ARKANSAS MEDICAID PROVIDER QUARTERLY NEWSLETTER

JULY 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.,
Central Time (CT)
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ARKANSAS MEDICAID DUR/DRC BOARD OPEN POSITIONS

The Arkansas Medicaid Drug Utilization Review Board/Drug Review Committee (DUR 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 3rd 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 2 open pharmacist positions.

If you are interested in serving our Medicaid population, email a CV to Cindi Pearson, PharmD (DUR/DRC Coordinator) at cinnamon.pearson@dhs.arkansas.gov.

Updated bylaws dated October 2022 will be posted on the Magellan website soon. https://ar.magellanrx.com/home

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

The following will be presented during the **July 19, 2023** DUR/DRC Board meeting.

PREFERRED DRUG LIST REVIEW: Short-acting beta agonists, antidepressants, long-acting injectable antipsychotics, asthma immunomodulators, ADD/ADHD agents, narcolepsy agents, atopic dermatitis, and HIV

PROPOSED CHANGES TO EXISTING CRITERIA: New-to-market policy, RSV prophylaxis, narcolepsy agents

OLD CRITERIA UNDER REVIEW (no recommended changes): Antidepressants, asthma immunomodulators, ADD/ADHD agents, atopic dermatitis agents, and HIV agents

PROPOSED NEW POS CLAIM EDITS: Long-acting injectable antipsychotics

MANUAL REVIEW PROPOSED CRITERIA:

- Daybue™
- Joenja®
- Vowst™
- Furoscix®
- Veozah™

https://ar.magellanrx.com/documents/268611/269354/ARRx_DUR_DRC_meeting_agenda_20230719.pdf/aef2a4fd-de2b-078b-f966-b23a52601474?t=1686157303286

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NEW POINT-OF-SALE CHANGES

1) Cystic Fibrosis Transmembrane Conductance Regulator (effective July 1, 2023)

**This includes Kalydeco®, Orkambi®, Symdeko®, and Trikafta®.

Criterion 1:

- Beneficiary has a billed diagnosis of Cystic Fibrosis in the last 2 years
- Beneficiary meets the minimum age recommended in the manufacturer's package insert for the specific requested medication
- Beneficiary is prescribed a maximum dose based on support in manufacturer's package insert

OR

Criterion 2:

- Beneficiary Medicaid profile includes a claim for either Kalydeco®, Orkambi®, Symdeko®, or Trikafta® in the last 90 days

Beneficiaries not meeting the POS edits will require a prior authorization. The prescriber must submit a request with current chart notes documenting a Cystic Fibrosis diagnosis.

2) Pituitary Suppressive Agents (effective July 28, 2023)

NOTE: All medications with a prostate cancer indication will be available as a medical bill option only. The medications available as medical bill for prostate cancer include:

- Camcevi® (leuprolide)42 mg
- Eligard® (leuprolide) 7.5 mg, 22.5 mg-3 month, 30 mg-4 month, and 45 mg-6 month
- Lupron® (leuprolide) 1 mg
- Lupron Depot® (leuprolide) 7.5 mg, 22.5 mg-3 month, 30 mg-4 month, 45mg-6 month, and Lupron 2 week Kit
- Trelstar® (triptorelin) 3.75 mg, 11.25 mg, 22.5 mg

Approval criteria for Endometriosis or Uterine Leiomyoma

- Preferred Agents
  - Lupaneta® (leuprolide inj and norethindrone tablets) 3.75 mg for monthly admin up to 6 months
  - Lupron Depot® (leuprolide) 3.75 mg and 11.25 mg-3 month
- Billed diagnosis of endometriosis or uterine leiomyoma (fibroids), AND
  - <12 billed claims of 3.75mg leuprolide injection (which would include Lupaneta®) in the previous 3 year Medicaid history, OR
  - <4 billed claims of 11.25mg leuprolide injection (which would include Lupaneta®) in the previous 3 year Medicaid history, AND
- No Therapeutic Duplication (TD) with other leuprolide products

Denial Criteria

- Diagnosis of infertility in Medicaid history (3 year look back)
- Thrombophlebitis
- Thromboembolic disorders
- Cerebral apoplexy in Medicaid history
- Carcinoma of the breast in Medicaid history

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Approval criteria for breast or ovarian cancer

- Preferred Agent
  - Lupron-Depot® (leuprolide) 3.75 mg, 7.5 mg, and 11.25 mg-3 month
- Billed diagnosis in Medicaid history of breast cancer or ovarian cancer in the last 2 years
- No Therapeutic Duplication (TD) with other leuprolide products

DRUG SHORTAGES

Drug shortages have been a problem for quite some time. Several factors can cause or contribute to drug shortages.

