ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER

JANUARY 2024

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 **January 17, 2024** DUR/DRC Board meeting.

Preferred Drug List Review	Ophthalmic antibiotics, otic antibiotics, erythropoiesis stimulating agents, urea cycle disorder agents
PDL Class with Criteria (has proposed criteria changes)	Urea cycle disorder agents
PDL Class with Criteria (no proposed criteria changes)	Erythropoiesis stimulating agents
Manual Review PA Criteria	Imcivree®, Vyjuvek™, Gout flare diagnosis for TIMs, Sohonos™, Furoscix®, Ojjaara, Xdemvy™, Opfolda™, and Likmez™

https://ar.magellanrx.com/documents/d/arkansas/dur-drc-board-agenda-for-jan-17-2024

HEPATITIS C CRITERIA UPDATE

Arkansas Medicaid has updated the prior authorization criteria for Hepatitis C reviews. The requirement for a certain fibrosis score, which dictates the amount of fibrosis in the liver, has been removed from the criteria. Fibrosis scores will no longer determine treatment eligibility. Each prior authorization request received will continue to be reviewed on a case-by-case basis. The updated prior authorization form can be found at the link below.
https://ar.magellanrx.com/documents/268611/269351/Hepatitis%20C%20Virus%20Medication%20Therapy%20Request%20Form/b0b28e2d-f05a-ea1d-16a4-6c0502aa4a8d

ARKANSAS MEDICAID DUR/DRC BOARD OPEN POSITION

The Arkansas Medicaid Drug Utilization Review Board/Drug Review Committee (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 physician position that specializes in rare diseases.

If you are interested in serving our Medicaid population, email a CV to Cindi Pearson, PharmD (DUR/DRC Coordinator) at cinnamon.pearson@dhs.arkansas.gov.

Updated bylaws dated October 2022
DUR/DRC Board bylaws October 2022

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NEW POINT-OF-SALE CHANGES

Antidepressant dose edits (effective 1/19/2024)

Second-generation antidepressants have had POS minimum and maximum dose edits for quite some time. Since the last update to the dosing table, new drugs and updated dosing per the package inserts needed to be addressed. See the following table for new dosing requirements.

GEN_NAME	Minimum Dose	Maximum Dose
Aplenzin ER®	N/A	522mg
Bupropion (Wellbutrin®, Fortfivo®)	N/A	450mg
Citalopram (Celexa®)	20mg	40mg
Desvenlafaxine (Pristiq ER®)	50mg	400mg
Duloxetine (Cymbalta®)	40mg	120mg
Escitalopram (Lexapro®)	10mg	20mg
Fluoxetine (Prozac®)	20mg	60mg
Fluvoxamine (Luvox CR®)	100mg	300mg
Levomilnacipran (Fetzima®)	40mg	120mg
Milnacipran (Savella®)	100mg	200mg
Mirtazapine (Remeron®)	N/A	45mg
Nefazodone (Serzone®)	200mg	600mg
Olanzapine/Fluoxetine (Symbyax®) Based on number of capsules	25mg	75mg
Paroxetine (Paxil®, Pexeva®)	20mg	60mg
Paroxetine ER (Paxil CR®)	20mg	62.5mg
Sertraline (Zoloft®)	50mg	200mg
Venlafaxine (Effexor®)	75mg	375mg
Vilazodone (Viibryd®)	20mg	40mg
Vortioxetine (Trintellix®)	10mg	20mg
Zuranolone (Zurzuvae®)	30mg	50mg

DIABETIC SUPPLIES UPDATE

To better assess the concerns and options proposed in public comments, DHS is postponing the effective date for Rule 243 (Arkansas Act 393) for continuous glucose monitors (CGMs) and diabetic supplies. AFMC will continue to review durable medical equipment (DME) requests for continuous glucose monitors and diabetic supplies and provide necessary authorizations. Further communication will be provided when information is available.

PREFERRED DIABETIC SUPPLIES AND LIMITATIONS

Arkansas Act 393 of 2023 requires continuous glucose monitors (CGMs) to become an allowed pharmacy benefit for Arkansas Medicaid beneficiaries. The pharmacy program also decided to allow most diabetic supplies to be billed as a pharmacy benefit. This includes CGMs, blood glucose monitors (BGMs) and supplies needed for testing, and patch, tubeless insulin pumps. The only exception is traditional insulin pumps requiring tubing and cannula type supplies. These will remain a medical benefit under DME billing rules.

