



### **APRIL 2024**

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

Prime/Magellan Rx 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

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

The following will be presented during the April 17, 2024 DUR/DRC Board meeting.				
Preferred Drug List Review	Medication Assisted Treatment for OUD injections			
PDL Class with Criteria	Triptans, oral inhaled corticosteroids (ICS) and inhaled			
(has proposed criteria changes)	corticosteroids/long-acting beta agonist (ICS/LABA)			
Proposed Point-of-Sale Changes	Eohilia™			
Policy change	Oncology policy			
Manual Review PA Criteria	Accrufer®, Adthyza Thyroid®, Xolair®, Agamree®,			
	Fabhalta®, Wainua™, Zilbrysq®, Zoryve®, Rivfloza™,			
	Zurzuvae <sup>™</sup> , Filsuvez®, Voquezna®, Voquezna® pak			

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

#### ARKANSAS MEDICAID DUR/DRC BOARD OPEN POSITION

The Arkansas Medicaid Drug Utilization Review Board/Drug Review Committee (DUR/DRC 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 3<sup>rd</sup> 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 <u>cinnamon.pearson@dhs.arkansas.gov</u>. <u>DUR/DRC Board bylaws October 2022</u>





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#### 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. Also, the sobriety requirement has been removed. Each prior authorization request received will continue to be reviewed on a case-by-case basis. All PA requests must be from a hepatologist, gastroenterologist, infectious disease specialist, or a prescriber working under the direct supervision of one of these specialties. The updated prior authorization form can be found at the link below.

https://ar.magellanrx.com/documents/268611/269351/Hepatitis%20C%20Virus%20Medicati on%20Therapy%20Request%20Form/b0b28e2d-f05a-ea1d-16a4-6c0502aa4a8d

#### PAXLOVID PAXCESS PROGRAM (written by Tara Groff, PharmD)

PAXLOVID is indicated for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults who are at high risk for progression to severe COVID-19, including hospitalization or death.

#### Limitations of Use

PAXLOVID is not approved for use as pre-exposure or post-exposure prophylaxis for prevention of COVID-19.

Effective 3/9/2024, Emergency Use Authorization-labeled (EUA-labeled) Paxlovid must be returned to the manufacturer or disposed of in accordance with all federal, state and local regulations. Pfizer has marketed new Paxlovid NDCs that are purchased through the pharmacy's wholesaler.

Paxlovid is available to patients with Medicaid, Medicare and the uninsured for FREE through the PAXCESS Program. The U.S. Government Patient Assistance Program is operated by Pfizer to help people without commercial insurance which includes Medicaid recipients to obtain PAXLOVID for free. We encourage pharmacies to consider enrolling qualified patients with Paxlovid prescriptions.

Visit <u>https://www.paxlovid.com/paxcess</u> for additional information and to enroll your patients in the PAXCESS Patient Portal (<u>https://paxcesspatientportal.com/</u>). Patients with commercial insurance may also qualify for a co-pay card to help reduce their costs.

# Explore cost saving options with PAXCESS Patient Support Program





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#### <u>ALCOHOL USE DISORDER (AUD)</u> (written by Susana Granell-Bellmunt, RPh, PhD) Epidemiology and Clinical Manifestations

Excessive alcohol consumption is a leading cause of premature mortality and morbidity in the United States.(1) More than 14 million adults ages 18 and older have alcohol use disorder (AUD), and 1 in 10 children (7.5 million) live in households with at least one parent with AUD.(2)

Alcohol can be a significant contributing factor to multiple health conditions both medical and psychiatric. These possible conditions include hypertension, cardiovascular disease, liver disease, dementia, diabetes complications, pancreatitis, increased risk for cancer, bone damage, and neurological complications. Psychiatric disorders caused or exacerbated by excessive alcohol consumption encompass depressive and anxiety disorders, posttraumatic stress disorder, eating disorders, sleep disturbances and other substance use disorders.(3)

#### Identifying Alcohol Misuse and Screening for AUD

Despite the frequent presentation in primary care, unhealthy alcohol consumption often goes unrecognized. Screening all adult primary care patients to identify individuals with unhealthy use and a brief counseling intervention has been proposed as preventive intervention in primary care.(4) Healthcare professionals in medical or mental health fields can efficiently screen for heavy drinking as part of a comprehensive assessment or health history. As an alternative, patient self-reporting (paper/electronic questionnaire or through a patient portal) may provide more accurate answers than asking directly.

Following a positive screen, a healthcare provider can follow up and determine whether the patient has symptoms of AUD. In May 2013, the American Psychiatric Association issued the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM–5). Under DSM–5, anyone meeting any 2 of the 11 criteria during the same 12-month period would receive a diagnosis of AUD. According to the DMS-5 criteria, AUD can be considered mild (2-3 symptoms present), moderate (4-5 symptoms) and severe (6 or more symptoms.)

