ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
Arkansas Medicaid Evidence-Based Prescription Drug Program

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September 7, 2011

Subject: **Evidenced-Based Prescription Drug List (PDL) re-review of Non-insulin anti-diabetic agents, including newer diabetes Medications, TZDs, and combinations:** Pramlintide (Symlin®), Sitagliptin (Januvia®), Saxagliptin (Onglyza®), Exenatide (Byetta), Liraglutide (Victoza®), Pioglitazone (Actos®), Rosiglitazone (Avandia®), metformin+Rosiglitazone (Avandamet®), Metformin + Pioglitazone (Actosplus Met®), Glimepiride + Rosiglitazone (Avandaryl®), Glimepiride + Pioglitazone (Duetact®) metformin + Sitagliptin (Janumet®).

Glimepiride, Glipizide, Glyburide, Glyburide micronized, nateglinide, will remain as preferred drugs in the ***Non-insulin anti-diabetic agents*** and will be reimbursed by Arkansas Medicaid without prior authorization. Metformin was not included in the evidence-based review. **Generic metformin, generic metformin ER, generic metformin combination products (glipizide/metformin and glyburide/metformin),** are covered products and available without prior authorization, however, clinical edits, dose edits, and therapeutic duplication edits may apply.

Effective January 1, 2012, **Actos® (pioglitazone) and Actos® fixed-dose combination products,** will move to **non-preferred status with criteria for existing patients**. Consideration will be given to those patients currently receiving Actos® or an Actos® fixed-dose combination product 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 adherent on the prescribed Actos® therapy and the patient will be allowed to continue the medication therapy by the system creating the approved prior authorization at point-of-sale. Adherence criteria is defined as the patient has received at least 120 days of medication therapy out of the previous 186 days based on the patient's Medicaid drug profile. New starts will require a phone call to the UAMS Prior Authorization (PA) Call Center.

Effective January 1, 2012, **Avandia® (Rosiglitazone) and Avandia® fixed-dose combination products** will move to **non-preferred status**. Certain considerations will be given to those patients currently receiving Avandia® or an Avandia® fixed-dose combination product at the time these edits are implemented if the prescriber wishes to change the patient from Avandia® to Actos® or an Actos® fixed-dose combination product. At point-of-sale, the pharmacy clinical edit system will search the recipient's Medicaid drug history to identify patients who were adherent on the prescribed Avandia® therapy and the system will allow a point-of-sale PA approval for Actos® or an Actos® fixed-dose combination product. Adherence criteria is defined as the patient has received at least 120 days of medication therapy out of the previous 186 days based on the patient's Medicaid drug profile.

Effective January 1, 2012, Prandin® (repaglinide) and Prandin® fixed-dose combination products will move to non-preferred status.

Pramlintide (Symlin®), Sitagliptin (Januvia®), metformin + Sitagliptin (Janumet®), Saxagliptin (Onglyza®), Exenatide (Byetta®), Linagliptin (Tradjenta®) and Liraglutide (Victoza®), will remain non-preferred status.

Non-preferred agents in the ***non-insulin anti-diabetic drug classes*** 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.

As a reminder, Medicare-Medicaid beneficiaries (duals) are not eligible for Medicaid prescription drug benefits for these medications after January 1, 2006.
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.