

# ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER



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

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

<b>Preferred Drug List Review</b>	Colony stimulating factors, movement disorder agents, long-acting opioids, lipotropics (excluding statins)
<b>PDL Class with Criteria (has proposed criteria changes)</b>	Lipotropics
<b>PDL Class with Criteria (no proposed criteria changes)</b>	Movement disorder agents and long-acting opioids
<b>Manual Review PA Criteria</b>	Skyclaris™, Olpruva™, Imcivree®, Vanflyta®, Akeega™, Vyjuvek™, Gout flare diagnosis for TIMs, and Sohonos™

<https://ar.magellanrx.com/documents/268611/0/DUR-DRC+Board+Agenda+for+Oct+18+2023.pdf/bce336f4-e909-8b70-0aab-7559b945e603?t=1694035162231>

## NEW POINT-OF-SALE CHANGES

### 1) Long-acting injectable antipsychotics (LAIs) (effective 10/1/2023)

Long-Acting injectable antipsychotics will be available through POS edits for the preferred agents. Non-preferred agents follow the below criteria and require documentation of the medical necessity over preferred options.

- All requests for beneficiaries < 18 years of age will continue to require manual review.
- No therapeutic duplication with another long-acting antipsychotic allowed in the past 23 days
- Allowed ≤ 1 oral antipsychotic used concomitantly
- If medication is changed between LAIs, the proper time between doses must have elapsed to prevent overlapping of doses.
- Criteria is individualized per product based on requirements in the product’s package insert. The POS edits will look back in pharmacy history for either a claim for the same LAI or proof of tolerability as defined in the package insert.

### 2) Antidepressant dose edits (effective 12/1/2023 or before)

Second-generation antidepressants have had POS minimum and maximum dose edits for quite some time. Since the last update to the dosing table, new drugs and updated dosing per the package inserts needed to be addressed. See the following table for new dosing requirements.

#### Minimum and maximum dose for second-generation antidepressants

Drug	Minimal daily therapeutic dose	Maximum daily dose
Bupropion (Wellbutrin®, Forfivo®)	150mg	450mg
Citalopram (Celexa®)	20mg	40mg
Desvenlafaxine (Pristiq ER®)	50mg	400mg
Duloxetine (Cymbalta®)	40mg	120mg
Escitalopram (Lexapro®)	10mg	20mg
Fluoxetine (Prozac®)	20mg	60mg
Fluoxetine/olanzapine (Symbyax®)*	25mg	75mg
Fluvoxamine (Luvox CR®)	100mg	300mg
Levomilnacipran (Fetzima®)	40mg	120mg
Milnacipran (Savella®)	100mg	200mg
Mirtazapine (Remeron®)	15mg	45mg
Nefazodone (Serzone®)	200mg	600mg
Paroxetine (Paxil®, Pexeva®)	20mg	60mg (CR 62.5mg)
Sertraline (Zoloft®)	50mg	200mg
Venlafaxine (Effexor®)	75mg	375mg
Vilazodone (Viibryd®)	20mg	40mg
Vortioxetine (Trintellix®)	10mg	20mg

\*Minimum therapeutic dose and maximum dose based on SSRI component of the combination agent.

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## DIABETES IN ARKANSAS

Arkansas has over 307,000 known diagnosed people with diabetes, including 13% of our adult population. Estimates suggest that over 70,000 Arkansans have yet to be diagnosed. Another 800,000 Arkansans, about one third of adults in Arkansas have prediabetes. Arkansas is estimated to add and diagnose nearly 18,000 new cases of diabetes each year. 90% of diabetics have type 2, noninsulin dependent diabetes. The remaining 10%, often diagnosed in childhood, have type 1, insulin dependent diabetes, a more complicated condition to manage with a need for substantial attention to daily fluctuations in blood sugar levels and regular integration of diet and insulin administration. Under 0.5% of young Arkansans have diabetes, but there has been an increase in type 2 diabetes in overweight adolescents over the last decade.

Effective management of diabetes requires patient commitment and engagement to a lifetime clinical and lifestyle plan. Medication, diet, physical activity, risk factor modification, clinical follow up and ongoing monitoring are all important elements of successful long term management planning. Testing blood sugar is an important component to monitoring diabetes, and most providers will test for Hemoglobin A1C at least twice a year. Many diabetics will test their blood sugar at home with a traditional blood sugar meter that utilizes strips. Patients with more complicated diabetics can utilize a continuous blood glucose meter, which tracks blood sugar levels in real time with bio-sensors to give real time feedback about the impact of diet and medication use on an individual's metabolic control of their diabetes.

