ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER

APRIL 2026

DRUG UTILIZATION REVIEW (DUR) BOARD UPDATE

The following will be presented during the **April 15, 2026,** DUR Board meeting.

Preferred Drug List Full Review	H2 receptor blockers
Preferred Drug List Full Review with PA Criteria	Thyroid products, octreotide and related agents, diuretic agents, and osteoporosis, bone resorption, and suppression agents
Preferred Drug List Abbreviated Review	Antidepressants, pituitary suppressive agents, CII stimulants, and lipotropics excluding statins
Disease State Review	Allergic fungal rhinosinusitis
Manual Review PA Criteria	Cardamyst™ (etripamil), Redemplo® (plozasiran), Voyxact® (sibeprenlimab), Aqvesme™ (mitapivat), MyQorzo™ (aficamten), Forzinity™ (elamipretide), Zycubo® (copper histidinate), Pivya™ (pivmecillinam), Loargys® (pegzilarginase-nbln)

https://ar.primetherapeutics.com/documents/d/arkansas/dur-board-agenda-for-april-15-2026

COMMON PHARMACY POINT-OF-SALE MESSAGES:

Denied pharmacy claims do not always require prior authorization (PA). Sometimes a call to our Prime Help Desk can provide information that will negate the need for a PA.

- **Contact Help Desk for Assistance. Review and submit appropriate DUR codes**—This message appears when a DAW code other than 0, 1, or 9 is submitted with the prescription claim. The Prime Help Desk can advise on the appropriate DAW code, if needed.
- **PDL Criteria Not Met**—The Prime Help Desk can advise on preferred payable options. Also, the complete and current Preferred Drug List (PDL) is located on the Prime Therapeutics website: Arkansas Medicaid Preferred Drug List
- **7 Maximum Days Exceeded**—This message applies to opioids. If the patient has no opioid claim billed to AR Medicaid in the previous 60 days, the system considers that patient opioid naïve. The prescriber would need to submit a prior authorization request with chart notes documenting if the patient is opioid experienced **OR** the pharmacy can bill for a 7 days' supply if opioid naïve.
- **Brand Name Preferred**—The pharmacy may call the Prime Help Desk for an override due a known drug shortage confirmed on the FDA or ASHP website, or to receive instructions on how to submit a screenshot of the wholesaler inventory.
- **Prior Authorization Required**— Pharmacies may contact the Prime Help Desk at 1-800-424-7895 for assistance with prior authorization (PA) requirements or to identify preferred drug list options before submitting a PA request to the prescriber.

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
April 15, 2026
July 15, 2026
October 21, 2026

PAD SUBCOMMITTEE DATES
June 10,2026
September 9,2026

GLP-1 THERAPEUTIC DUPLICATION AND POINT-OF-SALE (POS) EDITS

A recent utilization review identified an increase in GLP-1 receptor agonist use, including instances of therapeutic duplication. These included concurrent dispensing of multiple GLP-1 agents and overlapping fills of different strengths of the same GLP-1 medication within a short time frame. In response, the following guidance is provided to support appropriate therapy and safe medication use.

Key Considerations When Overriding POS Edits for GLP-1 Therapeutic Duplication

Review recent GLP-1 fills

- Determine when the patient last filled a GLP-1 medication.
- Assess whether the new prescription represents a dose adjustment of the same agent or a transition to a different GLP-1 therapy.

