DUR Board meeting.

Preferred Drug List Full Review	Insulins, targeted immunomodulators, and long-acting opioids
Preferred Drug List Abbreviated Review	Short-acting opioids, topical steroids, NSAIDs, anti-hyperuricemic agents, topical antifungals, antibiotic-steroid combination ophthalmic agents, glaucoma agents, allergic conjunctivitis ophthalmic agents, anti-inflammatory ophthalmic agents, and hemorrhoid preps
Manual Review PA Criteria	Zoryve® cream (atopic dermatitis), Vtama® cream (atopic dermatitis), Attruby™, Crenessity™, Zepbound® (OSA), Sofdra™, Alhemo®, Tryngolza™, Onapgo™, Gomekli™, Inzirqo™, Xromi®

https://ar.primetherapeutics.com/documents/d/arkansas/dur-board-agenda-for-april-16-2025

ARKANSAS MEDICAID DUR BOARD OPEN POSITION

The Arkansas Medicaid Drug Utilization Review Board (DUR Board) is established under The authority of 42 U.S.C. §1396r–8(g)(3) and 42 CFR §456.716. The Board is responsible for establishing Prospective Drug Utilization Review (ProDUR) edits, Retrospective Drug Utilization Review (RDUR) criteria, and provider educational interventions. The Board is also responsible for making recommendations to the State concerning the preferred drug list (PDL).

The Board's mission is to improve the quality of care of Arkansas Medicaid beneficiaries receiving prescription drug benefits and conserve program funds while ensuring therapeutically and medically appropriate pharmacy care.

The Board meets quarterly on the 3rd Wednesday of January, April, July, and October from 8:30am-12:30pm. The Board is composed of actively practicing physicians and pharmacists. Currently, the Board has 1 open pharmacist position. If you are interested in serving our Medicaid population, email a CV to Cindi Pearson, PharmD (DUR Coordinator) at cinnamon.pearson@dhs.arkansas.gov.

For more information, contact Dr. Pearson or view the bylaws found at the link below. https://ar.primetherapeutics.com/documents/d/arkansas/dur-board-bylaws-final-july_2024

NEW WEBSITE URL

Beginning 12/1/2024, the Arkansas Medicaid pharmacy website can be found at the following URL. https://ar.primetherapeutics.com/home

The website address with Magellan Rx will no longer be valid. Please update this new website address to your favorites.

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

Prime Therapeutics 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

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

VACCINE RATE REVIEW

The Arkansas Department of Human Services (DHS) is conducting a review of Medicaid reimbursement rates for vaccines. Providers recently received an email with the following link to a survey: https://forms.office.com/g/9975Uewd3c.

The purpose is to obtain input and information regarding Medicaid vaccine and vaccine administration rates and billing, as well as other information on your payor mix and cost. DHS is soliciting this information to determine the adequacy of rates for vaccines and administration of them to ensure the rates are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general public in the geographic area as required by Section 1902(a)(30)(A) of the Social Security Act.

DHS made the decision to break vaccines off from other rate review cycles because they are used by multiple providers in a variety of settings and are very seasonal in nature. As such, they do not neatly fit into any one provider group for rate analysis. We felt independent treatment was the best way to get an accurate picture of how vaccines are being provided in Arkansas.

Thank you in advance for taking a few minutes out of your very busy day to help us gather this information, and as always, please reach out to us with any questions, at ratereviews@dhs.arkansas.gov. If you would like to provide input on Medicaid rates for Vaccine, please click on the above link to complete the provider survey by **Monday April 14th**.

ACH REBATE ANNOUNCEMENT FOR MANUFACTURERS

This notice is to inform you of two upcoming changes to all the Arkansas Medicaid Drug Rebate plans.

1) **Effective immediately, Arkansas Medicaid will now accept Electronic Payments (ACH) with the following bank information:**
   Bank: Bank of America
   Account Number: 487004245617
   Routing Number ACH/EFT: 082000073
   Routing Number DOM.WIRES: 026009593

   All backup documentation must be sent via email to ArkansasRebate@primetherapeutics.com.

