ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
Arkansas Medicaid Evidence-Based Prescription Drug Program
501-526-4200 · Fax: 501-526-4188 · WATS 866-250-2518

February 16, 2012

Subject: Evidenced-Based Prescription Drug List (PDL) re-review of *ADHD drugs:* Atomoxetine HCl (Straterra®), amphetamine mixture (Adderall® and Adderall® XR), clonidine (Catapres®, Catapres® TTS, Kapvay®, Nexiclon® XR), dexmethylphenidate HCl (Focalin®, Focalin® XR), dextroamphetamine sulfate (Dexedrine® tablet, Dexedrine® Spansule, Dextrostat® tablet, Liquadd® Oral Solution), guanfacine HCl (Tenex®, Intuniv®) lisdexamfetamine dimesylate (Vyvanse®), methamphetamine HCl (Desoxyn®), methylphenidate HCl (Concerta®, Daytrana® patch, Metadate® CD, Metadate® ER, Methylin®, Ritalin®, Ritalin® LA, Ritalin® SR) Modafinil (Provigil®).

Effective April 17, 2012, the agents in the *ADD/ADHD drug class* that will continue as preferred status are: Vyvanse®, Focalin® XR, Adderall® XR (brand only), Daytrana® patch, dextroamphetamine IR tablets, and Focalin® IR (brand only). These medications will be reimbursed by Arkansas Medicaid without prior authorization; however, clinical edits, dose edits, age edits, and therapeutic duplication edits will apply. Please refer to the Medicaid pharmacy program website at https://www.medicaid.state.ar.us/Download/provider/pharm/PACriteria.pdf and https://www.medicaid.state.ar.us/Download/provider/pharm/ClaimEdits.xls for details on these point-of-sale (POS) edits. Exceptions to established criteria are reviewed on a case-by-case basis. Prescribers must provide written documentation to substantiate the medical necessity of the request.

*NDCs for amphetamine mixed salt combo XR (generic Adderall XR), and dexmethylphenidate IR (generic Focalin IR) will move to NON-PREFERRED status and the claims for these NDCs **will reject at point-of-sale**. With this change, the state expects to save between $1 million and $5 million.*

Methylphenidate IR tablets, amphetamine mixed salt combo IR tablets, Concerta® (brand and generic methylphenidate extended-release), and Strattera® (atomoxetine) will move to NON-PREFERRED status with continuation criteria. Certain considerations will be given to those patients currently receiving one of these non-preferred medications at the time these edits are implemented. At point-of-sale, the pharmacy clinical edit system will search the recipient's Medicaid drug history to identify patients who are stable and compliant on the prescribed therapy and the patient will be allowed to continue the same medication at the same dose by the system creating the approved prior authorization at the point-of-sale. Stable and compliant is defined as the patient has received at least 90 days of medication therapy (same dose, same drug) out of the previous 120 days based on the patient's Medicaid drug profile. Claims for "new starts" on these NON-PREFERRED agents **will reject at point-of-sale,** with the exception of claims for atomoxetine for adult beneficiaries, age 18 years and older, who are starting on non-stimulant therapy for ADD/ADHD as outlined in the Adult ADD/ADHD PA criteria.

Intuniv® (guanfacine long-acting), Kapvay® (clonidine long-acting), Nexiclon® XR (clonidine long-acting), dextroamphetamine capsules, dextroamphetamine solution, methamphetamine (Desoxyn®) tablet, methylphenidate chew tabs, methylphenidate solution, methylphenidate ER capsule, methylphenidate ER tablet will remain as NON-PREFERRED status. Immediate release clonidine and guanfacine do not require prior authorization and are not included on the ADD/ADHD PDL list as these drugs have other uses. If the prescriber believes that a non-preferred product is medically necessary, the prescriber must contact the UAMS Prior Authorization (PA) Call Center at 501-526-4200 • Fax: 501-526-4188 • WATS 866-250-2518 to speak directly with clinical pharmacists and, if requested, to a physician concerning the request for a non-preferred drug. After a PA request is approved and entered into the system, the

pharmacy can fill the prescription and submit the claim. PA requests for non-preferred drugs will be approved for up to six months.

As described in the Official Notice dated December 8, 2004, Arkansas Medicaid has established an Evidence-Based Prescription Drug List. Medications selected for the Evidence-Based Prescription Drug List represent one of two situations. The medication may offer a clear, proven clinical advantage over other similar medicines. If all medications in a drug class are found to be equally safe and effective, the preferred drug represents the most economical choice to provide effective treatment for the greatest number of patients. Arkansas Medicaid preferred drug(s) are selected after review of all publicly available clinical evidence by a committee of Arkansas clinicians, including physicians and pharmacists. The Drug Review Committee's recommendations are passed to a second committee which considers utilization and net-net cost (cost inclusive of available manufacturer rebates) for the Arkansas Medicaid system. Your use of Arkansas Medicaid-preferred drugs will provide your patients with medications proven to be the best available for their medical conditions and help to ensure continuation of services and reimbursement levels in the Arkansas Medicaid Program.

This advance notice is to provide you the opportunity to contact, counsel and change patients on less proven or less cost-effective medicines to the Arkansas Medicaid-preferred drug. If you are an Arkansas Medicaid provider and have prescriptions attributed to you by your provider ID number by the dispensing pharmacy, we are attaching a list of those patients who have been identified as receiving prescriptions for drugs that are not on the preferred drug list in the referenced class. If you are not currently prescribing the referenced drug(s) or are not prescribing drugs in the referenced class(es), this provider notice is being submitted to you for informational purposes only.

Note: You are reminded that protected health information (PHI) may not be disclosed. Therefore you are advised to redact all PHI belonging to other individuals from this list prior to placing this list in a patient file.

Preferred drugs will be added to the list on the Arkansas Medicaid website as they are determined.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.