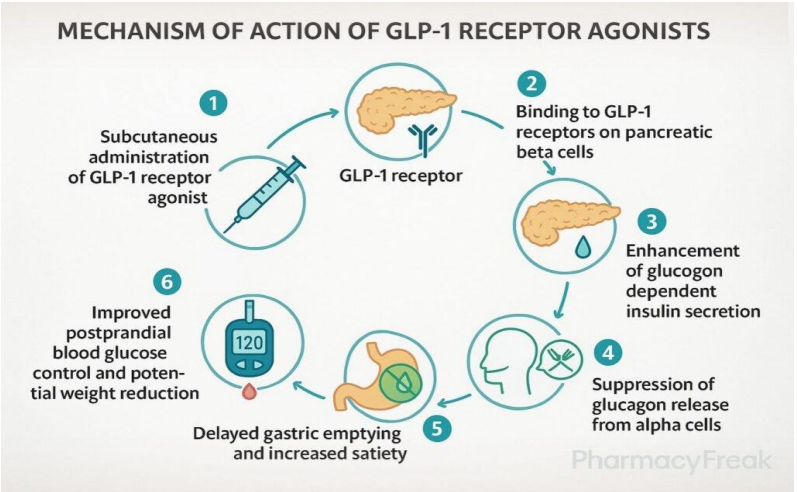
Same medication, new dose

- Confirm the timing of the last administered dose and whether the reason for the dose change was documented and discussed with the patient.
- For most GLP-1 agents, dose titration should not occur more frequently than every four weeks to optimize tolerability.
- If the dose was reduced, this may indicate that titration occurred too rapidly. Counsel the patient to administer the lower dose at the next scheduled time and to retain any unopened higher-dose pens for potential future use.

Switch to a new GLP-1 medication

- **Identify the clinical reason for the change.**
  - If the change is due to an adverse effect, discontinue the initial agent and initiate the new therapy after symptoms have resolved.
  - If the change is intended to improve glycemic control, discontinue the initial agent and begin the new medication at the time the next dose would have been administered.
- **Concurrent use of two GLP-1 agents is not appropriate**
  There should be no circumstances in which a patient is treated with more than one GLP-1 receptor agonist at the same time.

Utilization of GLP-1 receptor agonists will continue to be monitored to promote patient safety and appropriate medication use. Please exercise clinical judgment when entering POS overrides for GLP-1 agents and follow up with the prescriber if there are questions regarding potential therapeutic duplication. **Prescription claims may be subject to audit to verify medical necessity, appropriateness of therapy, and compliance with Medicaid program requirements.**



PHYSICIAN-ADMINISTERED DRUG PRIOR AUTHORIZATION PROCESS:

Beginning January 1, 2026, Arkansas Medicaid implemented a new prior authorization (PA) process for Physician-Administered Drugs (PAD). This change is part of a broader effort to align with evidence-based clinical guidelines and streamline specialty drug management

What's Changing?

- Beginning January 1, providers who request PAD PAs for medical claims must submit the PAs to Prime Therapeutics, the existing Pharmacy vendor.
- Providers must submit PAD PA requests by initiating an electronic request through CoverMyMeds at https://www.covermymeds.health/. Requests can also be faxed to 800-424-7976.
- Providers faxing PAD PA requests should use the PAD PA form. https://ar.primetherapeutics.com/documents/d/arkansas/arrx_general_pad_form-1
- AFMC will no longer process PA requests.

Additional Information:

- Effective 1/1/2026, any modifications to existing PAs requires a new PA number to be assigned with any changes. Billers will need to ensure they are getting the updated PA numbers.
- Contact information for billing issues only does not change.
- The process for billing submissions does not change.

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.

Resources:

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

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

1) ARGINASE-1 DEFICIENCY (ARG1-D)

ARG!-D is a type of urea cycle disorder that is a rare, inherited autosomal recessive genetic disorder characterized by complete or partial lack of the enzyme arginase in the liver and red blood cells. Arginase helps convert ammonia to urea. Presentation and treatment for arginase deficiency are different than other UCDs. Defects in arginase can result in both argininemia and hyperammonemia.

Newborns may be asymptomatic, but symptoms begin with the addition of dietary protein. Later signs include developmental delay, seizures, and lower extremity spasticity.

Treatment includes IV fluid administration, dietary protein restriction, oral nitrogen-scavenging drugs, and sodium benzoate or sodium phenylbutyrate.

References:

- https://rarediseases.org/rare-diseases/arginase-deficiency/ Accessed 04/06/2026
- https://www.ncbi.nlm.nih.gov/sites/books/NBK1159/ Accessed 04/06/2026
- https://www.ncbi.nlm.nih.gov/books/NBK482363/ Accessed 04/06/2026

2) MENKES DISEASE

Menkes disease or syndrome is an X-linked recessive disorder caused by mutations in genes coding for the copper-transport protein ATP7A which leads to copper deficiency. Patients with Menkes disease have impaired absorption of copper from their diet, impaired transport of copper across the blood-brain barrier, and dysregulation of many copper-dependent enzymes.

