

Arkansas Medicaid Pharmacy Program Pharmacy Extension of Benefit Prior Authorization (PA) Criteria

The Arkansas Medicaid Pharmacy Program will consider extensions of the prescription drug monthly benefit limit up to a maximum of six (6) prescriptions per calendar month for recipients age 21 and older for medically necessary maintenance medications. Maintenance medications for chronic illnesses should be prescribed and dispensed in quantities sufficient (not to exceed the maximum 31-day supply per prescription) to effect optimum economy in dispensing.

Discretion and ethical standards are to be used when applying for an extension of the prescription drug benefit. This is especially true when the drugs considered for the extension are for controlled medications. If a provider suspects an abuse of the extension of the prescription drug benefit, the Arkansas Medicaid Pharmacy Program should be contacted. The Pharmacy Program may elect to terminate extensions that are not consistently being used for appropriate maintenance therapy.

After the recipient has received the maximum monthly benefit or the maximum monthly extended benefit, he or she will be responsible for paying for his or her own medications for the remainder of the month.

Section I Extension of Pharmacy Benefit Which The Prescriber May Initiate

Extension of Prescription Drug Benefits from 3 prescriptions/month to 4, 5 or 6 prescriptions/month

The prescriber may call the Arkansas Medicaid Automated Voice Response (VRS) at **800-424-7895** and follow the prompts for Extension of Pharmacy Benefit:

- Press **2** for Calling from a Prescriber's Office and then
- Press Option **2** for Extension of Pharmacy Benefit

Before calling, have the following:

- Prescribing provider's individual Arkansas Medicaid ID number
- Recipient's Arkansas Medicaid ID number
- Touch-tone telephone or tone dialer

Section II Extension of Pharmacy Benefit Which the Pharmacy May Initiate

Extension of Prescription Drug Benefits for Antibiotic Therapy

The pharmacy may initiate the PA for an extension of benefits if the following criterion is met:

An antibiotic is prescribed after the beneficiary's prescription benefit limit has been reached.

Pharmacy may call the Prior Authorization Call Center at **800-424-7895** and follow the prompts for the Pharmacy Call Center:

- Press **1** for Calling from a Pharmacy and then
- Press Option **2** for Pharmacy Call Center