Arkansas Medicaid covers various treatments and supplies that a member diagnosed with diabetes would need, whether Type 1 or Type 2 diabetes. Besides insulins and the many other various medications, there are supplemental supplies a member can use to monitor blood sugar. Typical supplies include a blood sugar meter and the meter supplies (testing strips and solutions) or components of continuous glucose monitors for more intensive management. Some patients, especially in type 1 diabetes, can use an insulin pump which has its own arsenal of monitors and diagnostic supplies.

In the past, diabetic supplies were administered as a medical benefit, while insulin and diabetic medications were covered as a pharmacy benefit. All diabetic supplies will move to a pharmacy benefit for all Medicaid members and no longer be managed under the medical program with an anticipated start on 1/1/2024. Medicaid members will get their medications and non-drug diabetic supplies all from a pharmacy and not have to navigate durable medical equipment paperwork and review. This will streamline services for members with diabetes, and it will align the Arkansas Medicaid program with payment frameworks of commercial benefit plans.

Diabetes represents a significant driver of acute care events in emergency rooms and hospital admissions. Aside from short term control problems, long term complications such as blindness, renal failure, and cardiovascular complications can be mitigated in the population with more attentive diabetic management. Arkansas Medicaid hopes that the integration of diabetic supplies into the pharmacy benefit program will facilitate patient efforts to control their diabetes in concert with their health care team.

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**PREFERRED DIABETIC SUPPLIES AND LIMITATIONS**

Arkansas Act 393 of 2023 requires continuous glucose monitors (CGMs) to become a pharmacy benefit for Arkansas Medicaid beneficiaries. The pharmacy program decided to move most diabetic supplies from a durable medical equipment (DME) billed benefit to a pharmacy benefit. This includes CGMs, blood glucose monitors (BGMs) and supplies needed for testing, and patch, tubeless insulin pumps. The only exception is traditional insulin pumps requiring tubing and cannula type supplies. These will remain a medical benefit under DME billing rules.

The following products will be preferred options available as a pharmacy benefit with an anticipated start on 1/1/2024. Any product not listed below will be considered non-preferred and requires documentation of the medical necessity over preferred options.

BLOOD GLUCOSE METERS (BGMs) AND LIMITATIONS		
Manufacturer	Product Name	Limitation
LIFESCAN	ONETOUCH ULTRA2 GLUCOSE SYSTEM	1 meter per 365 days
LIFESCAN	ONETOUCH VERIO FLEX SYSTEM KIT	
LIFESCAN	ONETOUCH VERIO REFLECT SYSTEM	
ABBOTT DIABETES CARE	FREESTYLE FREEDOM LITE METER	
ABBOTT DIABETES CARE	FREESTYLE INSULINX GLUCOSE SYSTEM	
ABBOTT DIABETES CARE	FREESTYLE LITE METER	
ABBOTT DIABETES CARE	PRECISION XTRA MONITOR	
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO	

BLOOD GLUCOSE AND KETONE TESTING SUPPLIES AND LIMITATIONS		
Manufacturer	Product Name	Limitation without CGM
LIFESCAN	ONE TOUCH VERIO TEST STRIPS	200 per 31 days
LIFESCAN	ONE TOUCH ULTRA TEST STRIPS	
ABBOTT DIABETES CARE	FREESTYLE LITE TEST STRIPS	
ABBOTT DIABETES CARE	FREESTYLE INSULINX TEST STRIPS	
ABBOTT DIABETES CARE	PRECISION XTRA TEST STRIPS	
ABBOTT DIABETES CARE	FREESTYLE PRECISION NEO TEST STRIPS	
ABBOTT DIABETES CARE	FREESTYLE TEST STRIPS	
ANY MANUFACTURER	INSULIN SYRINGES (with WAC pricing)	N/A
	INSULIN PEN NEEDLES (with WAC pricing)	
ANY MANUFACTURER	LANCETS	200 per 31 days
	LANCING DEVICE	1 per 186 days
	CALIBRATION SOLUTION	1 bottle per 31 days
	URINE REAGENT STRIPS/TABS	200 per 31 days

CONTINUOUS GLUCOSE MONITOR (CGM) PRODUCTS AND LIMITATIONS		
Manufacturer	Product Name	Limitation
DEXCOM	DEXCOM G6 RECEIVER	1 per 365 days
DEXCOM	DEXCOM G6 SENSOR	3 per 30 days
DEXCOM	DEXCOM G6 TRANSMITTER	1 every 90 days
DEXCOM	DEXCOM G7 RECEIVER	1 per 365 days
DEXCOM	DEXCOM G7 SENSOR	3 per 30 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 2 SENSOR	2 per 28 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 2 READER	1 per 365 days
ABBOTT DIABETES CARE	FREESTYLE LIBRE 3 SENSOR	2 per 28 days

