

ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER



DRUG UTILIZATION REVIEW (DUR) BOARD UPDATE

The following will be presented during the **October 21, 2026**, DUR Board meeting.

Preferred Drug List Full Review	None
Preferred Drug List Full Review with PA Criteria	Pulmonary Arterial Hypertension agents, Erythropoiesis Stimulating Agents, Narcolepsy Agents, Hepatitis C Agents, Targeted Immunomodulator Agents, Calcium Channel Blockers, LAMA Bronchodilators, LABA/LAMA Bronchodilators, and ICS/LABA/LAMA Bronchodilators
Manual Review PA Criteria	Dermatomyositis, Lynavoy (linexibat), Tryngolza (olezarsen), Lipfendra (enlicitide), Trutakna (atacept-vymj), Leqembi IQLIK (lecanemab), Mounjaro (tirzepatide), and Isotretinoin
Policy	Fiscal Integrity Surveillance (FIS) Policy

<https://ar.primetherapeutics.com/documents/d/arkansas/dur-board-agenda-for-october-21-2026>

TREND WITH NEW MANUFACTURERS/PRODUCTS

Certain manufacturers ("labelers") create high-cost, medically unnecessary products that are designed to bypass common reimbursement controls and generate excessive payments despite offering little or no additional clinical value compared with existing low-cost alternatives. Because the labeler controls these list prices, reimbursement can be substantially higher than clinically equivalent alternatives.

Common Characteristics of Medically Unnecessary Products

1. Unusual Strengths - Examples include concentrations that differ slightly from commonly available products to create a unique product classification.
2. Unusual Ingredient Combinations - Combining existing ingredients into new products with minimal clinical advantage.
3. Kits - Packaging existing products into kits that alter dosing-unit calculations and reimbursement methodologies.

Pharmacies are encouraged to be aware of these products and to make purchasing decisions based on clinical appropriateness. Before purchasing or prescribing a common product that is now available in unusual strengths or now available in a kit, contact the patient's insurer to verify the status of that new product. Many times, insurers will place prior authorization criteria and/or formulary limitations to minimize the extra reimbursement for these products, and the original common product may not even need prior authorization.

OCTOBER 2026

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

**Prime Therapeutics
Pharmacy Support Center
(Pharmacy, Member, and
Prior Authorization)**

Help Desk Phone

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

Division of Medical Services Pharmacy Unit

PO 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. – 5:00 p.m.,
Central Time (CT)
excluding State holidays

DUR Board Meeting Dates

October 21, 2026
January 20, 2027

PAD Subcommittee Dates

December 9, 2026

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Overview of NCPDP F6 Changes

On December 13th, 2024, the Department of Health and Human Services (HHS) published final rule (CMS-0056-F), Administrative Simplification: Modifications of Health Insurance Portability and Accountability Act of 1996 (HIPAA) National Council for Prescription Drug Programs (NCPDP) Retail Pharmacy Standards; and Modification of the Medicaid Pharmacy Subrogation Standard. This rule mandates that the industry transition from Version D.0 to Version F6 by April 14, 2028.

The transition to version F6 has some key benefits including:

- **Support for High-Cost Therapies:** Expands financial fields to handle drug costs and claims exceeding \$999,999.99 (which older D.0 fields capped), accommodating modern million-dollar gene and specialty therapies.
- **Improvement of Coordination of Benefits (COB):** Enhances logic and data structures for patients with multiple benefit plans, including Medicare-Medicaid dual eligibility indicators and clearer third-party payer responses.
- **Expansion of Clinical and Safety Data:** Introduces hundreds of new and modified data fields to communicate clinical context, end-stage renal disease/hospice statuses, and stricter prescriber validation data sources.
- **Upgrades to Identifiers:** Expands the 6-digit BIN to an 8-digit Issuer Identification Number (IIN) to accommodate growing issuer demands.
- **Optimization of Real-Time Communication:** Streamlines real-time workflows for prior authorizations, eligibility verifications, formulary alternative sharing, and real-time cost estimates between pharmacies, prescribers, and payers.

