

ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER



JANUARY 2023

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.,
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DRUG UTILIZATION REVIEW (DUR)/DRUG REVIEW COMMITTEE (DRC) BOARD UPDATE

The following will be presented during the **January 18, 2023** DUR/DRC Board meeting.

- PREFERRED DRUG LIST REVIEW: Oral cephalosporins and Leukotriene Receptor Antagonists
- PROPOSED CHANGES TO EXISTING CRITERIA: Non-triptan anti-migraine medications, Leukotriene Receptor Antagonists
- PROPOSED NEW CLAIM EDITS: None
- MANUAL REVIEW PROPOSED CRITERIA:
 - Vivjoa™
 - Enspryng®
 - Multiple Sclerosis Drugs
 - Qutenza®
 - Lytgobi®
 - Hyftor™
 - Rezlidhia™

https://arkansas.magellanrx.com/client/docs/other/ARRx_DUR_DRC_meeting_agenda_20230118.pdf

POINT-OF-SALE CHANGES

- [Add new drug, Xelstrym®, to POS ADHD rules \(effective 12/6/22\)](#)
- [Update for the following PDL changes effective 1/1/2023](#)
 - Tobramycin (generic for Tobin®) added to preferred agents in inhaled antibiotics class
 - Norditropin® added to preferred agents in growth hormone class
 - Ipratropium/albuterol (generic for Duoneb®) added to preferred agents in SAMA class
 - Anoro Ellipta® & Stiolto Respimat® added to preferred agents in LABA/LAMA class
 - Advair HFA® added to preferred agents in ICS/LABA class

AFMC/MMIS OUTREACH SPECIALISTS

The Arkansas Department of Human Services Medicaid Management Information System (MMIS) streamlines claims processing and provides a more efficient reimbursement method for providers. Arkansas Medicaid providers now have the ability to submit claims and other documents electronically.

AFMC's MMIS Outreach specialists are available to help all providers, including pharmacy providers, with questions about Medicaid policy, billing requirements and claim-processing. With expanding pharmacy billing opportunities for vaccines and due to enhanced scope of practice allowances, the outreach specialists are a great resource to ensure your pharmacy is set up for billing correctly. Our specialists are adept researchers, problem solvers and decision makers. Regions around the state have different outreach specialists. See the map in the attachment below to identify your specific specialist.

https://medicaid.afmc.org/images/MMIS-Resources/outreach-specialists/MMIS_OutreachSpecialistsMap_20220315_v3.2.pdf

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NEW PRODUCTS ON THE MARKET FOR 2022

MEDICATION	INDICATION	AR MEDICAID COVERAGE
Pluvicto®	Prostate Cancer	Medical coverage only (contact AFMC)
Opdualag™	Melanoma	Medical coverage only (contact AFMC)
Vonjo™	Primary or secondary myelofibrosis	Manual review with criteria determined by the DUR Board
Ibsrela®	IBS with constipation	Nonpreferred in IBS class
Releuko®	Biosimilar for Neupogen	Nonpreferred in colony stimulating factor class
Pyrukynd®	Anemia in pyruvate kinase deficiency	Manual review with criteria determined by the DUR Board
Livtency™	Post-transplant CMV infection	Manual review with criteria determined by the DUR Board
Apertude	HIV PrEP	Manual review with criteria determined by the DUR Board
Recorlev®	Hypercortisolemia in Cushing's syndrome	Manual review with criteria determined by the DUR Board
Adbry™	Atopic dermatitis	Nonpreferred in TIMS class
Cibinqo®	Atopic dermatitis	Nonpreferred in TIMS class
Zimhi™	Naloxone for opioid overdose	No PA required
Kimtrak®	Uveal melanoma	Medical coverage only (contact AFMC)
Ztalmy®	Seizures associated with CDKL5 deficiency disorder	Manual review with criteria determined by the DUR Board
Vivjoa™	Recurrent vulvovaginal candidiasis	Manual review with criteria determined by the DUR Board
Camzyos™	Obstructive hypertrophic cardiomyopathy	Manual review with criteria determined by the DUR Board
Voquezna™	Treat H pylori	Manual review with medical necessity over other treatment options
Mounjaro™	Type 2 diabetes	Nonpreferred in diabetes class
Amvuttra™	Polyneuropathy of hereditary transthyretin-mediated amyloidosis	Manual review with criteria determined by the DUR Board
Xenpozyme™	Treat acid sphingomyelinase deficiency	Manual review with documentation of proper diagnosis
Spevigo®	Generalize pustular psoriasis flares	Medical coverage only (contact AFMC)
Sotyktu™	Moderate to severe plaque psoriasis	Manual review with criteria determined by the DUR Board