INSULIN PUMP PRODUCTS AND LIMITATIONS		
Manufacturer	Product Name	Limitation
INSULET	OMNIPOD-5	15 pods (3 boxes) per 30 days
INSULET	OMNIPOD-5 G6 KIT	1 per 365 days
INSULET	OMNIPOD DASH	15 pods (3 boxes) per 30 days
INSULET	OMNIPOD DASH KIT	1 per 365 days
INSULET	OMNIPOD GO ALL STRENGTHS	15 pods (3 boxes) per 30 days
VALERITAS	V-GO ALL STRENGTHS	30 (1 box) per 30 days

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### RESPIRATORY SYNCYTIAL VIRUS (RSV)

Many new products became available this year for the prevention of RSV. For decades, the only product available was Synagis®. This RSV season, the new products include another monoclonal antibody with a broader indication (Beyfortus (nirsevimab)), a maternal vaccine (RSVpreF), and 2 vaccines (Abrysvo and Abrexyv) for adults 60 years and older. Arkansas Medicaid published the following guidance to assist providers when caring for our beneficiaries.

### ARKANSAS MEDICAID RSV PROPHYLAXIS COVERAGE POLICY

Arkansas Medicaid will follow ACIP/CDC recommendations for RSV prophylaxis.

- **SYNAGIS (palivizumab)**
  - The SYNAGIS form has been removed from the Magellan website.
  - SYNAGIS will continue to require prior authorization (PA), but a PA form is not required. Fax the PA request to 800-424-7976.
    - Documentation needed for PA review:
      - Medical necessity of SYNAGIS over BEYFORTUS
      - Discharge summary and current chart notes as usual
    - Requests for SYNAGIS will continue to use AAP guidelines from 2014 in addition to medical necessity over BEYFORTUS.
    - If SYNAGIS is approved, PA renewals will require prescriber attestation that WebIZ has been checked prior to PA submission, and documentation that the patient has not gotten BEYFORTUS since the last SYNAGIS dose.
    - If < 5 SYNAGIS doses have been given, the patient can be changed to BEYFORTUS.
- **BEYFORTUS (nirsevimab)**
  - BEYFORTUS is available through the Vaccines for Children (VFC) program, and no prior authorization is required.
  - ACIP recommends 1 dose of nirsevimab for all infants aged <8 months born during or entering their first RSV season (50 mg for infants weighing <5 kg [<11 lb.] and 100 mg for infants weighing ≥5 kg [≥11 lb.]). Providers should bill with procedure code 90380 or 90381.
  - ACIP recommends 1 dose of nirsevimab (200 mg, administered as two 100 mg injections given at the same time at different injection sites) for infants and children aged 8–19 months who are at increased risk for severe RSV disease and entering their second RSV season. Providers should bill with procedure code 90380 U1 or 90381 U1.
  - The recommendations for nirsevimab apply to infants and children recommended to receive palivizumab by AAP.
  - If BEYFORTUS has been given, the patient cannot be given SYNAGIS.



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- **RSVpreF (maternal vaccine)**
  - RSVpreF is available through the Vaccines for Children (VFC) program for pregnant women less than 19 years of age.
  - RSVpreF will be covered as a normal adult vaccine and not require a prior authorization for pregnant women 19 years of age and older.
  - ACIP/CDC recommended this product for pregnant women who are 32-36 weeks into pregnancy.
  - Providers should bill procedure codes 90678 or 90679.
- **ABRYSVO (RSV vaccine)**
  - ABRYSVO will be covered as a normal adult vaccine and not require a prior authorization.
  - ACIP/CDC recommended this product be available for adults 60 years of age and older given in one single dose and using shared clinical decision-making.
  - Providers should bill procedure codes 90678 or 90679.
- **AREXVY (RSV vaccine)**
  - AREXVY will be covered as a normal adult vaccine and not require a prior authorization.
  - ACIP/CDC recommended this product be available for adults 60 years of age and older given in one single dose and using shared clinical decision-making.
  - Providers should bill procedure codes 90678 or 90679.

### IMPORTANCE OF AUXILIARY LABELS FOR PRESCRIPTIONS

(Written by Connor White, PharmD candidate 2024)

The importance of auxiliary labels may often be under appreciated or unknown and many pharmacists and pharmacy techs don't fully utilize these labels. These labels are often forgotten about or assumed to be common knowledge. For some they may be, but for many patients these labels contain information that they otherwise may not have known or might not remember from their counseling with the pharmacist. According to the study **Short- and Long-Term Effects of Auxiliary Labels on Patient Knowledge of Precautionary Drug Information** (C Brown et al.), there is statistically significant benefit from including auxiliary labels on prescription bottles both 1 week and 2 months after filling medications. We assume that patients will have access to the internet, and they can look these things up themselves. But the fact is that many patients won't do their own research and will thus lack the information that these labels can provide them. These labels can prevent misuse of medications, improper storage of medications, increased side effects, and decreased efficacy. Therefore, it is important to use any and all auxiliary labels applicable to a prescription when it is dispensed.