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Once the rule is implemented, the following products will be preferred options available as a pharmacy benefit. Any product not listed below will be considered non-preferred and requires documentation of the medical necessity over preferred options.

BLOOD GLUCOSE METERS (BGMs) AND LIMITATIONS		
Manufacturer	**Product Name**	**Limitation**
LIFESCAN	ONETOUCH ULTRA2 GLUCOSE SYSTEM	1 meter per 365 days
LIFESCAN	ONETOUCH VERIO FLEX SYSTEM KIT	
LIFESCAN	ONETOUCH VERIO REFLECT SYSTEM	
ABBOTT DIABETES CARE	FREESTYLE FREEDOM LITE METER	
ABBOTT DIABETES CARE	FREESTYLE INSULINX GLUCOSE SYSTEM	
ABBOTT DIABETES CARE	FREESTYLE LITE METER	
ABBOTT DIABETES CARE	PRESCISION XTRA MONITOR	
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO	

BLOOD GLUCOSE AND KETONE TESTING SUPPLIES AND LIMITATIONS		
Manufacturer	**Product Name**	**Limitation without CGM**
LIFESCAN	ONE TOUCH VERIO TEST STRIPS	200 per 31 days
LIFESCAN	ONE TOUCH ULTRA TEST STRIPS	
ABBOTT DIABETES CARE	FREESTYLE LITE TEST STRIPS	
ABBOTT DIABETES CARE	FREESTYLE INSULINX TEST STRIPS	
ABBOTT DIABETES CARE	PRECISION XTRA TEST STRIPS	
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO TEST STRIPS	
ABBOTT DIABETES CARE	FREESTYLE TEST STRIPS	
ANY MANUFACTURER	INSULIN SYRINGES (with WAC pricing)	N/A
	INSULIN PEN NEEDLES (with WAC pricing)	
ANY MANUFACTURER	LANCETS	200 per 31 days
	LANCING DEVICE	1 per 186 days
	CALIBRATION SOLUTION	1 bottle per 31 days
	URINE REAGENT STRIPS/TABS	200 per 31 days

CONTINUOUS GLUCOSE MONITOR (CGM) PRODUCTS AND LIMITATIONS		
Manufacturer	**Product Name**	**Limitation**
DEXCOM	DEXCOM G6 RECEIVER	1 per 365 days
DEXCOM	DEXCOM G6 SENSOR	3 per 30 days
DEXCOM	DEXCOM G6 TRANSMITTER	1 every 90 days
DEXCOM	DEXCOM G7 RECEIVER	1 per 365 days
DEXCOM	DEXCOM G7 SENSOR	3 per 30 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 2 SENSOR	2 per 28 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 2 READER	1 per 365 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 3 SENSOR	2 per 28 days

INSULIN PUMP PRODUCTS AND LIMITATIONS		
Manufacturer	**Product Name**	**Limitation**
INSULET	OMNIPOD-5	15 pods (3 boxes) per 30 days
INSULET	OMNIPOD-5 G6 KIT	1 per 365 days
INSULET	OMNIPOD DASH	15 pods (3 boxes) per 30 days
INSULET	OMNIPOD DASH KIT	1 per 365 days
INSULET	OMNIPOD GO ALL STRENGTHS	15 pods (3 boxes) per 30 days
VALERITAS	V-GO ALL STRENGTHS	30 (1 box) per 30 days

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IMPORTANCE OF MAINTAINING CURRENT CONTACT INFORMATION WITH DHS

For general business purposes, it is important that DHS can contact providers. Please note, it is the provider's responsibility to update their contact information with DHS. This may be done via the provider portal. Contact information includes mailing, billing, service location, and email addresses. Failure to update provider information may result in delay of business processes.

A provider remains subject to audit and recoupment when appropriate, even when their contact information is not up to date. Please remember to review provider demographic information via the portal periodically, and make changes as needed.
https://portal.mmis.arkansas.gov/armedicaid/impprovider/Home/tabid/135/Default.aspx

TIPS ON PROVIDER APPLICATION OR RE-ENROLLMENT

Our enrollment specialists have listed some tips to help your application or re-enrollment progress more smoothly.

