ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER

OCTOBER 2022

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) BOARD UPDATE

The following will be presented during the **October 19, 2022** DUR Board meeting.

- PROPOSED CHANGES TO EXISTING CRITERIA: Monoclonal antibodies, targeted immunomodulators, ADHD medications in adults
- PROPOSED NEW CLAIM EDITS: None
- MANUAL REVIEW PROPOSED CRITERIA:
  - Ztalmy®
  - Vivjoa™
  - Radicava ORS
  - Zoryve™
  - Vtama®
  - Amvuttra™
  - Xaciato™
  - Growth hormones and Igalmi™ were removed from the agenda

https://arkansas.magellanrx.com/client/docs/other/ARRx_DUR_board_meeting_agenda_20221019.pdf

PREFERRED DRUG LIST

The Drug Review Committee (DRC) meeting for **August 10, 2022** was cancelled. The next meeting is scheduled for **November 9, 2022**. The following classes will be reviewed:

- Inhaled antibiotics
- Antimigraine agents (excluding triptans)
- Topical antiparasitic products
- Inhalers (LABA, SABA, LAMAs, SAMAs, ICS, ICS/LABA, LABA/LAMA, ICS/LABA/LAMA)
- Growth hormone products
- Multiple sclerosis agents
- Pancreatic enzymes
- Pulmonary hypertension agents
- Injection substance use disorder products

POINT-OF-SALE CHANGES

- Budesonide respules (Pulmicort)®—October 3, 2022
  Criterion 1: Recipient <4 years of age (maximum dose is 2 mg/day)—for asthma
  Criterion 2: Regardless of age, recipient has a billed diagnosis of Eosinophilic Esophagitis
  - Age < 10 years—maximum dose is 2 mg/day
  - Age ≥ 10 years—maximum dose is 4 mg/day

Example directions for compounding the budesonide slurry for EoE

- Budesonide can be administered as an oral viscous slurry (1-2 mg daily for children under the age of 10 years, and up to 2 mg twice daily for older children and adults; the total daily dose is often divided into twice daily).
- Viscous budesonide can be compounded by mixing two or four 0.5 mg/2 mL Pulmicort Respules with sucralose (Splenda; 10 1-gram packets per 1 mg of budesonide, creating a volume of approximately 8 mL) or another carrier vehicle that is not liquid.

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SHORT-ACTING BETA AGONISTS (SABA) AVAILABILITY

The Merck Sharpe & Dohme branded Proventil® HFA (NDC 00085-1132-04) has been discontinued. The Sandoz branded Proventil® HFA (NDC 66758-0959-85) is still available at this time.

On October 1, 2022, Teva discontinued the manufacturing of ProAir® HFA (albuterol sulfate) Inhalation Aerosol, and it will no longer be available by prescription once current inventory in the market is exhausted. Teva did indicate that they expect to have a 90-day supply on-hand after the 10/1/22 manufacturing stop date.

As of 8/31/2022, the state has decided to add Ventolin® HFA (brand only) as a preferred option to the PDL as some wholesalers are having difficulty getting brand ProAir® HFA and brand Proventil® HFA due to their impending discontinuation. However, ProAir® HFA and Proventil® HFA will continue to be preferred until they are no longer available. Generic albuterol HFA will temporarily be available without a PA. Once availability stabilizes for the available brand products, generic will become non-preferred again. If there are any questions pertaining to submitting claims for these medications, contact the Magellan Help Desk at 800-424-7895.

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.

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 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
Livtencity™	Post-transplant CMV infection	Manual review with criteria determined by the DUR Board
Apretude	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
Kimmtrak®	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

ICS/LABA USAGE FOR ASTHMA

The Global Initiative for Asthma (GINA) and National Asthma Education and Prevention Program Coordinating Committee (NAEPPCC) have updated the recommendations in treating children with asthma. In October 2021, criteria for ICS/LABA products was updated to align with the updated recommendations.
https://ginasthma.org/wp-content/uploads/2021/05/GINA-Main-Report-2021-V2-WMS.pdf

Pharmacy claims will process at point-of-sale without a prior authorization if one of the following criteria are met.