- Breakdown in manufacturing lines affecting production
- Product quality problems
- Manufacturer discontinuation of a product
- Unexpected surge in demand
- Regional or national wholesaler shortages

The most up-to-date shortage list can be found at the following link:
https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm

Shortages can impact our Medicaid beneficiaries, especially with products on the preferred drug list (PDL). Occasionally, prior authorization overrides are needed due to drug shortages. Overrides due to shortages may be obtained if all other options are exhausted. To inquire about a potential override, contact the Magellan Help Desk via fax. To expedite this process, fax a screenshot of the wholesaler website documenting the shortage and the beneficiary's identifying information with a letter of explanation. Fax this information to 800-424-7976.

340B UPDATE

Arkansas Medicaid made updates to the MMIS core system to mandate the use of 340B Medical Modifiers JG (340B Acquired Drug) or TB (Tracking 340B Acquired Drug) for all 340B eligible non-pharmacy (medical) claim lines, with implementation on 4/1/2023. There were no changes to the pharmacy NCPDP billing, as pharmacy covered entities will continue to use the 08 Basis of Cost in field 423-DN. Arkansas Medicaid does not allow contract pharmacies to participate in billing Medicaid members.

- All 340B Covered Entities enrolled with Arkansas Medicaid (Medicaid Exclusion File) will need to ensure that billing systems will send the appropriate modifier for all Medicaid clients.
- And per current Medicaid policy, all 340B Covered Entities must ensure that the billed charges with the new mandated modifiers are configured to the actual invoice price. These billed charges must also be configured not to exceed ceiling price. Pharmacies enrolled must also ensure that billing is configured to the actual invoice price and not to exceed ceiling price.
- It is very important for all Arkansas Medicaid enrolled covered entities keep the 340B Office of Pharmacy Affairs (OPA) information accurate and up to date.

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- 340B covered entities must annually recertify their eligibility to remain in the 340B Drug Pricing Program and continue purchasing covered outpatient drugs at discounted 340B prices.
- All 340B covered entities with intent to bill Arkansas Medicaid (carve-in) must ensure that the 340B status is accurately reported each quarter. 340B covered entities are solely responsible for maintaining accurate information on HRSA's Medicaid Exclusion File (MEF) each quarter and keeping auditable records.
- Covered entities are strongly encouraged to check the MEF at the start of each quarter for the accuracy of their specific Arkansas Medicaid billing information to help ensure the overall validity of the data in the file and to avoid duplicate discounts. **This would include that the Arkansas Medicaid ID is correctly listed under the Medicaid ID column.**
- The mandated use of the 340B medical modifiers JG and TB for Arkansas Medicaid will be the determinant to identify 340B drug claims and thus prevent duplicate discounts.
- HRSA does not authorize covered entities to reclassify a purchase as 340B eligible after the fact, and Arkansas Medicaid will not allow retroactive enrollment for 340B covered entities to indicate intent for carve-in.
- **If a 340B covered entity does not update the HRSA MEF each quarter for active enrollment with current Arkansas Medicaid ID, then Arkansas Medicaid will assume no 340B participation and drug claims will be invoiced for manufacturer rebates as the 340B covered entity is no longer indicated to be a covered entity for carve-in for Arkansas.**

Further tips for best medical billing practices:

- There is no billing change for current outpatient global billing codes. The procedure codes for outpatient surgical procedures that are global codes includes all related non-physician services. Separate charges should not be billed for drugs, injection, supplies, room charges, etc. See Section 272.160 in the hospital manual.
- 340B providers should supply the 340B modifiers only when current billing rules would mandate the appropriate J-Code.
- FQHC and RHC 340B providers are not currently required to supply 340B modifiers. However, per current Medicaid policy, all 340B Covered Entities (including FQHC and RHC 340B providers) must ensure that the appropriate billed charges are configured to actual invoice price, but not to exceed ceiling price.

If there are any questions pertaining to 340B policies or billing procedures, email Cynthia Neuhofel at cynthia.neuhofel@dhs.arkansas.gov.

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PROVIDER PORTAL UPDATE

Magellan has implemented pertinent changes to the web portals and web-based applications and tools. The first change consists of a new look and feel for the web pages and tools, such as Find a Pharmacy and Drug Lookup. While the look has changed, the functionality of these tools remains the same.

The second change implements OKTA with multifactor authentication for the provider web-based applications accessed via the secure web portal. Current users of the secure web portal and Web Claims Submission (WCS) will need to complete a short migration process to verify their access credentials and move all existing application permissions to the new OKTA platform. Please review the migration step-by-step job aid.