This change impacts the transactions and data integrations noted below:

Transaction Code/Version	Transaction/File Layout
B1/B2/B3	Claim Billing/Reversal/Rebill
E1	Eligibility Verification
P1/P2/P3/P4	Prior Authorization
Version 15	Batch Claims
Version 53	Post Adjudication

Timeline for Changes

The industry transition period begins August 14, 2027. All transactions subject to the updated standard must use F6 by the regulatory compliance date of April 14, 2028. Arkansas Medicaid and Prime will work with pharmacies to perform F6 testing and plan to transition to the use of F6 during the NCPDP transition window of August 14, 2027- April 14, 2028. Pharmacies have until April 14, 2028 to submit all claims in F6. Claims submitted in both versions will be accepted during the transition period.

What Providers Can Expect in Preparation for This Change

- Proposed F6 transition date and testing timeline to be shared in Q1 2027
- Arkansas Medicaid and Prime will coordinate with pharmacies for testing and certification
- An updated Payer Specification will be provided 60 days ahead of the transition to version F6
- Prime will coordinate with Arkansas Medicaid to provide any additional training or materials regarding F6 changes to providers

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FLUCONAZOLE PRESCRIBING

Arkansas Medicaid claim data indicates that some prescribing of fluconazole for vaginal candidiasis has not been following the FDA approved label. Claims indicate that many prescribers are ordering fluconazole 150 mg for 3-7 days routinely. As a reminder, fluconazole 150 mg for vaginal candidiasis should be prescribed for 1 dose only.

Dose summary of common indications for adults

- Vaginal candidiasis—150 mg as one dose
- Esophageal candidiasis—200 mg on day 1, then 100 mg once daily for a minimum of 3 weeks (at least 2 weeks after cessation of symptoms)
- Oropharyngeal candidiasis—200 mg on day 1, then 100 mg once daily for at least 2 weeks
- Systemic candida infections—doses up to 400 mg daily
- Urinary tract infections and peritonitis—50 mg to 200 mg daily
- Cryptococcal meningitis—400 mg on day 1, then 200 mg once daily for 10-12 weeks after CSF culture is negative
- Cryptococcal meningitis suppression in HIV patients—200 mg daily
- Bone marrow transplant prophylaxis—400 mg daily

Pediatric dosing

- Oropharyngeal and esophageal candidiasis—6 mg/kg on day 1, then 3 mg/kg once daily.
- Systemic Candida infections in patients ≥ 3 months—a loading dose of 25 mg/kg (max 800 mg) then 12 mg/kg once daily (max 400 mg); doses up to 12 mg/kg/day may be used.
- Cryptococcal meningitis—12 mg/kg on day 1, then 6 mg/kg once daily; relapse suppression in AIDS, 6 mg/kg once daily.

Renal impairment dosing

- Vaginal candidiasis—no adjustment
- Other indications use initial loading dose 50-400 mg then adjust maintenance based on creatinine clearance.
 - CrCl > 50 mL/min: 100% of recommended dose
 - CrCl ≤ 50 mL/min (no dialysis): 50% of recommended dose
 - Hemodialysis: 100% of the recommended dose after each session; on non-dialysis days, reduce per CrCl.

RESOURCES:

- <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=737e0fac-a2d2-4053-a0d7-edbf6248f69>

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

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causes, affecting any organ. Rare diseases may be chronic or incurable, although many short-term medical 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.

Rare diseases being discussed in the October 2026 DUR Board meeting:

1. Primary Biliary Cholangitis

Primary biliary cholangitis (PBC) is an autoimmune disease characterized by a T-lymphocyte-mediated attack on small intralobular bile ducts causing inflammation which slowly destroys the bile ducts. The sustained loss of intralobular bile ducts causes the signs and symptoms of cholestasis and eventually may result in cirrhosis and liver failure. With the advent of treatment with ursodeoxycholic acid, the majority of patients now have normal life expectancies and only a minority of patients develops cirrhosis.

Patients with suspected PBC are typically female and have an elevated alkaline phosphatase (≥ 1.5 times upper limit of normal) in the absence of biliary obstruction. To diagnose, the patient should have hepatobiliary imaging (e.g., right upper quadrant ultrasound), and the patient should be antimitochondrial antibody positive with titer $\geq 1:40$. A liver biopsy may be needed if clinical features are not compatible with PBC. A biopsy should demonstrate histologic evidence (i.e., nonsuppurative destructive cholangitis and destruction of interlobular bile ducts) to confirm the diagnosis.

