

TOC not required

201.100 Arkansas Medicaid Participation Requirements for Pharmacies
Administering Vaccines44-4-452-1-
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The Arkansas Medicaid Program will reimburse pharmacies the cost and administration fee for selected vaccines and immunizations for Medicaid beneficiaries seven (7) years of age to eighteen (18) years of age under a general written protocol and written consent of the parent or legal guardian of the minor. Consent must be obtained before the administration of the vaccine or immunization, age 49 and older. Written protocol and consent must be retained and is subject to reporting requirements. The Arkansas Medicaid Program will continue to reimburse pharmacies the cost and administration fee of selected vaccines for Medicaid beneficiaries nineteen (19) years of age and older. For a complete list of covered vaccines and CMS-1500 billing instructions, please refer to the CMS-1500 Claim Form Billing Instructions.

The Arkansas Medicaid Program will reimburse pharmacies the administration fee for selected vaccines that are obtained through the Vaccine for Children Program (VFC) or ARKids-B SCHIP Vaccine Program. Please refer to section 292.950 of the Physician manual for VFC vaccines billing procedures and section 262.430 for ARKids-B SCHIP vaccine. All Arkansas State Board of Pharmacy laws and regulations will apply.

To be eligible for participation, the pharmacy must meet the following criteria, in addition to those specified in Section 201.000:

- A. Complete Section III, Item 22, of the enrollment application ([view or print Provider Enrollment application material](#)) if the pharmacist is certified to administer the influenza virus and pneumococcal polysaccharide vaccines and
- B. Pharmacies must be enrolled in the Title XVIII (Medicare) Program to administer the vaccines.

Field Code Changed

Refer to Section 210.100 for scope of coverage; Section 213.000 for benefit limits.

211.000 Scope

4-4-172-1-
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The Arkansas Medicaid Pharmacy Program conforms to the Medicaid Prudent Pharmaceutical Purchasing Program (MPPPP) that was enacted as part of the Omnibus Budget Reconciliation Act (OBRA) of 1990. **This law requires Medicaid to limit coverage to drugs manufactured by pharmaceutical companies that have signed rebate agreements.** A numeric listing of approved pharmaceutical companies and their respective labeler codes is located on the [DHS Contracted Pharmacy Vendor website. Arkansas Division of Medical Services \(DMS\) Pharmacy website at <https://arkansas.magellanrx.com/provider/documents/>. View or print numeric listing of approved pharmaceutical companies and their respective labeler codes.](#) Except for drugs in the categories excluded from coverage, Arkansas Medicaid covers all drug products manufactured by companies with listed labeler codes. Additions or deletions by labelers are submitted to the State by the Centers for Medicare and Medicaid Services (CMS), the website will be updated.

The Arkansas Medicaid Program will cover the following drug categories:

- A. Prescription drugs are covered by the Arkansas Medicaid Program pursuant to an order from an authorized prescriber. The Drug Listing located on the [DHS Contracted Pharmacy Vendor website](#)<https://arkansas.magellanrx.com/provider/documents/> lists those products covered by the Arkansas Medicaid Program that have a State Actual Acquisition Cost (SAAC).

As changes are made to the drug coverage, providers will be notified of the revisions.

- B. Over-the-counter items are listed on the ~~website at~~ **DHS Contracted Pharmacy Vendor website** <https://arkansas.magellanrx.com/provider/documents/>. These items are covered only if they contain an appropriate National Drug Code on their label and are manufactured by a company that has signed a rebate agreement. Over-the-counter items are not covered for long-term care facility residents. [View or print a list of over-the-counter items.](#)