Once your account has migrated successfully, send an email to uacsupport@magellanehealth.com with the following situation:

- Your Full Name
- Your Okta User ID (the email address you registered with)
- Include this statement: "I am an existing Arkansas portal user transitioning to Okta and require secure Provider Portal access"

Once the email is received, the Magellan UAC Support team will enable your account so that secure Provider Portal access is available. If you are a Delegated Administrator and need to make permission changes to your access, log into the UAC Console and update your organizations and roles. If you are not a Delegated Administrator, you will need to contact your organization's Delegated Administrator to request changes to your account permissions.

If a new pharmacy provider or prescriber would like to register for the secure web-based applications, they can still do so by clicking the Register button to access the User Administration Console (UAC).

https://ar.magellanrx.com/home

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PCMH DATA ON CONCURRENT OPIOIDS AND BENZODIAZEPINES

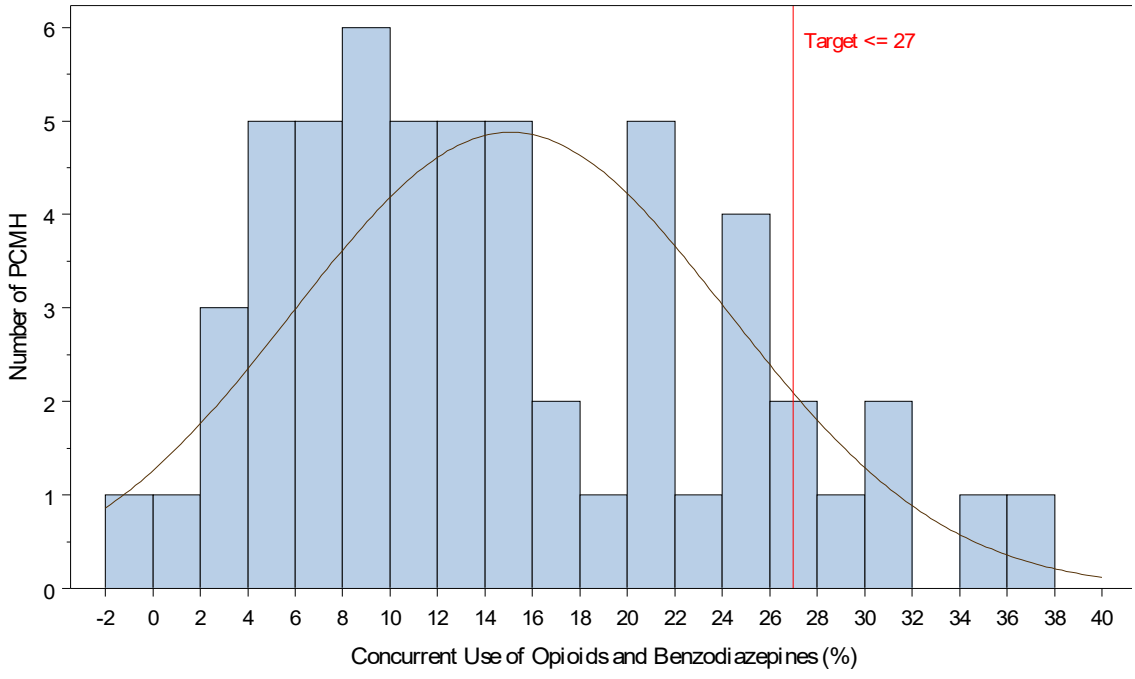
Over the last ten years, there has been considerable attention to the prescribing of controlled substances. Arkansas Medicaid gradually reduced the daily morphine equivalents payable in the program such that very few patients receive high dose opioids for noncancer pain.

Use of benzodiazepines has been discouraged as well. This class of medication tends to promote dependency and dose escalation with alprazolam being especially problematic. They are not recommended for sleep aides and there are better agents for the management of anxiety (SSRIs like sertraline or nonbenzodiazepines such as buspirone).

Unfortunately, Arkansas has one of the highest rates of combined opioid/benzodiazepine prescribing in the country for Medicaid patients. DHS has added this metric to its Patient Centered Medical Home (PCMH) program for the past several years. The attached figure displays the claims analysis for calendar year 2022. While most PCMH panels have modest combined prescribing, there are several outlier practices with very high rates of combined usage.

All PCMH practices receive their profiles with "near time" results on a monthly basis. If your clinical group's panel has a high rate of dual prescribing, we recommend that you first determine if the prescriptions originate from your group and if found to reflect consultant prescribing, reflect on your referrals, or contact the PCMH program for assistance. If your panel is writing the prescriptions, consider changing to SSRI or buspirone instead of new benzodiazepine starts and reassess how your group manages insomnia.

PCMH COB Distribution in CY2022 Performance Period for 2024 Configuration



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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)
Ngenla™	Growth failure due to growth hormone deficiency	Nonpreferred in growth hormone class

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