Criterion 1:
- COPD diagnosis in the past two years; **AND**
- ≥ 40 years old

Criterion 2:
- Paid drug claim in drug history in the last six months for one of the following:
  - Advair Diskus®
  - Dulera®
  - Symbicort®

Criterion 3:
- Age: > 4 Years of Age; **AND**
- Medically billed asthma diagnosis in the past two years

Criterion 4:
- Age: > 4 Years of Age; **AND**
- One of the following criteria below:
  - ≥ Three inhaled corticosteroid claims in the last 120 days; **OR**
  - ≥ Three oral steroid claims in the last 120 days; **OR**
  - Combination for ≥ three claims (as defined below) in the last 120 days:
    - One Inhaled Corticosteroid + 2 Oral Steroids
    - Two Inhaled Corticosteroids + 1 Oral Steroids

Medical billing can take some time to be added into the Medicaid system which delays the asthma diagnosis being recognized for processing pharmacy claims. This delay can prevent a pharmacy claim for one of the ICS/LABA products from processing without a prior authorization. If a patient is newly diagnosed with asthma and prescribed an ICS/LABA product, a prior authorization can be approved by a phone call from either the prescriber or pharmacist to the Magellan Help Desk. A short PA will be entered to allow pharmacy claims to process until the asthma diagnosis has been billed.

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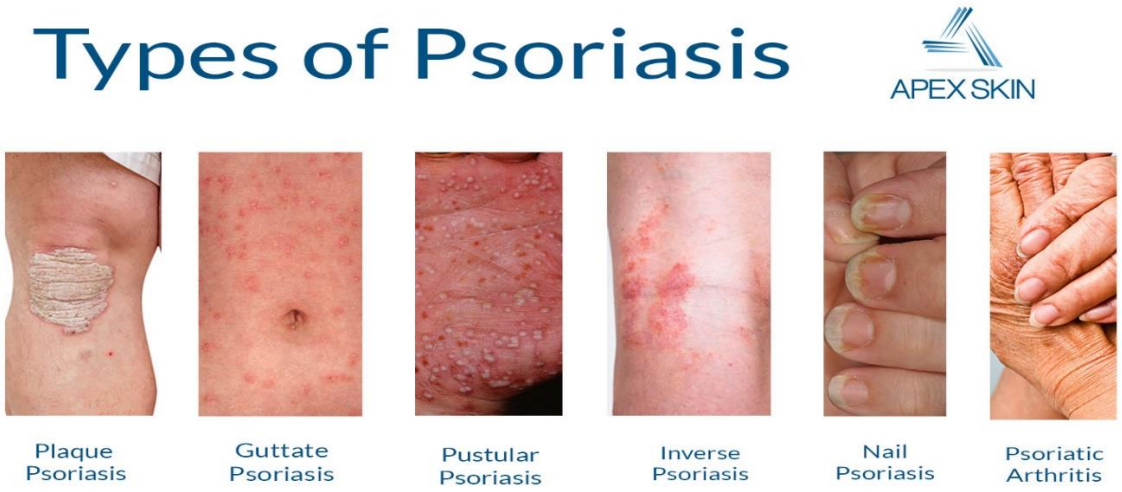
TREATMENT OF PSORIASIS

Psoriasis is a common chronic inflammatory skin disease that may exhibit a variety of clinical manifestations, especially hyperproliferation. Psoriasis is a complex immune-mediated disease in which T lymphocytes, dendritic cells, and cytokines play a central role. Psoriasis plaques are erythematous with sharply defined margins. Pruritis is common. Palm or sole involvement can include painful fissures.



Psoriasis plaques are erythematous with sharply defined margins. Pruritis is common. Palm or sole involvement can include painful fissures. In addition to inflammatory plaques on the skin, patients may have comorbidities related to multisystem chronic inflammation. Some examples include psoriatic arthritis, metabolic syndrome, cardiovascular disease, chronic kidney disease, and autoimmune diseases.

Treatment:

Mild (limited)
- Topical corticosteroids
- Emollients
- Vitamin D analogs (e.g., calcipotriene and calcitriol)
- Tar
- Topical retinoids (e.g., tazarotene)
- Topical calcineurin inhibitors (e.g., tacrolimus or pimecrolimus)
- Tapinarof (new in 2022)
- Roflumilast (new in 2022)
- Localized phototherapy
- Combination of the above

Moderate to severe (extensive)
- Phototherapy and topicals from mild list
- Systemic
  - Retinoids
  - Methotrexate
  - Cyclosporine
  - Apremilast—PDE4 inhibitor
  - Deucravacitinib—TYK2 inhibitor
- Biologics
  - Anti-TNF agents (etanercept, infliximab, adalimumab, and certolizumab pegol)
  - Anti-IL 12/IL 23 antibody (ustekinumab)
  - Anti-IL 17 antibodies (secukinumab, ixekizumab, brodalumab)
  - Anti-IL 23/IL 39 antibodies (guselkumab, tildrakizumab, risankizumab)

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INFORMATION ON NEW PLAQUE PSORIASIS MEDICATIONS

Vtama® (tapinarof) 1% cream
VTAMA cream, 1% is an aryl hydrocarbon receptor agonist indicated for the topical treatment of plaque psoriasis in adults.