- Apply online. Use the assigned tracking number to check your application's status. You can also renew and revalidate your enrollment online using Resume Enrollment.
- You must submit credentials annually. A good rule of thumb is to Resume Enrollment on the Health Care Provider Portal when you mail your license/certification renewal fees to your state. Please make certain you attach the current license. Always check the expiration date before attaching.
- When submitting credentials for re-enrollment, always add your provider number. This will help us process your renewal more quickly if there are several providers under the same tax ID number.
- When enrolling for Electronic Fund Transfer (EFT) Authorization for Automatic Deposit, you must attach a voided check or a signed letter from the bank. Deposit slips are not accepted to set up EFTs.
- If you have been inactive with Arkansas Medicaid for 6 months, you must submit a new application.
- W-9 forms and contracts for individual providers must be submitted in their name, with their Social Security number, and their original signature. If the W-9 or contract is for a group or facility, it must include the tax ID number and an original signature.

REMOVAL OF AMP CAP AND IMPACT ON ARKANSAS MEDICAID

Over the years, federal legislation has impacted Medicaid programs concerning rebate amounts paid by manufacturers to Medicaid. The Affordable Care Act of 2010 had previously limited mandatory rebates for Medicaid to 100% of the Average Manufacturer Price (AMP) which is called the AMP Cap. As the result of a provision in the American Rescue Plan (ARP) Act of 2021, beginning January 1, 2024, Medicaid rebates from drug manufacturers will no longer be capped at 100% of the quarterly average manufacturer price (AMP).

With approximately 15 – 20% of brand drugs currently capped at AMP, the removal of the AMP cap will increase the total rebate for those drugs to more than 100% of AMP unless the manufacturer makes a status change.

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Manufacturers have multiple options about how they will proceed concerning these drugs that have rebate exceeding AMP (This list is not all-inclusive).

1. Withdraw their company or specific product from the Medicaid Drug Rebate Program
2. Discontinue manufacturing drugs whose rebate is >100% of AMP
3. Divest these drugs to other manufacturers
4. Lower the drug's AMP to minimize/eliminate rebate liability
5. Continue with current pricing and pay rebates above AMP

These changes may have a significant impact on the Arkansas Medicaid Preferred Drug List (PDL). Many preferred options are impacted by the AMP Cap. Therefore, potential PDL changes may be needed. Examples of common medications impacted:

Change noted by manufacturer	Example drugs
Discontinue manufacturing of drug	Ciprodex®, Flovent Diskus®, Flovent HFA®, Levemir®, Renagel®, Imitrex® nasal spray
Divest drugs to other company	Cipro HC® otic, Focalin XR®, Vigamox®, Xiidra®
Lower the drug's AMP	Advair Diskus®, Advair HFA®, Lantus®, Humalog®, Novolog®

Arkansas Medicaid is closely monitoring the program's PDL as quick changes may be needed to switch from branded drugs to generic drugs as preferred options. Updates to the PDL will be communicated by provider memo once changes are identified.

UREA CYCLE DISORDERS GENERAL INFORMATION

Urea cycle disorders (UCD) can be inherited or acquired. UCDs in newborn are errors of metabolism resulting from defects in one of the enzymes or transporter molecules involved in the hepatic removal of ammonia from the bloodstream. Symptoms develop within 24-48 hours following birth. Testing is included in newborn screening.

Diagnosis for those later in life rely on recognition of the elevated ammonia level, amino acid and/or tissue enzyme analysis, and genetic testing.

Removal of ammonia from the bloodstream normally occurs via its conversion to urea, which is then excreted by the kidneys. Consequently, urea cycle disorders lead to an accumulation of ammonia. The urea cycle is the metabolic pathway that transforms nitrogen to urea for excretion from the body. Deficiency of an enzyme in the pathway causes a urea cycle disorder (UCD).