2) **As of 5/14/2025**, the remittance address will change for mailed/courier check payments. The new mailing address will be:
   For U.S. Postal Service (USPS) delivery:
   Medicaid Drug Rebates
   P.O. Box 7411554
   Chicago, IL 60674-1554

   For local and national overnight courier delivery:
   Bank of America Lockbox Services
   Medicaid Drug Rebates 7411554
   540 W. Madison St, 4th Floor
   Chicago, IL 60661

Arkansas Medicaid encourages you to set up the new ACH option. If not using the new ACH option, manufacturers will have to ensure that the correct physical address is updated and utilized to accommodate the upcoming change for Bank of America from St. Louis to Chicago. If there are any issues with not having the correct physical address for a paper check, delayed payments could be documented.

RARE DISEASE SUMMARY

A rare disease is defined as a medical condition that affects a small percentage of the population. In the United States, it is any disease that affects fewer than 200,000 Americans. Globally, the definition varies by country, but in the United Kingdom, rare diseases are those that affect fewer than 1 in 2,000 people.

About 80% of rare diseases have a genetic component and only about 400 have therapies, according to Rare Genomics Institute. Chronic genetic diseases are commonly classified as rare. Among numerous possibilities, rare diseases may result from bacterial or viral infections, allergies, chromosome disorders, degenerative and proliferative causes, affecting any organ. Rare diseases may be chronic or incurable, although many short-term medication conditions are also rare diseases.

Other interesting facts about rare diseases:

- Currently, over 7,000 rare diseases have been identified.
- 25-30 million Americans are living with a rare disease, and an estimated 350 million people worldwide have a rare disease.
- Many rare diseases may result in the premature death of infants or can be fatal in early childhood.
- All pediatric cancers are rare, and there are more than 500 types of rare cancers.
- More than 90% of rare diseases are still without an FDA-approved treatment.

References:

- https://en.wikipedia.org/wiki/Rare_disease
- https://rarediseases.org/understanding-rare-disease/

Rare diseases being discussed in the April 2025 DUR Board meeting:

1) Congenital Adrenal Hyperplasia

Congenital adrenal hyperplasia (CAH) is a group of rare autosomal recessive disorders characterized by the absence or deficiency in enzymes that affect the synthesis of cortisol. The most common cause of CAH, responsible for approximately 95% of cases, is 21-hydroxylase deficiency (21-OHD) resulting from mutations in the CYP21A2 gene.

CAH due to 21-OHD can be classified into 2 subcategories: classic CAH, which can be sub-divided into the salt-losing form or the simple-virilizing form, and non-classic CAH. Classic CAH is the more serious form of the disease. It can cause adrenal complications such as shock and coma. If not found and treated early, it can be fatal.

Classic CAH causes high levels of androgens which may lead to symptoms related to sex hormones such as ambiguous genitalia, premature signs of puberty, rapid growth, benign testicular tumors, and infertility. Other hormonal imbalances such as low aldosterone and low cortisol may also present with dehydration, hypotension, low blood glucose, weight loss, and shock.

References:

- https://rarediseases.org/rare-diseases/congenital-adrenal-hyperplasia/

2) Hemophilia A and Hemophilia B with inhibitors

Hemophilia A

- Hemophilia A is a blood clotting disorder inherited in an X-linked recessive pattern causing bruising, joint bleeds, GI bleeding and more due to an inherited mutation of the gene for factor VIII and resulting in a deficiency of factor VIII.
- Factor VIII deficiency can cause interference of the coagulation cascade, thereby causing spontaneous hemorrhage when there is a trauma. Factor VIII is a cofactor for factor IXa which forms a complex that converts factor X to the activated form Xa.

- Patients with mild disease only typically bleed after surgery or severe trauma. Patients with moderate disease will bleed after injuries. Patients with severe disease can have spontaneous bleeds.
- Approximately, 1/3 to 1/5 of people with severe hemophilia A will develop inhibitors. Inhibitors occur much less frequently in patients with mild-to-moderate disease because the body does not recognize the infused factor as a foreign protein.
- Treatment options in hemophilia A with inhibitors includes immune tolerance induction, high dose factor, bypassing agents, emicizumab (Hemlibra®), and concizumab-mtci (Alhemo®).