Manifestations of PBC

- Fatigue
- Pruritus
- Portal Hypertension
- Xanthomas
- Fat-soluble Vitamin Malabsorption
- Urinary Tract Infection

Complications of PBC

- Cirrhosis
- Varices
- Splenomegaly
- Liver Cancer
- Osteoporosis
- Hepatic Encephalopathy

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Treatment

There is currently no cure for PBC. Treatment options include:

- Pharmacologic
 - Ursodeoxycholic acid—bile salt to help clear bile from the liver and reduce liver damage
 - Peroxisome proliferator-activated receptor (PPAR)
 - Iqirvo (elafibranor)
 - Livdelzi (seladelpar)
 - Ileal bile acid transporter (IBAT)
 - Lynavoy (linerixibat)
 - Antihistamines and bile acid sequestrants—for itching relief
 - Modafinil—for fatigue
 - Vitamin supplements
- Ultraviolet light therapy—for itching relief
- Liver transplantation—PBC may return after a liver transplant, but it tends to progress much more slowly.

RESOURCES:

- https://en.wikipedia.org/wiki/Rare_disease
- <https://rarediseases.org/understanding-rare-disease/>
- [DailyMed - LYNAVOY- linerixibat tablet, film coated](#)
- [DailyMed - IQIRVO- elafibranor tablet, film coated](#)
- [DailyMed - LIVDELZI- seladelpar lysine capsule](#)

NEW FDA APPROVED MEDICATIONS IN Q4 2025-2026 WITH SUMMARY OF MEDICAID COVERAGE

FDA APPROVED MEDS Q4 2025-2026	INDICATION	AR MEDICAID COVERAGE
LASIX ONYU	EDEMA IN CHF	MANUAL REVIEW WITH CRITERIA DETERMINED BY THE BOARD
EYDENZELT*	BIOSIMILAR TO EYLEA	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
JASCAYD	PULMONARY FIBROSIS	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
CONTEPO	COMPLICATED UTI	MANUAL REVIEW WITH CRITERIA DETERMINED BY THE BOARD
JAVADIN	HYPERTENSION	MANUAL REVIEW WITH NECESSITY OVER SOLID ORAL CLONIDINE
LYNKUET	VASOMOTOR SYMPTOMS	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
KOMZIFTI	AML	MANUAL REVIEW USING THE ONCOLOGY CRITERIA
REDEMPLO	FAMILIAL CHYLOMICRONEMIA	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
HYRNUO	NSCLC	MANUAL REVIEW USING THE ONCOLOGY CRITERIA
OSVYRTI & BONCRESA*	BIOSIMILAR TO PROLIA	NONPREFERRED IN THE OSTEOPOROSIS CLASS PROLIA CRITERIA
JUBEREQ &	BIOSIMILAR TO XGEVA	MANUAL REVIEW WITH XGEVA CRITERIA