The UCDs are:

- Carbamylphosphate synthetase I (CPSI) deficiency
- Ornithine transcarbamylase (OTC) deficiency
- Argininosuccinate synthetase (ASS) deficiency
- Argininosuccinate lyase (ASL) deficiency

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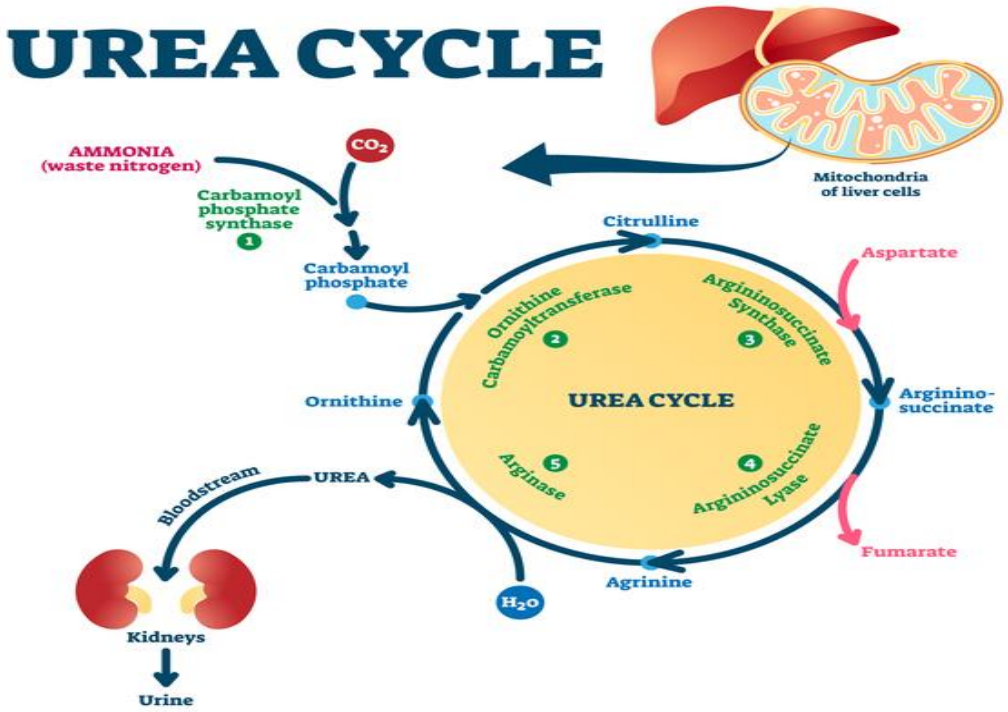
- N-acetyl glutamate synthetase (NAGS) deficiency
- Arginase deficiency
- Citrin deficiency
- Ornithine translocase deficiency (or HHH syndrome)

Most UCDs lead to accumulation of ammonia in the blood resulting in hyperammonemia which can be life-threatening. Survivors of the metabolic decompensation frequently have severe neurologic injury that correlates with the cumulative duration of hyperammonemia.

Initial signs of UCD may include somnolence, inability to maintain normal body temperature, and poor feeding, usually followed by vomiting, lethargy, and coma. Other symptoms include early central hyperventilation, later hypoventilation, abnormal posturing, and seizures. Neurologic abnormalities and impaired cognitive function are significantly correlated with the duration of hyperammonemia and encephalopathy. Thus, normalization of blood ammonia levels is the management priority.



The initial approach to treatment of urea cycle disorders consist of the following:

- Rehydrate and maintain good urine output without overhydration
- Remove nitrogen (ammonia) from the body using medications and/or hemodialysis
- Stop protein intake and minimize catabolism
- Stimulate anabolism and uptake of nitrogen precursors by muscle

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Pharmacologic options to lower ammonia

- IV sodium phenylacetate and sodium benzoate (Ammonul®)—medical benefit only
- IV Arginine
- Oral Citrulline
- Oral carglumic acid (Carbaglu®) for a few UCDs
- Oral sodium phenylbutyrate (Buphenyl®, Olpruva™, Pheburane®)
- Oral glycerol phenylbutyrate (Ravicti®)

PHARMACY PROCESSING INFORMATION

FFS-Magellan:
BIN: 017606
PCN: P027017606
Group: ARMEDICAID
https://arkansas.magellanrx.com/client/docs/rxinfo/ARRx_DO_Payer_Sheet.pdf

PASSEs (MCOs):
Arkansas Total Care / ESI (Express Scripts) effective 1/1/2024:
BIN: 003858
PCN: MA
Group: 2DUA
https://www.arkansastotalcare.com/

Empower / CVS Caremark:
BIN: 004336
PCN: ADV
Group: RX2798
https://www.getempowerhealth.com/