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Rolvedon™	Chemo induced neutropenia	Nonpreferred in colony stimulating factors class
Relyvrio™	Amyotrophic lateral sclerosis	Manual review with criteria determined by the DUR Board
Lytgobi®	Intrahepatic cholangiocarcinoma	Manual review with criteria determined by the DUR Board
Imjudo®	Unresectable hepatocellular carcinoma	Medical coverage only (contact AFMC)
Tecvayli™	Relapsed or refractory Multiple Myeloma	Medical coverage only (contact AFMC)
Elahere™	Ovarian, fallopian tube, or primary peritoneal cancer	Medical coverage only (contact AFMC)
Tzield™	Delay onset of stage 3 T1D	Medical coverage only (contact AFMC)
Rezlidhia™	Acute Myeloid Leukemia	Manual review with criteria determined by the DUR Board
Krazati™	Non-small cell lung cancer	Manual review with criteria determined by the DUR Board
Sulenca®	Treat HIV-1 multi-drug resistance infection	Manual review with criteria determined by the DUR Board
Lunsumio™	Follicular Lymphoma	Medical coverage only (contact AFMC)
Briumvi™	Multiple Sclerosis	Medical coverage only (contact AFMC)

PHARMACISTS AS PRESCRIBERS

Arkansas Medicaid began enrolling pharmacists and a new provider type 95, RX specialty, beginning April 1st, 2022, with billing rules allowed beginning 6/1/2022. Pharmacists are now able to be ordering, rendering, and prescribing providers (ORP). Pharmacists enrolled may now be pharmacy claims prescribers within the established scope of practice, as well as be the ordering and rendering provider on various types of medical professional claims in place of service pharmacy.

Please keep in mind that all pharmacies that submit any medical professional claims (including vaccine and immunization claims) will need to have individually enrolled pharmacists on staff or working at the pharmacy in order to properly bill medical professional claims, as these claims will require the renderer to be an individual, and not the pharmacy. The provider type of 07 (pharmacy) NPI may not be submitted as the renderer. For any enrollment questions, the pharmacist should call the Provider Assistance Center at (800) 457-4454 or locally at (501) 376-2211.

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COST SHARING FOR ADULT MEDICAL CLIENTS AND EXEMPTIONS

Cost sharing or copays began on 1/1/2023 for certain adult Medicaid clients. There are some exemptions, including but not limited to pregnancy-related services. The out-of-pocket costs clients may pay are small but important. The Arkansas Medicaid program covers medical costs, so clients don't have big bills after an emergency or illness.

Components of cost sharing:

- Copay: A small fee clients pay when they receive a medical service or fill a prescription.
- Copay limit: Limits to the total amount clients pay each quarter (3-month period). Once a client meets the limit, he/she will not pay co-pays for the rest of that quarter. The client starts paying co-pays again the next quarter.

Clients with cost share questions should call AFMC at 888-987-1200.

	Beginning 2023																
Adult clients who pay to cost sharing	<p>Adult clients above 20% of FPL who are in the following programs:</p> <ul style="list-style-type: none"> • ARHOME: Only Individuals enrolled in a QHP and those awaiting enrollment in a medically frail clients will NOT have cost sharing • Workers with Disabilities, and • Transitional Medicaid Adult <p>Exemptions: Individuals in these Medicaid programs who do NOT have to pay copays</p> <ul style="list-style-type: none"> • Under 20% FPL • Medically frail • 19- and 20-year-olds • Individuals in hospice • Pregnant women • American Indian/Alaskan Native 																
Service-specific copay amounts	<p>Adults pay \$4.70/\$9.40, depending on the service. (These copay amounts do not to ARKids B.)</p> <p>Exemptions Services that are exempt from copays (copays are not charged) include:</p> <ul style="list-style-type: none"> • Emergency services • Family planning services and supplies • Pregnancy-related services • Preventive services • Inpatient hospitalization <p>**To override pharmacy copays for a pregnant client, use the Pregnancy Indicator of 2 in the NCPDP field #335-2C. The valid values are Blank=Not Specified, 1=Not Pregnant, or 2=Pregnant. OR, put in the pregnancy diagnosis (ICD-10) of Z33.1 in the NCPDP field #424-DO.</p>																
Copay limits	<p>Quarterly copay limit is based on household federal poverty level</p> <table border="1"> <thead> <tr> <th>FPL</th> <th>Copay Limit</th> </tr> </thead> <tbody> <tr> <td>0%-20%</td> <td>\$0</td> </tr> <tr> <td>21%-40%</td> <td>\$27</td> </tr> <tr> <td>41%-60%</td> <td>\$54</td> </tr> <tr> <td>61%-80%</td> <td>\$81</td> </tr> <tr> <td>81%-100%</td> <td>\$108</td> </tr> <tr> <td>101%-120%</td> <td>\$135</td> </tr> <tr> <td>121%-138%</td> <td>\$163</td> </tr> </tbody> </table>	FPL	Copay Limit	0%-20%	\$0	21%-40%	\$27	41%-60%	\$54	61%-80%	\$81	81%-100%	\$108	101%-120%	\$135	121%-138%	\$163
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Clients' copays contributing to copay limit	<p>The ARHOME clients and all Medicaid clients who pay copays in the individual's family. Example: two adults in a family in ARHOME at 40% FPL. If they each are charged \$15 in copays, their total copays would be limited to \$27. (ARKids B copays do not count toward the copay limit, but TEFRA premiums do.)</p>																

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PUBLIC HEALTH EMERGENCY (PHE)

As of 1/11/2023, the public health emergency was extended again for 90 days. The Families First Coronavirus Response Act (FFCRA) (P.L. 116-127) was signed into law on March 18, 2020. The FFCRA added a new optional Medicaid eligibility group for uninsured individuals during the PHE. This new eligibility group’s coverage will end when the federal PHE expires. This will affect Medicaid coverage for people who have enrolled under this new eligibility group. States will have one year to complete redeterminations for all Medicaid beneficiaries. Individuals enrolled under this new group will need to seek alternative health care coverage when the PHE ends.

