



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



December 5, 2014

Subject: Evidenced-Based Prescription Drug List (PDL) re-review of ADHD drugs: Atomoxetine HCl (Strattera®), amphetamine mixture (Adderall® and Adderall® XR), clonidine (Catapres®, Catapres® TTS, Kapvay®, Nexiclon® XR), dexamethylphenidate HCl (Focalin®, Focalin® XR), dextroamphetamine sulfate (Dexedrine® tablet, Dexedrine® Spansule, Dextrostat® tablet, Liquadd® Oral Solution, Zenedi™ tablet), guanfacine HCl (Tenex®, Intuniv®) lisdexamfetamine dimesylate (Vyvanse®), methamphetamine HCl (Desoxyn®), methylphenidate HCl (Concerta®, Metadate® CD, Metadate® ER, Methylin®, Ritalin®, Ritalin® LA, Ritalin® SR, Quillivant™ XR oral suspension), methylphenidate (Daytrana® patch)

Effective Feb. 3, 2015, Strattera® (atomoxetine), in the ADD/ADHD drug class, will move to preferred status on the AR Medicaid Preferred Drug List (PDL).

The agents that will continue as preferred status are: Adderall® XR (brand only), Focalin® XR (brand only), Vyvanse® (lisdexamfetamine dimesylate), amphetamine mixed salt combo IR tablets, dextroamphetamine IR 5 mg and 10 mg tablets, and Focalin® IR (brand only), methylphenidate IR tablets. These medications will be reimbursed by Arkansas Medicaid without a phone call for prior authorization; however, clinical edits, maximum daily dose edits, cumulative quantity edits, age edits, and therapeutic duplication edits will apply. Please refer to the AR Medicaid pharmacy program website at <https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scrpinf.aspx#ClinicalEdits> and <https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scrpinf.aspx#ClaimEdits> for details on these point-of-sale (POS) prior authorization criteria edits. Exceptions to established criteria and edits are reviewed on a case-by-case basis. Prescribers must provide written documentation to substantiate the medical necessity of the request to override the established edits.

Beginning Feb. 3, 2015, Daytrana® patch will move to NON-PREFERRED STATUS with continuation criteria. Concerta® (brand and generic methylphenidate extended-release) will remain as non-preferred status with continuation criteria. For both Daytrana® patch and Concerta® (brand and generic methylphenidate extended-release), the pharmacy point-of-sale clinical edit system will search the recipient's Medicaid drug history to identify patients who are stable and compliant on the prescribed therapy. A patient will be allowed to continue the same medication at the same dose by the system creating the approved prior authorization at the point-of-sale. Stable and compliant is defined for these drugs as the patient has received at least 90 days of medication therapy (same dose, same drug) out of the previous 120 days based on the patient's Medicaid drug profile. Claims for "new starts" on these NON-PREFERRED agents **will reject at point-of-sale.**

Amphetamine mixed salt combo XR (generic Adderall XR), dexamethylphenidate ER and IR (generic Focalin IR and generic Focalin XR), Intuniv® (guanfacine long-acting), Kapvay® (clonidine long-acting), Nexiclon® XR (clonidine long-acting), dextroamphetamine capsules, dextroamphetamine solution, Zenedi™ 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg IR (Dextroamphetamine) tablets, methamphetamine (Desoxyn®) tablet, methylphenidate chew tabs, methylphenidate solution, Quillivant™ XR (methylphenidate) oral suspension, and methylphenidate CD, LA, SR, and ER tablets and capsules will remain as NON-PREFERRED status.

Immediate release clonidine and guanfacine do not require prior authorization and are not included on the ADD/ADHD PDL list as these drugs have other uses.

If the prescriber believes that a non-preferred product is medically necessary and the patient does not meet applicable point-of-sale edits, the prescriber must contact [the EBRx PDL Prior Authorization \(PA\)](#)

Call Center at (Local) 501-526-4200 • Fax: 501-526-4188 • WATS (Long-Distance) 866-250-2518 to speak directly with clinical pharmacists and may also submit written documentation of medical necessity to a physician at the PDL PA Call Center concerning the request for a non-preferred status drug. After a PA request is approved and entered into the system, the pharmacy can fill the prescription and submit the claim.

This advance notice is to provide you the opportunity to contact, counsel and change patients from 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.

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.