The Arkansas Medicaid Program will reimburse pharmacies the cost and administration fee for selected vaccines **and immunizations** for Medicaid beneficiaries ~~age seven (7) years of age to eighteen (18) years of age under a general written protocol and written consent of the parent or legal guardian of the minor. Consent must be obtained before the administration of the vaccine or immunization, age 19 and older. Written protocol and consent must be retained and is subject to reporting requirements.~~ The Arkansas Medicaid Program will continue to reimburse pharmacies the cost and administration fee of selected vaccines for Medicaid beneficiaries ~~age nineteen (19) and older.~~ For a complete list of covered vaccines and CMS-1500 billing instructions, please refer to [the CMS-1500 Claim Form Billing Instructions](https://arkansas.magellanrx.com/provider/docs/rxinfo/ARRx_Pharmacy_Administered_Vaccines.pdf) https://arkansas.magellanrx.com/provider/docs/rxinfo/ARRx_Pharmacy_Administered_Vaccines.pdf. ~~A~~For adults ~~nineteen (19) years of age and older,~~ a prescription order from an authorized prescriber must be on file; however, no primary care physician (PCP) referral is required to administer the vaccines.

~~These vaccines are payable for Medicaid-eligible beneficiary age 19 years and older.~~ The influenza virus vaccine is limited to one ~~(1)~~ per state fiscal year (July through June). The pneumococcal polysaccharide vaccine is limited to one every ten ~~(10)~~ years.

The Arkansas Medicaid Program will reimburse pharmacies the administration fee for selected vaccines that are obtained through the Vaccine for Children Program (VFC) or ARKids-B SCHIP Vaccine program. Please refer to section 292.950 of the Physician manual for VFC vaccines billing procedures and section 262.430 for ARKids-B SCHIP vaccine. A prescription order from an authorized prescriber must be on file; however, no primary care physician (PCP) referral is required to administer the vaccines. All Arkansas State Board of Pharmacy laws and regulations will apply.

Effective 8/1/15, ARKids-B beneficiaries are no longer eligible for the VFC program. However, providers are still able to obtain vaccines to administer to ARKids-B beneficiaries by contacting the Arkansas Department of Health (ADH) and indicating the need to order "ARKids-B SCHIP vaccines or Vaccines for Children (VFC)." VFC vaccines can also still be obtained by contacting ADH. For dates of service on or after 8/1/15, modifier "SL" will be required when billing for the administration of SCHIP vaccines to ARKids-B beneficiaries. Modifier EP, TJ is required when billing for administration of VFC vaccines for ARKids-A beneficiaries.

Medicaid will reimburse the Medicare deductible ~~and~~/or coinsurance for all beneficiaries receiving both Medicare and Medicaid benefits in reference to vaccines.

Pharmacies must use the CMS-1500 claim form when billing Medicaid for these vaccines.

241.000 Coverage of Tobacco Cessation Products

3-14-152-1-
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Effective for claims with dates of service on or after ~~October~~ January 1, 2020~~04~~, coverage of tobacco cessation products ~~either prescribed or initiated through statewide pharmacist protocol~~ is available with ~~out~~ prior authorization (PA) to eligible Medicaid beneficiaries. ~~PA criteria~~ Additional information can be found ~~at on the~~ <https://arkansas.magellanrx.com/provider/documents/https://arkansas.magellanrx.com/provider/documents/DHS Contracted Pharmacy Vendor website or in the https://arkansas.magellanrx.com/provider/docs/rxinfo/PACriteria.pdf> **Prescription Drug Program Prior Authorization Criteria.**

Coverage and Limitations

Pharmacy

Section II

- A. Reimbursement for tobacco cessation products is available for ~~all prescription and over the counter (OTC) products, and subject to be within FDA prescribing and dosing limitations, up to 187 days of treatment within a calendar year for eligible Medicaid beneficiaries. Pregnant females are allowed up to four 93-day courses of treatment per calendar year. One course of treatment is three consecutive months.~~
- B. Additional prescription benefits are allowed per month for tobacco cessation products ~~during the approved PA period~~ and will not count against the monthly prescription benefit limit. ~~One benefit is allowed for generic Zyban if the prescribing provider believes that generic Zyban therapy is appropriate and one benefit for nicotine replacement therapy. Concurrent use of Varenicline with generic Zyban or NRT is not indicated and will not be allow~~ Tobacco cessation products are not subject to co-pay.
- C. ~~Over the counter (OTC)~~ as well as any ~~legend prescription~~ products are eligible for reimbursement. OTC products are not covered for long-term care residents.
- D. Arkansas Medicaid will provide coverage of prescription and OTC smoking/tobacco cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence - 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.