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

August 4, 2008

Subject: Evidenced-Based re-review of **LONG-ACTING OPIOID ANALGESICS FOR CHRONIC, NON-MALIGNANT PAIN; Addition to Preferred Drug List**

Effective AUGUST 1, 2008, Opana® (oxymorphone) ER will be added to preferred status on the PDL with the current preferred agents **morphine SA tablets, and methadone**, for chronic, non-malignant pain in the **LONG-ACTING OPIOID ANALGESIC drug class** and will be reimbursed by Arkansas Medicaid without prior authorization; however the edits discussed below will apply. The dose-optimization edits discussed below for Opana® ER will coincide with its preferred status of August 1, 2008.

The AR Medicaid DUR Board approved dose-optimization edits for long-acting opioid agents, daily dose and cumulative quantity edits for short-acting opioid agents, and clinical therapeutic duplication edits for both long-acting and short-acting opioid agents to optimize the number of units dispensed per prescription without setting a maximum total daily opioid dose. Additional information and a complete list of these edits have been included in this mailing as well as the effective dates for the remaining opioids affected to assist you in these transitions.

The DEA Office of Diversion Control sent an Advisory that, as of January 1, 2008, the 40 mg methadone dispersible tablet is only indicated for the detoxification and maintenance treatment of opioid addiction, and therefore the DEA has restricted this formulation to only those facilities authorized for detoxification and maintenance treatment of opioid addiction, and hospitals. The methadone 40 mg dispersible tablet will no longer be distributed to retail pharmacies; however, pharmacies that have inventory of the methadone 40 mg formulation can continue to dispense this formulation until their inventory is depleted [1] [2] and claims will continue to reimburse as current policy provides.

A sample dose conversion chart and a hard copy of an electronic equianalgesic opioid conversion calculator have been included for your convenience. Dose conversion information is available on the AR Medicaid website under the Medicaid Evidence-based Prescription Drug Program section at http://www.medicaid.state.ar.us/Download/provider/pharm/OpioidDosingConversionCalculator.xls. For questions regarding dosage conversion, please contact Arkansas Medicaid Evidence-Based Prescription Drug Program Authorization Call Center at WATS 866-250-2518 or Local 501-526-4200.

Although the Fentanyl Transdermal Patch is a non-preferred agent, it will be available for patients with percutaneous endoscopic gastrostomy (PEG) or nasal gastric (NG) tube in last 12 months who cannot swallow oral medications. All long-acting opioid agents will be available for the management of cancer pain in patients with malignancies or for persons who are long-term care eligible. However dose optimization edits, dose or cumulative quantity edits, and therapeutic duplication edits will apply in all cases. At point-of-sale, the pharmacy clinical edit system will search the recipient's Medicaid drug history to identify long-term care eligibility, diagnosis and procedure code claims paid by Medicaid, and/or the Medicaid drug history, to identify patients that meet the criteria and will create the approved prior authorization.

[1] http://www.deadiversion.usdoj.gov/pubs/pressrel/methadone_advisory htm
[2] http://www.dpt.samhsa.gov/pdf/dearColleague/DearColleague_121207.pdf

Prior to the effective date noted above for changes to the **LONG-ACTING OPIOID ANALGESIC AGENTS** in the Evidence-Based Prescription Drug List, Arkansas Medicaid will continue to reimburse as current policy provides for medications in these drug classes.

Non-preferred agents in the **LONG-ACTING OPIOID ANALGESIC 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.

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.