



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



Oct. 26, 2010

**Subject: Evidenced-Based Prescription Drug List (PDL) re-review of less sedating oral antihistamines and review of antihistamine nasal sprays**

**Effective October 26, 2010**, the following antihistamine agents will remain as preferred status: Loratadine 10 mg swallow tablet, loratadine 10 mg rapid dissolve tablet, and loratadine oral solution 5 mg/5 ml. In addition, **the following medications will be added to preferred status: cetirizine 10 mg swallow tablet, cetirizine solution 1 mg/ml, and Patanase nasal spray.** These single-entity medications will be reimbursed by Arkansas Medicaid without prior authorization; however clinical edits, dose edits, and therapeutic duplication edits may apply. Medicaid will only reimburse for NDC's for loratadine and cetirizine whose manufacturer has entered into and have in effect a federal rebate agreement with CMS as required by the Social Security Act §1927.

**Effective Dec. 28, 2010**, non-preferred antihistamine nasal spray agents will reject at point-of-sale and the point-of-sale approval criteria for children less than 2 years of age that allowed the non-preferred drug Clarinex® (desloratadine) syrup 2.5 mg/5 ml to pay at point-of-sale without a phone call will be removed since the cetirizine oral solution 1 mg/1 ml is available without prior approval.

Please refer to the Medicaid pharmacy program website at <https://www.medicaid.state.ar.us/Download/provider/pharm/PACriteria.pdf> and <http://www.medicaid.state.ar.us/Download/provider/pharm/ClaimEdits.xls> for details on POS edits.

Non-preferred agents in the **less sedating oral antihistamine drug class** and **non-preferred antihistamine nasal spray agents will reject at point-of-sale.** If the prescriber believes that a non-preferred product is medically necessary and the patient does not meet applicable edits, the prescriber must contact the UAMS Prior Authorization (PA) Call Center (see phone number above) 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](http://www.medicaid.state.ar.us).