PATIENT RESPONSE	STUDY STICKER PRESENT (n = 299)	STUDY STICKER ABSENT (n = 253)
Answered question correctly (%)	73.2	60.5
Answered question incorrectly (%)	20.4	28.9
Did not know answer (%)	6.4	10.7

\*Chi-square = 10.41, df = 2, p < 0.01. Data were unavailable on seven subjects (out of 559) due to nonresponse to the question.

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**NEW MEDICATIONS 2023**

MEDICATION	INDICATION	AR MEDICAID COVERAGE
Leqembi™	Treat Alzheimer’s Disease	Medical coverage only (contact AFMC)
Brenzavvy™	Type 2 Diabetes	Nonpreferred in SGLT2 class
Jaypirca™	Relapsed or refractory mantle cell lymphoma (MCL)	Manual review with criteria determined by the DUR board
Orserdu™	Advanced or metastatic breast cancer	Manual review with criteria determined by the DUR board
Jesduvroq	Anemia due to CKD	Manual review with criteria determined by the DUR board
Lamzede®	Treat non-CNS manifestations of alpha-mannosidosis	Medical coverage only (contact AFMC)
Filspari™	Reduce proteinuria in adults with primary immunoglobulin A nephropathy at risk of rapid disease progression	Manual review with criteria determined by the DUR board
Skyclarys™	Friedreich’s ataxia	Manual review with criteria determined by the DUR board
Zavzpret™	Acute migraine	Nonpreferred in antimigraine agents for treatment class
Daybue™	Rett Syndrome	Manual review with criteria determined by the DUR board
Zynyz™	Advanced Merkel cell carcinoma	Medical coverage only (contact AFMC)
Rezzayo™	Candidemia and invasive candidiasis	Medical coverage only (contact AFMC)
Joenja®	Activated phosphoinositide 3-kinase delta syndrome	Manual review with criteria determined by the DUR board
Qalsody™	Amyotrophic Lateral Sclerosis	Medical coverage only (contact AFMC)
Elfabrio®	Fabry Disease	Medical coverage only (contact AFMC)
Veozah™	Menopause hot flashes	Manual review with criteria determined by the DUR board
Miebo™	Dry eye disease	Nonpreferred in anti-inflammatory ophthalmic class
Epkinly™	Large B-cell lymphoma and high-grade B-cell lymphoma	Medical coverage only (contact AFMC)
Xacduro®	Hospital-acquired and ventilator-associated bacterial pneumonia	Medical coverage only (contact AFMC)
Inpefa™	Heart failure	Nonpreferred in SGLT-2 inhibitors class
Columvi™	Diffuse large B-cell lymphoma	Medical coverage only (contact AFMC)
Litfulo™	Severe alopecia areata	Nonpreferred in TIMs class
Rystiggo®	Generalized myasthenia gravis	Medical coverage only (contact AFMC)

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Ngenla™	Growth failure due to growth hormone deficiency	Nonpreferred in growth hormone class
Beyfortus™	Monoclonal antibody for RSV prophylaxis	Vaccines for Children product and must be billed through the VFC program
Vanflyta®	Acute Myeloid Leukemia	Manual review with criteria determined by the DUR Board
Xdemvy™	Demodex blepharitis	Manual review with criteria determined by the DUR Board
Zurzuvae™	Postpartum depression	Nonpreferred in antidepressant class
Izervay™	Macular degeneration geographic atrophy	Medical coverage only (contact AFMC)
Talvey™	Multiple Myeloma	Medical coverage only (contact AFMC)
Elrexfio™	Multiple Myeloma	Medical coverage only (contact AFMC)
Sohonos™	Fibrodysplasia ossificans progressiva	Manual review with criteria determined by the DUR Board
Veopoz™	CHAPLE disease	Medical coverage only (contact AFMC)
Ojjaara	Myelofibrosis with anemia	Manual review with criteria determined by the DUR Board
Olpruva™	Urea cycle disorders	Manual review with criteria determined by the DUR Board
Akeega™	Castration-resistant prostate cancer	Manual review with criteria determined by the DUR Board
Vyjuvek™	Dystrophic epidermolysis bullosa	Manual review with criteria determined by the DUR Board and medical coverage

### 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**

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### 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>
- <https://www.cdc.gov/drugoverdose/>
- <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.rehabs.com/blog/the-polypharmacy-overdose-a-killer-trend/>
- <https://www.cdc.gov/drugoverdose/featured-topics/abuse-prevention-awareness.html>

### DUR BOARD MEETING DATES

- October 18, 2023
- January 17, 2024
- April 17, 2024
- July 17, 2024