



**Division of Medical Services
Medicaid Pharmacy Program**

P.O. Box 1437, Slot S415, Little Rock, AR 72203-1437
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April 24, 2024

RE: PDL updates for Sabril® powder pack, Toviaz® tablet, Amitiza® capsule, Prezista® tablet, Revatio® suspension, epinephrine injection, and Remodulin® vial

Prescribers and pharmacists,

Effective May 1, 2024, the following will be preferred options on the Arkansas Medicaid preferred drug list (PDL).

- Vigabatrin powder pack (generic for Sabril® powder pack)
- Fesoterodine ER tablet (generic for Toviaz®)
- Lubiprostone capsule (generic for Amitiza®)
- Darunavir tablet (generic for Prezista®)
- Epinephrine (Authorized Generic) injection (Brand name Epipen® and Epipen® Jr will remain preferred as well)
- Remodulin® vials (Brand name)

Effective July 1, 2024, the following product(s) will be considered as non-preferred.

- Sabril® powder pack
- Toviaz® tablet
- Amitiza® capsule
- Prezista® tablet
- Non-authorized generic NDCs for epinephrine injection
- Treprostinil vials (generic for Remodulin® vials)

Effective May 1, 2024, the following product will no longer be plan prefers brand. This product remains a non-preferred medication for pulmonary arterial hypertension, but the generic will be required over the brand name.

- Sildenafil suspension (generic for Revatio®)

Effective July 1, 2024, the following brand product(s) will no longer be considered plan prefers brand.

- Revatio® suspension

These brand name options will still be listed as a preferred option until July 1, 2024 to allow time for your pharmacy to use the remainder of on-hand stock.

For any questions, contact the Magellan Help Desk at 800-424-7895.

Sincerely,

Cynthia Neuhofer, Pharm.D.
DMS Assistant Director/Pharmacy Director

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