



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



Local 501-526-4200 · Toll Free 866-250-2518 · Fax: 1-800-424-5739

December 11, 2015

Subject: Evidenced-Based Prescription Drug List (PDL) re-review of *Angiotensin II Receptor Blocker (ARB), Angiotensin-Converting Enzyme Inhibitors (ACEI), and Direct Renin Inhibitor (DRI) agents*; agents included in the re-review were eprosartan mesylate (Teveten®); eprosartan/HCTZ (Teveten® HCT); candesartan cilexetil (Atacand®); candesartan HCTZ (Atacand® HCT); irbesartan (Avapro®); irbesartan/HCTZ (Avalide®); telmisartan (Micardis®); telmisartan/amlodipine (Twynsta®); olmesartan medoxomil (Benicar®); olmesartan/HCTZ (Benicar® HCT); amlodipine/olmesartan (Azor®); Tribenzor® (olmesartan/amlodipine/HCTZ); losartan potassium (Cozaar®); losartan/HCTZ (Hyzaar®); valsartan (Diovan®) valsartan/HCTZ (Diovan® HCT); amlodipine/valsartan (Exforge®); amlodipine/valsartan/HCTZ (Exforge® HCT), azilsartan medoxomil (Edarbi®), aliskiren (Tekturna®) and aliskiren/HCTZ (Tekturna HCT®).

Effective FEBRUARY 15, 2016 the preferred agents in the *Angiotensin II Receptor Blocker (ARB), Angiotensin-Converting Enzyme Inhibitors (ACEI) and Direct Renin Inhibitor (DRI) drug classes* are: DIOVAN® *brand only* (valsartan), valsartan/HCTZ, amlodipine/valsartan, losartan, losartan/HCTZ, irbesartan, irbesartan/HCTZ, quinapril, quinapril-HCTZ, ramipril, lisinopril, lisinopril HCTZ, enalapril, enalapril HCTZ, benazepril, benazepril HCTZ, captopril. These medications will be reimbursed by Arkansas Medicaid as "preferred status with criteria"; clinical edits, dose edits, and therapeutic duplication edits may apply. Please refer to the Medicaid pharmacy program website at: <https://arkansas.magellanrx.com/provider/docs/rxinfo/PACriteria.pdf>, <https://arkansas.magellanrx.com/provider/docs/rxinfo/PDL.pdf>, <https://arkansas.magellanrx.com/provider/docs/rxinfo/ClaimEdits.pdf>. for details on these point-of-sale (POS) edits.

Non-preferred agents in the *Angiotensin II Receptor Blocker (ARB), Angiotensin-Converting Enzyme Inhibitors (ACEI) and Direct Renin Inhibitor (DRI)* will reject at point-of-sale. **Agents moving from preferred status to non-preferred status** include: AZOR® (amlodipine/olmesartan), Benicar® (olmesartan), Benicar® HCT (olmesartan/ hydrochlorothiazide (HCTZ)), Exforge® HCT (amlodipine/valsartan/HCTZ), Tribenzor® (olmesartan/amlodipine/HCTZ), Tekturna® (aliskiren) and Tekturna HCT® (aliskiren/HCTZ). Candesartan cilexetil (Atacand®) is listed as a non-preferred drug with required diagnosis criteria. The remaining non-preferred agents in the ARB re-review include: eprosartan mesylate (Teveten®); eprosartan/HCTZ (Teveten® HCT); candesartan HCTZ (Atacand® HCT), telmisartan (Micardis®); telmisartan/amlodipine (Twynsta®), and azilsartan medoxomil (Edarbi®), azilsartan/chlorthalidone (Edarbychlor), enalapril oral solution (Epaned), Amturnide (aliskiren/amlodipin/hcthiaze). .

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 to speak directly with clinical pharmacists. Prescribers may also submit written documentation of medical necessity via fax to 1-800-424-5739 at the PDL PA Call Center concerning the request for a drug that is non-preferred status.

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.