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| all provider notifications | |
| [View or print notifications for all provider types.](https://humanservices.arkansas.gov/wp-content/uploads/Static_O.docx) |

| Pharmacy transmittal letters | | |
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| Update Number | Date |
| [PHARMACY-3-23](https://humanservices.arkansas.gov/wp-content/uploads/PHARMACY-3-23.doc) | June 1, 2025 |
| [PHARMACY-2-23](https://humanservices.arkansas.gov/wp-content/uploads/PHARMACY-2-23.doc) | August 1, 2024 |

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| Pharmacy NOTICES OF RULE MAKING | | | |
| Number | Date | Subject |
| [NOTICE-003-17](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-003-17.doc) | November 1, 2017 | Removal of Processing Hold on Paper Claims |
| [NOTICE-005-15](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-005-15.doc) | March 1, 2016 | Coverage of Vaccine Current Procedure Terminology (CPT®) Procedure Codes 90620 and 90621 |
| [NOTICE-002-15](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-002-15.doc) | December 18, 2016 | 2015 Current Procedure Terminology (CPT®) Code Conversion |
| [NOTICE-004-15](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-004-15.doc) | October 1, 2015 | Coverage of Vaccine Current Procedure Terminology (CPT**®**) Procedure Code 90651 |
| [NOTICE-002-14](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-002-14.doc) | June 15, 2014 | 2014 Current Procedure Terminology (CPT®) Code Conversion |
| [NOTICE-003-13](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-003-13.doc) | September 1, 2013 | Coverage of Influenza Virus Vaccine Current Procedural Terminology (CPT®) Procedure Codes 90654, 90685, 90686, and 90688 |
| [NOTICE-001-13](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-001-13.doc) | March 15, 2013 | 2013 Current Procedure Terminology (CPT®) Code Conversion |

