



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
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Fax: 501-683-4124 OR
800-424-5851
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Monday – Friday
8:00 a.m. – 4:30 p.m.,
Central Time (CT)
excluding State holidays

OCTOBER 2021

Upcoming Implementations (See legislative section for additional updates)

Effective October 19, 2021

- ADHD medication
 - o Requirement for billed diagnosis of ADHD in children will be removed
 - o Therapeutic duplication and quantity edits remain

Effective November 2, 2021

Update to ICS/LABA edits

Effective December 1, 2021

- Polypharmacy DUR edits for opioid and benzodiazepines
 - Pharmacist will review the rejection and apply the proper DUR codes if combination is appropriate.
 - Over the next several months, the following polypharmacy combinations will be added as well.
 - Opioids and antipsychotics
 - Opioids and sedative hypnotics
 - Opioids and muscle relaxer
 - Opioids and gabapentin

DUR Board Update

The following will be presented during the October 20, 2021 Drug Utilization Review Board Meeting.

- Proposed changes to existing criteria and edits, including Point-of-Sale (POS) criteria, manual review PA criteria, or claim edits:
 - Treatment of Hidradenitis Suppurativa
 - Synagis® (palivizumab)
- Proposed new clinical point of sale criteria with or without additional claim edits: Immunoglobulin (Intravenous (IVIG) and Subcutaneous (SCIG))
- Manual Review Proposed Criteria with or without additional claim edits:
 - o Kerendia®
 - o Brexafemme®
 - Rezurock[™]
 - BylvayTM
 - o Aemcolo ™
 - WeliregTM
- Proposed new claim edits
 - o Antiepileptic medications quantity edits
 - Dose optimization on various drug classes

See the Arkansas Magellan Website for additional information:

https://arkansas.magellanrx.com/provider/documents/





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Preferred Drug List

Upcoming Drug Review Committee (DRC) classes to review on November 10, 2021

- Antiparkinson's agents
- Beta blockers
- Neuropathic pain agents
- Sedative hypnotics

See the Arkansas Magellan Website for additional information:

https://arkansas.magellanrx.com/provider/docs/other/ARRx_DRC_meeting_s_chedule.pdf

Ivermectin Prescribing Information

Ivermectin is a semisynthetic, anthelmintic agent derived from the avermectins, a class of highly active broad-spectrum, anti-parasitic agents. Ivermectin has 2 FDA approved indications: strongyloidiasis of the intestinal tract and onchocerciasis. Both indications are approved for a single oral dose with the following dosages based on body weight.

Table 1: Dosage Guidelines for Ivermectin Tablets for Strongyloidiasis

Body Weight (kg)	Single Oral Dose Number of 3-mg Tablets
15 to 24	1 tablet
25 to 35	2 tablets
36 to 50	3 tablets
51 to 65	4 tablets
66 to 79	5 tablets
≽80	200 mcg/kg

Table 2: Dosage Guidelines for Ivermectin Tablets for Onchocerciasis

Body Weight (kg)	Single Oral Dose Number of 3-mg Tablets
15 to 25	1 tablet
26 to 44	2 tablets
45 to 64	3 tablets
65 to 84	4 tablets
≽85	150 mcg/kg

Ivermectin is not FDA-approved for the treatment of COVID-19 and evidence of ivermectin improving health outcomes for those infected with COVID-19 has not been observed in clinical trials. Ivermectin therapy was not associated with a significant decrease in rate of hospitalization (OR, 0.65; 95% CI, 0.32 to 1.31) in a randomized, double-blind, placebo-controlled trial (IVERCOR-COVID19) of non-hospitalized patients with confirmed COVID-19 infection (N=501). Ivermectin therapy was not associated with a decrease in time to resolution of symptoms compared to placebo (difference, -2 days; HR, 1.07; 95% CI, 0.87 to 1.32) in a randomized, double-blind, trial of non-hospitalized adults (median age 37 years) with confirmed COVID-19 infection (N=398).

References:

- 1. https://www.micromedexsolutions.com
- 2. https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=847a1dd7-d65b-4a0e-a67d-d90392059dac





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Covid-19 Update

Arkansas Medicaid providers will be paid a higher rate for administering first- and second-round doses of the COVID-19 vaccines through the end of the year as part of a continuing effort to raise the vaccination rate across the state.

Under this program, Medicaid will pay \$100 rather than the usual \$40 vaccine administration rate for each first- or second-round dose of COVID-19 vaccines. That means providers who administer both the first and second doses of the Pfizer or Moderna vaccines will be paid \$200 (\$100 for each dose), an increase of \$120 from the normal rate. These enhanced rates originally went into effect in August and were set to expire on October 11. The change extends the higher rate through the end of the year.

Polypharmacy DUR Point-of-Sale Edits

Using a combination of benzodiazepines (benzos) with opiates may cause serious health problems. These problems can be life-threatening, as both drugs work as central nervous system (CNS) depressants that slow down brain activity. Using this combination can cause respiratory depression, impaired cognitive function, and fatal overdose.

Beginning December 1, 2021, concomitant claims for an opioid and benzodiazepine will prompt a soft reject requiring pharmacist review for the appropriate usage of the combination. Pharmacists are responsible for ensuring that the system accepts DUR messaging and are responsible for reviewing any claim with a DUR alert from the POS system. Pharmacists should use professional judgment to follow up with client(s) and counsel them regarding the DUR messages, as well as consult with the prescribing provider(s) when applicable. Utilizing this important clinical information ensures proper patient safety and appropriate dispensing of prescriptions.

Legislative Update

ACT 357 (HB 1450)

- Arkansas ACT 357 makes all prescription eye drops refillable one day earlier from the 23-day previous allowance.
- The refill threshold changed from 75% to 70%. This allows a refill after 22 days from the original fill for a prescription eye drop with a 30-day supply.
- Applies to all prescription eye drops that have legitimate refills.
- The implementation date was October 1, 2021.





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ACT 406 (HB 1134)

- This Act gives pharmacists via scope of practice the right to prescribe, administer, deliver, distribute, or dispense vaccines, immunizations, and medications to treat adverse actions to those administered vaccines.
- The estimated implementation will take place in May 2022.

ACT 758 (HB1781)

- The Act will remove the 3 prescription slot limits for adults and increase to a 6-prescription limit per month, and certain maintenance drugs will not count against the limit of 6.
- The implementation date will be January 1, 2022.

Useful links

DHS webpage

https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/

DHS provider manuals

 https://humanservices.arkansas.gov/divisions-shared-services/medicalservices/helpful-information-for-providers/manuals/

Opioid guidance

- https://arkansas.magellanrx.com/provider/documents/
- https://www.cdc.gov/opioids/providers/prescribing/guideline.html
- https://www.cdc.gov/drugoverdose/index.html
- https://www.rehabs.com/blog/the-polypharmacy-overdose-a-killer-trend/
- https://www.opioidtreatment.net/blog/dangers-mixing-benzosopiates/#:~:text=Mixing%20benzodiazepines%20with%20opiates%20is%20e xtremely%20dangerous%20and,fatality.%20The%20Dangers%20Of%20Abusi ng%20Benzodiazepines%20With%20Opiates
- https://www.asam.org/docs/default-source/quality-science/npg-jamsupplement.pdf?sfvrsn=a00a52c2_2