Hemophilia B (aka Christmas disease)

- Hemophilia B is a blood clotting disorder inherited in an X-linked recessive pattern which causes easy bruising and bleeding due to an inherited mutation of the gene for factor IX, and resulting in a deficiency of factor IX. It is less common than factor VIII deficiency.
- Factor IX deficiency can cause interference of the coagulation cascade, thereby causing spontaneous hemorrhage when there is trauma. Factor IX when activated activates factor X which helps fibrinogen to fibrin conversion.
- Clinical presentations of the disease vary in severity, with males affected by the severe form displaying spontaneous and severe bleeding at birth. In contrast, individuals with milder cases usually experience bleeding primarily after trauma or surgery, and symptoms may not become apparent until later in life.
- Inhibitory antibodies develop in response to exogenous factors and affect approximately 3% to 5% of patients with severe hemophilia B. Inhibitors occur much less frequently in patients with mild-to-moderate disease because the body does not recognize the infused factor as a foreign protein.
- Treatment options in Hemophilia B with inhibitors includes plasmapheresis, bypassing products, high-dose factor, concizumab-mtci (Alhemo®), and etranacogene dezaparvovec-drlb (Hemgenix®).

References:

- https://www.uptodate.com/contents/inhibitors-in-hemophilia-mechanisms-prevalence-diagnosis-and-eradication?search=hemophilia%20B%20with%20inhibitors&source=search_result&selectedTitle=1%7E71&usage_type=default&display_rank=1
- https://www.uptodate.com/contents/inhibitors-in-hemophilia-mechanisms-prevalence-diagnosis-and-eradication?search=hemophilia%20A%20with%20inhibitors&source=search_result&selectedTitle=1%7E84&usage_type=default&display_rank=1
- https://en.wikipedia.org/wiki/Haemophilia_B
- https://en.wikipedia.org/wiki/Haemophilia_A

3) Familial Chylomicronemia Syndrome

Familial chylomicronemia syndrome (FCS) is an inherited genetic disorder that affects how your body breaks down fat. Skin changes, nausea, fever, and recurrent bouts of pancreatitis are common symptoms of this condition.

FCS is a rare genetic condition. The National Pancreas Foundation reports it's estimated that it only occurs in 1 out of every 1 to 2 million people, but it can affect anyone of any gender or ethnicity.

Patients with FCS do not properly make lipoprotein lipase which is needed to break down triglycerides into free fatty acids. This causes high triglyceride levels and other health complications.

FCS patients typically have high fasting triglyceride levels above 750 mg/dL. Too many triglycerides in the bloodstream can reduce blood flow and cause inflammation. Triglycerides can also deposit in tissues like the skin, leading to visible rash-like changes.

References:
- https://www.healthline.com/health/familial-chylomicronemia-syndrome#:~:text=Familial%20chylomicronemia%20syndrome%20%28FCS%29%20is%20an%20inherited%20genetic,syndrome%20%28FCS%29%20is%20passed%20down%20from%20both%20parents
- https://www.orpha.net/en/disease/detail/444490

4) Neurofibromatosis Type 1 with Plexiform Neurofibromas

Neurofibromatosis type 1 is a condition characterized by changes in skin coloring (pigmentation) and the growth of tumors along nerves in the skin, brain, and other parts of the body. The signs and symptoms of this condition vary widely among affected people.

Beginning in early childhood, almost all people with neurofibromatosis type 1 have multiple café-au-lait spots, which are flat patches on the skin that are darker than the surrounding area.

Most adults with neurofibromatosis type 1 develop neurofibromas, which are noncancerous (benign) tumors that are usually located on or just under the skin. These tumors may also occur in nerves near the spinal cord or along nerves elsewhere in the body. Some people with neurofibromatosis type 1 develop cancerous tumors that grow along nerves. These tumors, which usually develop in adolescence or adulthood, are called malignant peripheral nerve sheath tumors.