Medicaid enrolled clients should ensure that their information on file with the Department of Human Services is correct and updated. We need your help making sure that clients update their contact information, like current mailing address, phone number, and email. This way, we can contact clients about their Medicaid, ARHOME, or ARKids coverage, if we need to. Clients can update their information on the phone, online, or in-person. Here’s how clients can update their contact information:

1. Call the **Update Arkansas** hotline at **1-844-872-2660**
2. Go online at **access.arkansas.gov**
3. Visit their **local DHS county office** to update their information

ARKANSAS STATE HOLIDAYS 2023

Arkansas state offices, including Department of Human Services/Medicaid, will observe the following holidays and the offices will be closed.

January 1	New Year’s Day <i>(Observed on Monday, January 2, 2023)</i>
January 16	Dr. Martin Luther King Jr.’s Birthday
February 20	George Washington’s Birthday and Daisy Gatson Bates Day
May 29	Memorial Day
July 4	Independence Day
September 4	Labor Day
November 11	Veterans Day <i>(Observed on Friday, November 10)</i>
November 23	Thanksgiving Day
December 24	Christmas Eve <i>(Observed on Monday, December 25)</i>
December 25	Christmas Day <i>(Observed on Tuesday, December 26)</i>

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OVERVIEW OF MULTIPLE SCLEROSIS (from UpToDate®)

Multiple Sclerosis (MS) is an immune-mediated inflammatory demyelinating disease of the central nervous system that is a leading cause of disability in young adults. MS is categorized into several clinical subtypes.

- Clinical isolated syndrome (CIS)—first clinical episode
- Radiologically isolated syndrome (RIS)—MS found by incidental imaging
- Relapsing-remitting MS (RRMS)—clearly defined relapses with either full recovery, or with sequelae and residual deficit upon recovery
- Secondary progressive MS (SPMS)—begins as relapsing-remitting disease but enters a stage of steady deterioration
- Primary progressive MS (PPMS)—disease progression from onset

SYMPTOMS:

- Sensory disturbances in the limbs
- Optic nerve dysfunction
- Ataxia
- Fatigue
- Bladder, bowel, and sexual dysfunction
- Partial or complete paralysis (severe cases)

Relapses or “attacks” typically present sub-acutely, with symptoms developing over hours to several days, persisting for several days or weeks, and then gradually dissipating. Attacks are caused by the migration of activated, myelin-reactive T cells into the CNS, resulting in acute inflammation with edema.

RRMS:

Patients with RRMS should begin disease-modifying therapy (DMT) early for better long-term outcome with decreased relapse rate and a slower accumulation of brain lesions. The available evidence, based upon a limited number of randomized controlled trials, indirect cross-trial comparisons, observational studies, and clinical experience, suggests that the monoclonal antibodies (natalizumab, ocrelizumab, ofatumumab, and alemtuzumab), and (possibly) cladribine have the highest efficacy; S1P receptor modulators (e.g., fingolimod) and fumarates (e.g., dimethyl fumarate) have an intermediate efficacy; and teriflunomide and the older platform DMTs (interferons and glatiramer) have the lowest efficacy.

PPMS:

For patients with PPMS who are younger (age ≤ 55 years) and/or have active disease on MRI, we suggest treatment with ocrelizumab. For patients with PPMS who are older and without disease activity, symptomatic therapy may be most appropriate. Other than ocrelizumab, trials of DMTs used for patients with RRMS have failed to show evidence of benefit in patients with PPMS:

- Fingolimod
- Glatiramer acetate
- Interferons
- Rituximab

NOTE: ocrelizumab, natalizumab, alemtuzumab and ublituximab-xiiy are infusions and any requests for their use will be reviewed as a medical claim by AFMC.

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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: 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>
- <http://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- <https://www.samhsa.gov/medication-assisted-treatment>
- <https://www.cdc.gov/drugoverdose/pdf/pubs/2018-cdc-drug-surveillance-report.pdf>
- [The Dangers Of Mixing Benzodiazepines With Opiates - Opioid Treatment](#)
- <https://www.cdc.gov/drugoverdose/index.html>
- <https://www.rehabs.com/blog/the-polypharmacy-overdose-a-killer-trend/>

DUR BOARD MEETING DATES

- [January 18, 2023](#)
- [April 19, 2023](#)
- [July 19, 2023](#)
- [October 18, 2023](#)

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