Summit / CVS Caremark as Ingenio:
BIN: 020107
PCN: NS
Group: WPKA
https://www.summitcommunitycare.com/arkansas-passe/home.html

CareSource / Express Scripts:
BIN: 003858
PCN: MA
Group: RXINN01
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NEW MEDICATIONS 2023	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)
Joenja®	Activated phosphoinositide 3-kinase delta syndrome	Manual review with criteria determined by the DUR board
Qalsody™	Amyotrophic Lateral Sclerosis	Medical coverage only (contact AFMC)
Elfabrio®	Fabry Disease	Medical coverage only (contact AFMC)
Veozah™	Menopause hot flashes	Manual review with criteria determined by the DUR board
Miebo™	Dry eye disease	Nonpreferred in anti-inflammatory ophthalmic class
Epkinly™	Large B-cell lymphoma and high-grade B-cell lymphoma	Medical coverage only (contact AFMC)
Xacduro®	Hospital-acquired and ventilator-associated bacterial pneumonia	Medical coverage only (contact AFMC)
Inpefa™	Heart failure	Nonpreferred in SGLT-2 inhibitors class
Columvi™	Diffuse large B-cell lymphoma	Medical coverage only (contact AFMC)
Litfulo™	Severe alopecia areata	Nonpreferred in TIMs class
Rystiggo®	Generalized myasthenia gravis	Medical coverage only (contact AFMC)

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Ngenla™	Growth failure due to growth hormone deficiency	Nonpreferred in growth hormone class
Beyfortus™	Monoclonal antibody for RSV prophylaxis	Vaccines for Children product and must be billed through the VFC program
Vanflyta®	Acute Myeloid Leukemia	Manual review with criteria determined by the DUR Board
Xdemvy™	Demodex blepharitis	Manual review with criteria determined by the DUR Board
Zurzuvae™	Postpartum depression	Nonpreferred in antidepressant class
Izervay™	Macular degeneration geographic atrophy	Medical coverage only (contact AFMC)
Talvey™	Multiple Myeloma	Medical coverage only (contact AFMC)
Elrexfio™	Multiple Myeloma	Medical coverage only (contact AFMC)
Sohonos™	Fibrodysplasia ossificans progressiva	Manual review with criteria determined by the DUR Board
Veopoz™	CHAPLE disease	Medical coverage only (contact AFMC)
Ojjaara	Myelofibrosis with anemia	Manual review with criteria determined by the DUR Board
Olpruva™	Urea cycle disorders	Manual review with criteria determined by the DUR Board
Akeega™	Castration-resistant prostate cancer	Manual review with criteria determined by the DUR Board
Vyjuvek™	Dystrophic epidermolysis bullosa	Manual review with criteria determined by the DUR Board and medical coverage
Velsipity	Ulcerative colitis	Nonpreferred in the targeted immunomodulator class
Zilbrysq®	Myasthenia gravis	Manual review with criteria determined by the DUR Board
Bimzelx®	Plaque psoriasis	Nonpreferred in the targeted immunomodulator class
Omvoh™	Ulcerative colitis	Prefilled pen-Nonpreferred in the targeted immunomodulator class Vial-Medical coverage only (contact AFMC)
Wainua™	Polyneuropathy of hereditary transthyretin-medicated amyloidosis	Manual review with criteria determined by the DUR Board
Loqtorzi™	Nasopharyngeal carcinoma	Medical coverage only (contact AFMC)
Fruzaqla™	Metastatic colorectal cancer	Manual review with criteria determined by the DUR Board
Augtyro™	NSCLC	Manual review with criteria determined by the DUR Board
Truqap™	Breast cancer	Manual review with criteria determined by the DUR Board
Ogsiveo™	Desmoid tumors	Manual review with criteria determined by the DUR Board

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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
- https://www.cdc.gov/drugoverdose/
- https://www.samhsa.gov/medication-assisted-treatment
- https://www.cdc.gov/drugoverdose/pdf/pubs/2019-cdc-drug-surveillance-report.pdf
- The Dangers Of Mixing Benzodiazepines With Opiates - Opioid Treatment
- https://www.rehabs.com/blog/the-polypharmacy-overdose-a-killer-trend/
- https://www.cdc.gov/drugoverdose/featured-topics/abuse-prevention-awareness.html

DUR BOARD MEETING DATES

- January 17, 2024
- April 17, 2024
- July 17, 2024