Copper deficiency causes progressive neurologic deterioration and death during early childhood. Untreated patients do not typically live past three years of age. Some patients have anemia and neutropenia which can be misinterpreted as myelodysplastic syndrome which is treated with iron, and treatment with iron can make copper deficiency worse.

Diagnosis requires low blood levels of copper, skin biopsy, examination of hair that is signature for Menkes disease, x-rays looking for bone abnormalities, urine homovanillic acid/vanillylmandelic acid ratio as screening tool for early detection, and genetic testing of the mother looking for mutation in the ATP7A gene.

References:

- https://rarediseases.info.nih.gov/diseases/1521/menkes-disease Accessed 04/06/2026
- https://www.ninds.nih.gov/health-information/disorders/menkes-disease Accessed 04/06/2026
- https://www.uptodate.com/contents/overview-of-dietary-trace-elements?sectionName=Menkes%20disease&search=menkes&topicRef=16517&anchor=H16&source=see_link#H16 Accessed 04/06/2026

3) BARTH SYNDROME

Barth syndrome is a rare, metabolic and neuromuscular disorder. It is a potentially fatal X-linked encephalomyopathy due to an inborn error of lipid metabolism that most often presents during infancy. It is characterized by dilated cardiomyopathy, skeletal myopathy, growth retardation, and cyclic neutropenia. The syndrome is diagnosed almost exclusively in males. Affected patients usually die early in childhood.

Per the Barth Syndrome Foundation Data, currently there are no Arkansans with this diagnosis.

References:

- https://rarediseases.info.nih.gov/diseases/5890/barth-syndrome Accessed 04/06/2026
- https://www.ncbi.nlm.nih.gov/books/NBK247162/ Accessed 04/06/2026
- https://www.uptodate.com/contents/mitochondrial-myopathies-treatment?search=barth%20syndrome&source=search_result&selectedTitle=1~12&usage_type=default&display_rank=1#H1 Accessed 04/06/2026

4) FAMILIAL CHYLOMICRONEMIA SYNDROME (FCS)

FCS is an extremely rare autosomal recessive condition characterized by triglyceride levels > 800 mg/dL (many times with levels in excess of 2,000 mg/dL). FCS is usually caused by lipoprotein lipase (LPL) deficiency with mutations in both alleles of the LPL gene or in both alleles of other genes encoding proteins supporting its activity.

Genetic testing is required to confirm the diagnosis as symptoms are consistent with other types of lipid abnormalities (e.g., hepatosplenomegaly, pancreatitis, and xanthomas). The presentation usually begins in childhood or adolescence with abdominal pain as a fatty meal will precipitate abdominal pain and/or pancreatitis.

The goal of therapy is to reduce plasma triglycerides to levels less than 1,000 mg/dL to prevent organ damage. Patients must be on a diet with fat restrictions to no more than 10-15 grams of fat per day.

References:

- https://www.uptodate.com/contents/hypertriglyceridemia-in-adults-management?search=familial%20chylomicronemia&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H1209077950 Accessed 04/06/2026
- 2026 ACC/AHA/AACVPR/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Dyslipidemia: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines | Circulation Accessed 04/06/2026

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

NEW 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
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 WITH PROLIA CRITERIA
JUBEREQ* & OZILTUS*	BIOSIMILAR TO XGEVA	MANUAL REVIEW WITH XGEVA CRITERIA
ITVISMA	SMA	EXCLUDED IN PHARMACY; MEDICAL REVIEW ONLY
VOYXACT	IGA NEPHROPATHY	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
ARMLUPEG*	BIOSIMILAR TO NEULASTA	TO BE DETERMINED
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
RYBREVANT 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	TO BE DETERMINED
ZYCUBO	MENKES DISEASE	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
FILKRI*	BIOSIMILAR TO NEUPOGEN	TO BE DETERMINED
YUVEZZI*	PRESBYOPIA	MANUAL REVIEW WITH CRITERIA DETERMINED BY DUR BOARD
ADQUEY*	ATOPIC DERMATITIS	NONPREERRED 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
YUVIWEL	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

***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

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/