Plexiform neurofibromas represent an uncommon variant (30%) of neurofibromatosis type 1 (NF1) in which neurofibromas arise from multiple nerves as bulging and deforming masses involving connective tissue and skin folds. NF1 related PN can cause substantial morbidity, including pain, disfigurement, neurological deficit, difficulties with swallowing and breathing, hemorrhage, and risk of malignant transformation. Complete removal of PNs is generally impossible due to encroachment of the tumor on surrounding structures.

References:
- https://ghr.nlm.nih.gov/condition/neurofibromatosis-type-1#inheritance
- https://www.uptodate.com/contents/neurofibromatosis-type-1-nf1-pathogenesis-clinical-features-and-diagnosis?search=neurofibromatosis%20type%201&source=search_result&selectedTitle=1%7E138&usage_type=default&display_rank=1

NEW FDA APPROVED MEDICATIONS IN 2025 WITH SUMMARY OF MEDICAID COVERAGE

NEW FDA APPROVED MEDS 2025	INDICATION	AR MEDICAID COVERAGE
DATROWAY	HR+ HER2- breast cancer	Excluded in pharmacy; medical review only
GRAFAPEX	Acute myeloid leukemia or myelodysplastic syndrome	Excluded in pharmacy; medical review only
JOURNAVX	Moderate to severe acute pain	Preferred as pharmacy benefit on PDL with quantity limits
AVTOZMA*	Biosimilar to Actemra	Nonpreferred in the targeted immunomodulator class
SYMBRAVO	Acute treatment of migraines	Nonpreferred in the acute migraine class
ONAPGO	Parkinson's Disease	Manual review with criteria determined by the DUR Board
EMBLAVEO*	Complicated intra-abdominal infection	To be determined
GOMEKLI	Neurofibromatosis type 1 with plexiform neurofibromas	Manual review with criteria determined by the DUR Board

ROMVIMZA	Tenosynovial giant cell tumor	Manual review using the oncology criteria
OSPOMYV*	Biosimilar for Prolia®	Nonpreferred in the osteoporosis class with Prolia® criteria
XBRYK*	Biosimilar to Xgeva®	Manual review with Xgeva® criteria
MERILOG*	Biosimilar to Novolog®	Nonpreferred in the insulin class
CTEXLI	Cerebrotendinous xanthomatosis	Manual review with criteria determined by the DUR Board
STOBOCLO*	Biosimilar to Prolia®	Nonpreferred in the osteoporosis class with Prolia® criteria
OSENVELT*	Biosimilar to Xgeva®	Manual review with Xgeva® criteria
OMLYCLO*	Biosimilar to Xolair®	Nonpreferred in the immunomodulators for asthma class
ARBLI*	Hypertension and diabetic nephropathy	Nonpreferred in the HTN class
BLUJEPA*	Uncomplicated urinary tract infections	To be determined
VYKAT XR	Hyperphagia in Prader-Willi Syndrome	Manual review with criteria determined by the DUR Board
CONEXXENCE*	Biosimilar to Prolia®	Nonpreferred in the osteoporosis class with Prolia® criteria
BOMYNTRA*	Biosimilar to Xgeva®	Manual review with Xgeva® criteria
QFITLIA	Hemophilia A or B with or without inhibitors	Manual review with criteria determined by the DUR Board
VANRAFIA*	Immunoglobulin (IgA) nephropathy	Manual review with criteria determined by the DUR Board

***Not available on the market at the time of this newsletter release.**

https://www.drugs.com/newdrugs-archive/2025.html

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: 479-649-8501
AFMC FAX: 479-649-0799

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://ar.primetherapeutics.com/provider-documents
- https://www.cdc.gov/drugoverdose/
- https://www.samhsa.gov/medication-assisted-treatment
- The Dangers Of Mixing Benzodiazepines With Opiates - Opioid Treatment
- https://www.rehabs.com/blog/the-polypharmacy-overdose-a-killer-trend/
- https://narcansas.com/
- https://afmc-analytics.maps.arcgis.com/apps/MapSeries/index.html?appid=2977d338de974451af5ce8ff24d2a30c
- https://www.cdc.gov/overdose-prevention/

DUR BOARD MEETING DATES
April 16, 2025
July 16, 2025
October 15, 2025
January 21, 2026
April 15, 2026
July 15, 2026
October 21, 2026