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| Pharmacy Official Notices | | | |
| Number | Date | Subject |
| [ON-002-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-002-25.doc) | January 24, 2025 | Revised: COVID-19 and Influenza Coverage for Non-Vaccine for Children (VFC) Pharmacies |
| [ON-042-22](https://humanservices.arkansas.gov/wp-content/uploads/ON-042-22.doc) | October 21, 2022 | Albuterol Rescue Inhalers and the PDL |
| [ON-024-22](https://humanservices.arkansas.gov/wp-content/uploads/ON-024-22.doc) | May 27, 2022 | New Pharmacist Provider Rules Active 6/1/2022 |
| [ON-013-22](https://humanservices.arkansas.gov/wp-content/uploads/ON-013-22.doc) | March 30, 2022 | New Pharmacist Provider Enrollment |
| [ON-006-21](https://humanservices.arkansas.gov/wp-content/uploads/ON-006-21.doc) | July 27, 2021 | Place of Service Code for Pharmacy to Change to National Standard Effective August 1, 2021 |
| [ON-006-20](https://humanservices.arkansas.gov/wp-content/uploads/ON-006-20.doc) | July 1, 2020 | CORRECTION—Administration Fees for Influenza Immunization and Other Vaccines |
| [ON-005-11](https://humanservices.arkansas.gov/wp-content/uploads/ON-005-11.doc) | January 1, 2012 | 5010/D.0 Implementation |
| [ON-006-10](https://humanservices.arkansas.gov/wp-content/uploads/ON-006-10.doc) | October 11, 2010 | Medicaid Coverage of Procedure Code 90662 |
| [ON-001-10](https://humanservices.arkansas.gov/wp-content/uploads/ON-001-10.doc) | June 1, 2010 | Extension for Pharmacy DMEPOS Supplier Accreditation Requirements |
| [DMS-2009-Q-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-09-A-2.doc) | September 1, 2009 | Medicaid Coverage of H1N1 Vaccine Administration |
| [DMS-2008-Q-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-9.doc) | August 7, 2008 | Medicaid Tamper Resistant Requirement Guidance from the Centers for Medicare and Medicaid (CMS) and the National Council for Prescription Drug Programs (NCPDP) |
| [DMS-2008-Q-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-8.doc) | June 9, 2008 | Implementation of the Federal Deficit Reduction Act of 2005, Requiring National Drug Codes (NDC) when Billing Drug HCPC/CPT Codes and Extension of the Implementation of the Federal Deficit Reduction Act of 2005, Requiring National Drug Codes (NDC) When Billing Drug Procedure Codes for Institutional Outpatient Provider Claims. |
| [DMS-2008-Q-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-5.doc) | March 21, 2008 | April 1, 2008 is the effective date for implementation of the Tamper-Resistant Prescription Pads Requirement under the Medicaid Program |
| [DMS-2008-Q-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-1.doc) | January 14, 2008 | Extension of the Implementation of the Federal Deficit Reduction Act of 2005, Requiring National Drug Codes (NDC) When Billing Drug Procedure Codes for Institutional Outpatient Provider Claims |
| [DMS-2007-Q-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-5.doc) | October 24, 2007 | Implementation of the Federal Deficit Reduction Act of 2005, Requiring National Drug Code (NDC) When Billing Drug Procedure Codes |
| [DMS-2007-Q-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-3.doc) | October 1, 2007 | Tamper-Resistant Prescription Pads Under the Medicaid Program |
| [DMS-2007-Q-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-N-1.doc) | March 16, 2007 | Inpatient Psychiatric Services |
| [DMS-2006-Q-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-Q-3.doc) | January 27, 2006 | Prescription Drug Coverage for Dual Eligibles Covered by Medicare |
| [DMS-2006-Q-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-06-Q-1.doc) | January 12, 2006 | Prescription Drug Coverage for Dual Eligibles Covered by Medicare |
| [DMS-2005-Q-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-05-O-1.doc) | January 1, 2006 | Prescription Drug Coverage for Dual Eligibles Covered by Medicare |
| [DMS-2005-Q-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-05-Q-1.doc) | February 1, 2005 | Prescriber Listing |
| [DMS-2004-Q-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-O-3.doc) | December 8, 2004 | Evidence-Based Preferred Drug List |
| [DMS-2004-Q-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-Q-1.doc) | January 16, 2004 | Prescriber Listing |
| [DMS-2003-Q-9](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-11.doc) | November 25, 2003 | Medicaid Reimbursement for Flu Vaccines Administered to Recipients Ages 19 and Older |
| [DMS-2003-Q-5](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-Q-5.doc) | September 9, 2003 | ProDUR Early Refill Alert For Controlled Prescription Drugs |
| [DMS-2003-Q-8](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-8.doc) | August 12, 2003 | Extension of Pharmacy Benefit for Living Choices Assisted Living Waiver Participants |
| [DMS-2003-Q-6](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-6.doc) | July 9, 2003 | DEA Schedule II Stimulants for Age-Appropriateness |
| [DMS-2003-Q-4](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-O-4.doc) | June 6, 2003 | Prescription Drug Prior Approval for Long Term Care Certified Recipients |

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| Pharmacy rA messages | |
| Date | Subject |
| [05/22/25-06/05/25](https://humanservices.arkansas.gov/wp-content/uploads/250522.docx) | Age Update for Procedure Code 90739 HEPB VACC 2/4 DOSE ADULT IM |
| [07/29/21-08/26/21](https://humanservices.arkansas.gov/wp-content/uploads/210729.doc) | Pharmacy Place of Service Code Change |
| [02/12/15-02/19/15](https://humanservices.arkansas.gov/wp-content/uploads/150212.doc) | New Pharmacy Vendor |
| [02/27/14-03/06/14](https://humanservices.arkansas.gov/wp-content/uploads/140227.doc) | Pharmacy Vaccines |
| [10/10/13-11/07/13](https://humanservices.arkansas.gov/wp-content/uploads/131010.doc) | Procedure Code 90656 |
| [08/01/13-08/29/13](https://humanservices.arkansas.gov/wp-content/uploads/130801.doc) | Pen and Ink Correction |
| 0[3/17/05-03/24/05](https://humanservices.arkansas.gov/wp-content/uploads/050317.doc) | Risperdal Constadose Syringe Billing Units |
| [03/11/04-03/18/04](https://humanservices.arkansas.gov/wp-content/uploads/040311.doc) | Fractional Quantities |