Dosing:
Apply a thin layer of VTAMA cream to affected areas once daily. Wash hands after application, unless VTAMA cream is for treatment of the hands. VTAMA cream is not for oral, ophthalmic, or intravaginal use.

FDA approved 5/23/2022.
https://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=9309d20f-8cd4-4c96-93fa-7f730e83c7ab

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Zoryve™ (roflumilast) 0.3% cream
ZORYVE is a phosphodiesterase 4 inhibitor indicated for topical treatment of plaque psoriasis, including intertriginous areas, in patients 12 years of age and older.

Dosing:
Apply ZORYVE to affected areas once daily and rub in completely. Wash hands after application, unless ZORYVE is for treatment of the hands. ZORYVE is for topical use only and not for ophthalmic, oral, or intravaginal use.

FDA approved 7/29/2022.
https://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=ec1bb0d1-f38a-4080-831a-68791d1d1fdb

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Sotyktu™ (deucravacitinib) 6 mg tablet
SOTYKTU is a tyrosine kinase 2 (TYK2) inhibitor indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. This medication is not recommended for use in combination with other potent immunosuppressants.

Dosing:
The recommended dosage of SOTYKTU is 6 mg taken orally once daily, with or without food. Prior to treatment, patients should be evaluated for active and laten tuberculosis. Positive TB should be treated prior to initiation of this medication. Patients with severe hepatic impairment should not be prescribed SOTYKTU.

FDA approved 9/9/2022.
https://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=ff4d7258-5068-4cdf-9692-8cae04c3198e

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All of the above medications require a prior authorization request to be submitted to Medicaid with chart notes, previous therapies, BSA, current severity rating, and medical necessity over other treatment options.
https://www.aad.org/member/clinical-quality/guidelines/psoriasis

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PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

- Pursuant to Act 820 of 2017, a prescriber who prescribes Scheduled drugs shall be required by their licensing Board to register with the Prescription Drug Monitoring Program and access patient information before writing a prescription for an opioid.
- A practitioner who fails to access the Prescription Drug Monitoring Program as required is subject to disciplinary action by their licensing Board.

Prescriber

A prescriber shall check the information in the Prescription Drug Monitoring Program when prescribing:

(i) An opioid from Schedule II or Schedule III for every time prescribing the medication to a patient; and
(ii) A benzodiazepine medication for the first time prescribing the medication to a patient.

The following are exempt from this requirement:

(i) A practitioner administering a controlled substance:
(a) Immediately before or during surgery;
(b) During recovery from a surgery while in a healthcare facility;
(c) In a healthcare facility; or
(d) Necessary to treat a patient in an emergency situation at the scene of an emergency, in a licensed ground ambulance or air ambulance, or in the intensive care unit of a licensed hospital;
(ii) A practitioner prescribing or administering a controlled substance to:
(a) A palliative care or hospice patient; or
(b) A resident in a licensed nursing home facility; or
(iii) Situations in which the Prescription Drug Monitoring Program is not accessible due to technological or electrical failure

Dentist (in addition to general prescriber requirements)

- Dentists can prescribe sufficient but minimal opiate medications.
- Any prescription for a Scheduled II or III opiate shall not exceed the total maximum manufacturer's recommended daily dose for a total of 7 days administration.
- Patient record must be documented for need of any redosing.

Advanced Practice Registered Nurse (APRN)

APRNs who hold DEA registration are required to register with the Arkansas Prescription Drug Monitoring Program. APRNs with prescriptive authority shall review the PDMP prior to prescribing:

- an opioid from schedule II or schedule III every time prescribing the medication to a patient; and
- a benzodiazepine for the first time and every six (6) months thereafter prescribing for a patient.

A review of the PDMP shall be documented in the patient's medical record.

Dispenser

Pharmacies must submit information to the PDMP regarding each controlled substance dispensed.

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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

- October 19, 2022
- January 18, 2023
- April 19, 2023
- July 19, 2023

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