



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

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October 14, 2011

Subject: Evidenced-Based Prescription Drug List (PDL) re-review of agents used in treating neuropathic pain, agents included in the re-review were *gabapentin (Neurontin®)*, *pregabalin (Lyrica®)*, *carbamazepine (Equetro®, Carbatrol®, Tegretol®, Tegretol® XR, Epitol®)*, *topiramate (Topamax®, Topamax Sprinkle®)*, *oxcarbazepine (Trileptal®)*, *lacosamide (Vimpat®)*, *lamotrigine (Lamictal®, Lamictal CD®, Lamictal® ODT™, Lamictal® XR™)*, *levetiracetam (Keppra®, Keppra XR™)*, *valproic acid/divalproex (Depakote®, Depakote ER®, Depakene®, Epival ECT®, Depacon®, Stavzor®)*, *duloxetine (Cymbalta®)*, *venlafaxine (Effexor®, Effexor XR®)*, *desvenlafaxine (Pristiq®)*, *lidocaine (Lidoderm®)*, *amitriptyline (Elavil®)*, *desipramine (Norpramin®)*, *nortriptyline (Pamelor®)*, *imipramine (Tofranil®)*, *doxepin (Sinequan®)*.

Effective Dec 13, 2011, gabapentin 100 mg, 300 mg and 400 mg capsules, carbamazepine 100 mg chewable tablets, carbamazepine 200 mg swallow tablets; amitriptyline tablets, nortriptyline capsules, and venlafaxine IR tablets will be the preferred agents in the **Neuropathic Pain drug category**. These medications will be reimbursed by Arkansas Medicaid without prior authorization for this drug category; however clinical edits, dose edits, and therapeutic duplication edits may apply. Please refer to the Medicaid pharmacy program website at <https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scrinfo.aspx#ClinicalEdits> and <https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scrinfo.aspx#ClaimEdits> for details on these point-of-sale (POS) edits.

Medications listed as either preferred or non-preferred status in this category may or may not include an FDA approved indication for neuropathic pain. Use of these medications for neuropathic pain and neuralgias has been reviewed through the evidence-based review process. Medications listed in this category as either preferred or non-preferred status are not to be construed as endorsements for marketing of off-label use by the manufacturer or by Medicaid.

Effective DATE 13, 2011, Gabapentin 600 mg and 800 mg tablets and Lyrica capsules will move to non-preferred status. Non-preferred drugs in the **neuropathic pain category** will reject at point-of-sale for the diagnosis of neuropathic pain. However, point-of-sale (POS) approval edits have been developed to approve non-preferred drugs for diagnoses for epilepsy or seizures and for some behavioral health off-label uses identified in Thompson MICROMEDEX DrugDex® for which an ICD9 diagnosis code could be identified.

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.