- 1. Alcohol is often taken in larger amounts or over a longer period than was intended.
- 2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
- 3. A great deal of time is spent on activities necessary to obtain alcohol, use alcohol, or recover from its effects.
- 4. Craving, or a strong desire or urge to use alcohol.
- 5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
- 6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
- 7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
- 8. Recurrent alcohol use in situations in which it is physically hazardous.
- 9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
- 10. Tolerance, as defined by either of the following:
  - a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
  - b. A markedly diminished effect with continued use of the same amount of alcohol.
- 11. Withdrawal, as manifested by either of the following:
  - a. The characteristic withdrawal syndrome for alcohol (See the "How is alcohol withdrawal managed?" section for some DSM-5 symptoms of withdrawal).
  - b. Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.





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#### Treatments for AUD

Approaches for AUD include behavioral health treatments, FDA-approved medications, and mutual support groups, or a combination of any of these.(6) According to the 2018 practice guidelines developed by the American Psychiatric Association, therapy selection will be largely dependent on the severity of AUD. Consequently, initial treatment for patients with **mild AUD** would consist of one or more psychosocial interventions such as brief motivational counseling and mutual help groups. For patients with **moderate or severe AUD**, treatment with a combination of both medication and behavioral interventions is usually more effective than either treatment individually.(7)

#### 1) Behavioral Health Treatments

AUD-focused behavioral health treatment aims to help patients set goals, identify triggers, and develop skills to cope with situations that could prompt relapse. Specific AUD-focused behavioral health treatment includes cognitive-behavioral therapy (CBT), motivational enhancement therapy, acceptance- and mindfulness-based interventions, contingency management approaches, couples/family counseling and Twelve-step facilitation therapy.(6)

#### 2) FDA-Approved AUD Medications

To date, three medications have been approved by the FDA to help prevent relapses: naltrexone, acamprosate and disulfiram. They are prescribed by a primary care physician or other health professional and may be used alone or in combination with the behavioral initiatives. Oral and long-acting injectable alcohol use disorder agents are preferred medications on the Medicaid pharmacy PDL without prior authorization requirements. The oral and long-acting injectable medications can be billed at point-of-sale in a pharmacy setting.

**Naltrexone** is considered the first line treatment. Naltrexone is a pure opioid antagonist. Opioid antagonists have been shown to reduce alcohol consumption by animals, and naltrexone hydrochloride has been shown to reduce alcohol consumption in clinical studies.(8) Naltrexone is available as once daily 50 mg oral tablet or as a monthly intramuscular injection (Vivitrol®).

Acamprosate calcium delayed-release tablets is a reasonable alternative first-line treatment in patients who have a contraindication to naltrexone. The mechanism of action of acamprosate is through interaction with glutamate and GABA neurotransmitter systems centrally restoring its balance. Acamprosate helps alleviate the emotional discomfort associated with early abstinence from alcohol. Acamprosate is indicated for the maintenance of abstinence from alcohol use disorder who are abstinent at treatment initiation. The recommended dose of acamprosate is two 333 mg tablets taken three times daily.(9)

Per UpToDate®, other second line medications include **disulfiram**, topiramate and gabapentin. (10) Disulfiram is an aversive agent that discourages drinking by causing an accumulation of alcohol's primary metabolite, acetaldehyde and causing unpleasant effects such as sweating,





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Healthcare providers considering prescribing AUD medications, can find many resources and links to recent guidelines at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) website.(6)

#### 3) Mutual Support Group Choices

Mutual support groups provide a sense of community for those in recovery. Groups vary widely in beliefs and demographics. In addition to widely recognized 12-step programs with spiritual components such as AA, several secular groups promote abstinence as well, such as SMART Recovery, LifeRing, Women for Sobriety, Secular Organizations for Sobriety, and Secular AA.(6)

In conclusion, AUD is very common and can be life threatening if left untreated. Medicaid providers can be of great impact in improving the health status of patients by screening for AUD, creating a treatment plan and assessing if medication therapy may be appropriate.