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OZILTUS*		
ITVISMA	SMA	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
VOYXACT	IGA NEPHROPATHY	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
ARMLUPEG	BIOSIMILAR TO NEULASTA	NONPREFERRED IN COLONY STIMULATING FACTOR CLASS
WASKYRA	WISKOTT-ALDRICH	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
CARDAMYST	TACHYCARDIA	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
LEROCHOL*	HYPERCHOLESTEROLEMIA	NONPREFERRED WITH CRITERIA IN PCSK9 INHIBITOR CLASS
EXDENSUR	SEVERE ASTHMA	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
RYBREVA FASPRO	NSCLC	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
MYQORZO	CARDIOMYOPATHY	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
NUFYMCO	BIOSIMILAR TO LUCENTIS	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
AQVESME	ANEMIA W/ THALASSEMIA	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
NEREUS	MOTION SICKNESS	NONPREFERRED IN ANTIEMETIC AGENT CLASS
ZYCUBO	MENKES DISEASE	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
FILKRI	BIOSIMILAR TO NEUPOGEN	NONPREFERRED IN COLONY STIM FACTOR CLASS
YUVEZZI*	PRESBYOPIA	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
ADQUEY	ATOPIC DERMATITIS	NONPREFERRED IN THE TOPICAL ATOPIC DERMATITIS CLASS
BYSANTI	SCHIZOPHRENIA/BIPOLAR	NONPREFERRED IN THE ANTIPSYCHOTIC CLASS
LOARGYS	ARGINASE 1 DEFICIENCY	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
DESMODA	DIABETES INSIPIDUS	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
YUWIWEL	ACHONDROPLASIA	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
ICOTYDE	PLAQUE PSORIASIS	NONPREFERRED IN THE TARGETED IMMUNOMODULATORS CLASS
LYNAVOY	CHOLESTATIC PRURITUS	TENTATIVE CRITERIA SIMILAR TO OCALIVA
AVLAYAH	MUCOPOLYSACCHARIDOSIS	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
LIFYORLI	OVARIAN CANCER	MANUAL REVIEW USING THE ONCOLOGY CRITERIA
KRESLADI*	LEUKOCYTE ADHESION DEF	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
AWIQLI	TYPE 2 DIABETES	NONPREFERRED IN INSULIN CLASS
PONLIMSI*	BIOSIMILAR TO PROLIA	TO BE DETERMINED
FOUNDAYO	WEIGHT LOSS	WEIGHT LOSS IS NOT COVERED BY ARKANSAS MEDICAID
IDVYNZO	HIV-1	NONPREFERRED IN HIV CLASS
VEPPANU	BREAST CANCER	MANUAL REVIEW USING THE ONCOLOGY CRITERIA
BEQALZI	MANTLE CELL LYMPHOMA	MANUAL REVIEW USING THE ONCOLOGY CRITERIA
BAXFENDY	HYPERTENSION	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD

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HEPCLUDEX	HEPATITIS DELTA VIRUS	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
DECNUPAZ	DENDRITIC CELL NEOPLASM	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
ZAYNICH*	COMPLICATED UTI	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
XOCOVA	COVID POST-EXPOSURE	NONPREFERRED ANTIVIRAL AGENTS CLASS
UTEBZI*	COMPLICATED UTI	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
LUMVOA	THYROID EYE DISEASE	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
TRUTAKNA	IGA NEPHROPATHY	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
REVTORPYK*	BREAST CANCER	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
LIPFENDRA	HYPERCHOLESTEROL	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
JIDEYTRO	NSCLC	MANUAL REVIEW USING THE ONCOLOGY CRITERIA
LYTENAVA*	MACULAR DEGENERATION	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
SIMTRIYO*	ADHD	NONPREFERRED IN ADHD CLASS
ORZEYFUL*	NARCOLEPSY TYPE 1	NONPREFERRED IN NARCOLEPSY CLASS
ZENBEXUS	MULTIPLE MYELOMA	MANUAL REVIEW USING THE ONCOLOGY CRITERIA
PASATRU	FOP	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
RASONQUE	PANCREATIC CANCER	MANUAL REVIEW USING THE ONCOLOGY CRITERIA
LISRAYA	DERMATOMYOSITIS	NONPREFERRED IN THE TARGETED IMMUNOMODULATORS CLASS
MIMRYLO	POLYCYTHEMIA VERA	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
ZANVASTRO	ALEXANDER DISEASE	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
ETCAMAH	BREAST CANCER	MANUAL REVIEW USING THE ONCOLOGY CRITERIA
ISEMBYLD	SPINAL MUSCULAR ATROPHY	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
ONSWIK*	TYPE 2 DIABETES	NONPREFERRED IN INSULIN CLASS
LYRFIGTU*	CHOLANGIOCARCINOMA	MANUAL REVIEW USING THE ONCOLOGY CRITERIA
JUVMO	PARKINSON'S DISEASE	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
ATEBRIOZ*	FOP	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD

***Not available on the market at the time of this newsletter release or not yet rebate eligible.**

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

<https://www.fda.gov/drugs/novel-drug-approvals-fda/novel-drug-approvals-2026>

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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>