#### **GENERAL RESOURCES**

NIAAA has developed multiple guides and resources that are available at <u>National Institute on</u> <u>Alcohol Abuse and Alcoholism (NIAAA) | National Institute on Alcohol Abuse and Alcoholism</u> (NIAAA) (nih.gov)

#### Other resources include:

\*Treatment facilities

Home - FindTreatment.gov 1-800-662-HELP

#### \*Mutual-support groups

- Alcoholic Anonymous (AA) <u>Have a problem with alcohol? There is a solution. | Alcoholics</u> <u>Anonymous (aa.org)</u> 212–870–3400
- Moderation Management <u>Moderation Management Non-Profit for Self-Managed Alcohol</u> <u>Moderation</u> 212–871–0974
- Secular AA <u>HOME | Secular AA (aasecular.org)</u>
- SMART Recovery Home SMART Recovery 440-951-5357
- Women for Sobriety <u>Home Women for Sobriety</u> 215–536–8026

#### \* Groups for family and friends

<u>Al-Anon Family Groups</u> 1–888–425–2666 for meetings





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#### \*Information resources

- National Institute on Alcohol Abuse and Alcoholism <u>National Institute on Alcohol Abuse</u> and Alcoholism (NIAAA) | National Institute on Alcohol Abuse and Alcoholism (NIAAA) (nih.gov) 301–443–3860
- National Institute on Drug Abuse <u>NIDA.NIH.GOV | National Institute on Drug Abuse (NIDA)</u> 301–443–1124
- National Institute of Mental Health <u>National Institute of Mental Health (NIMH)</u> -<u>Transforming the understanding and treatment of mental illnesses (nih.gov)</u> 1–866–615–6464

#### **Resources at AR Medicaid DHS**

When seeking help for mental health or addiction services for yourself or a loved one, the first step is to find a service provider in your area. Several state specific resources can be found at the AR Medicaid DHS website at:

- Home Arkansas Department of Human Services
- <u>Find Substance Abuse or Mental Health Treatment Arkansas Department of Human</u>
   <u>Services</u>
- DASEP\_STAFF\_DIRECTORY.REV\_1\_.29.2020.pdf (arkansas.gov)
- DAABHS-CSAT-8-Funded-Providers-Map-and-Contact-Info\_.pdf (arkansas.gov)

You may also call our Mental Health & Addiction Support Line at 1-844-763-0198 to locate providers in your area. After locating a provider in your area, you can call for immediate and confidential help 24 hours a day, seven days a week. Following the initial call, available services will vary from person to person.

If you are facing a medical emergency, please dial 911.



988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline, which is answered 24 hours a day, 365 days a year.

Bibliography

- (1) <u>Contribution of excessive alcohol consumption to deaths and years of potential life lost</u> <u>in the United States - PubMed (nih.gov)</u>
- (2) Children Living with Parents Who Have a Substance Use Disorder (samhsa.gov)
- (3) <u>Risky drinking and alcohol use disorder: Epidemiology, clinical features, adverse</u> <u>consequences, screening, and assessment - UpToDate</u>
- (4) <u>Screen and Assess: Use Quick, Effective Methods | National Institute on Alcohol Abuse</u> and Alcoholism (NIAAA) (nih.gov)





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- (5) <u>Conduct a Brief Intervention: Build Motivation and a Plan for Change | National Institute</u> <u>on Alcohol Abuse and Alcoholism (NIAAA) (nih.gov)</u>
- (6) <u>Recommend Evidence-Based Treatment: Know the Options | National Institute on</u> <u>Alcohol Abuse and Alcoholism (NIAAA) (nih.gov)</u>
- (7) <u>The American Psychiatric Association Practice Guideline for the Pharmacological</u> <u>Treatment of Patients With Alcohol Use Disorder - PubMed (nih.gov)</u>
- (8) <u>DailyMed NALTREXONE HYDROCHLORIDE tablet, film coated (nih.gov)</u>
- (9) <u>DailyMed ACAMPROSATE CALCIUM- acamprosate calcium enteric-coated tablet,</u> <u>delayed release (nih.gov)</u>
- 10) Alcohol use disorder: Pharmacologic management UpToDate
- 11) <u>Health Professionals & Communities | National Institute on Alcohol Abuse and Alcoholism (NIAAA) (nih.gov)</u>

#### PRIME/MAGELLAN RX WEBSITE IS AN EXCELLENT RESOURCE

The Arkansas Medicaid's pharmacy vendor, Prime/Magellan Rx, has a website which serves as the Arkansas Medicaid Portal with valuable information to help in your practices with the most up-to-date clinical documentation. <u>https://ar.magellanrx.com/home</u>. This site is a good resource for prescribers and pharmacists with access to drug information and patient information.

Many resources on the site do not even require the provider to be logged into the system, but requesting access as a provider will grant you access to more patient specific information. This patient specific information can help determine if a patient is compliant on therapy without contacting the pharmacy.

The home page has a useful announcement section with pertinent updates.

You can find the latest news items below. Scroll cards for more items.

#### Diabetic Supplies Update

Diabetic supplies including Continuous Glucose Monitors (CGM) will be changing to a pharmacy claim type submission by both pharmacies and DME providers in the next few months. Pharmacies will be able to be... View More

Mar 01, 2024

#### Hepatitis C 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.... View More

Nov 28, 2023





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ler н	ome	Tools 🕶	Resources 🕶				LOGIN		
DRUG LOOKUP									
			Search by	F	ind a Drug				
			Drug Name	~	IBRANCE	Search			
			Disclaimer: Information provided by the drug lookup tool does not guarantee coverage or payment from the Program. Some covered drugs may be a medical benefit only.						
Drug Name↓↑			Strength & Form $\downarrow \uparrow$	PA Required 🏻	.↑ Drug Type ↓↑	PDL Status $\downarrow\uparrow$	Quantity Limitations $\downarrow \uparrow$		
IBRANCE 100 MG C	APSUL	E	100 MG - CAPSULE	Yes	BRAND		Yes		
IBRANCE 100 MG T	ABLET		100 MG - TABLET	Yes	BRAND		Yes		

If a searched medication does not populate the table, then the medication is not covered under the pharmacy program. It may be an excluded medication or covered as a medical benefit.

Home Home	Tools   Resource	es▼					LOGIN
DRUG LOOKUP							
		Search by		Find a Drug			
		Drug Name	~	KEYTRUDA	Search		
				drug lookup tool does not gua ed drugs may be a medical ben			
Drug Name↓↑	Strength & Form 🕴	PA Req	uired ↓↑	Drug Type ↓↑	PDL Status $\downarrow\uparrow$	Quantity Limitati	ons↓↑
						Page 1	of0  < < > >
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Home Tools • Resources • LogIN							
Prescription Drug Inform	nation Additional P	rescription Drug Informat	ion e-Presc	ribing Project Overview	Pharmacy Diabetic Supplie	s	
					TOGGLE	ALL PANELS	
	Antipsychotics for Beneficiaries Less Than 18 years of Age						
	Arkansas Medicaid Reimbursement Methodology and NADAC 🗸						
Capped Upper Limits							
Cough and Cold List							
Covered Labelers 🗸							
	Emergency O	verride				~	

Evidence-Based Prescription Drug Program (PDL)





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- Updated PDL with preferred and non-preferred options for many drug classes
- PA criteria document contains approval criteria for many of the medications
- Opioid information tab has links to some helpful sites for proper opioid prescribing

The Additional Prescription Drug Information tab has documentation about our Drug Utilization Review (DUR) Board with updated meeting agendas. The Pharmacy tab contains archived memorandums which contain updates after a DUR Board meeting and upcoming changes that may impact your prescribing or dispensing functions, and the Pharmacy tab includes archived provider quarterly newsletters.

The Diabetic Supplies tab is a recent addition which helps providers to understand the updates around pharmacy type billing for diabetic supplies.

NOTE: The Prime/Magellan Rx Help Desk is always available if you need assistance.

NEW FDA APPROVED MEDICATIONS 2024	INDICATION	AR MEDICAID COVERAGE
Rivfloza™	Treat primary hyperoxaluria type 1	Manual review with criteria determined by the DUR Board
Agamree®	Treatment of Duchenne Muscular Dystrophy	Manual review with criteria determined by the DUR Board
Filsuvez®	Treat dystrophic and junctional epidermolysis bullosa	Manual review with criteria determined by the DUR Board
Duvyzat™	Treat Duchenne Muscular Dystrophy	Manual review with criteria determined by the DUR Board
Winrevair™	Treat pulmonary arterial hypertension	Nonpreferred in the PAH class
Rezdiffra™	Treat noncirrhotic nonalcoholic steatohepatitis	Manual review with criteria determined by the DUR Board
Vafseo®	Anemia due to CKD	Manual review with criteria determined by the DUR Board
Opsynvi™	Treat pulmonary arterial hypertension	Nonpreferred in the PAH class
Tyenne®	Biosimilar to Actemra®	Nonpreferred in the targeted immunomodulators class
Eohilia™	Treat eosinophilic esophagitis	Point-of-sale edit looking for proper diagnosis
Simlandi®	Biosimilar to Humira®	Nonpreferred in the targeted immunomodulators class
Jubbonti®	Biosimilar to Prolia®	Nonpreferred in the osteoporosis class with Prolia® criteria
Wyost®	Biosimilar to Xgeva®	Manual review with Xgeva® criteria





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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/medicalservices/helpful-information-for-providers/

#### DHS provider manuals

• <u>https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/</u>

#### 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.

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

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

#### DME billing assistance

Kara Orvin phone: 501-630-6064 <u>Kara.L.Orvin@dhs.arkansas.gov</u>

#### 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

#### <u>Opioid guidance</u>

- 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

- April 17, 2024
- July 17, 2024
- October 16, 2024
- January 15, 2025
- April 16, 2025