Arkansas Medicaid Evidence-Based Prescription Drug Program Preferred Drug List (PDL)

Overview

Arkansas Medicaid Pharmacy Program will maintain a Preferred Drug List based on comparative evidence-based data from Clinical Evidence Reports (CER). Arkansas Medicaid Pharmacy Program will use the CER to identify drug class or drug classes of medications that have similar indications, efficacy, and safety. Arkansas Medicaid will negotiate state supplemental rebates with manufacturers for the identified medication(s) pursuant to a CMS approved State Supplemental Rebate Agreement. A Drug Cost Committee (DCC) will review both State Supplemental and Federal rebates to determine the final net cost to the State of the identified medication(s). A Drug Review Committee (DRC) will review the CER to determine safety and efficacy for the identify medication(s). The DCC and DRC will provide recommendations to the State for preferred and non-preferred status for the identified medication(s). The Arkansas Medicaid will use these recommendations to establish and maintain a Preferred Drug List.

Development of the Preferred Drug List

The Arkansas Medicaid Pharmacy Program will determine which class or classes of medications will be reviewed for potential PDL development and the PDL review schedule. Arkansas Medicaid Program will use the CER to analyze and summarize the relative effectiveness of the drugs in a drug class or drug classes of medications in terms of efficacy and patient safety.

The Medicaid Pharmacy Program or its designee will send an invitation to manufacturers to submit a State Supplemental Rebate (SSR) offer for drugs in the drug class(es) under consideration in an upcoming review. The pharmaceutical manufacturers will receive complete instructions regarding submission information and deadlines. The SSR agreement contracts will be stated in terms of the Guaranteed Net Unit Price (GNUP) of the drug product to the State, net of all rebates.

The Arkansas Medicaid Pharmacy Program or its designee will provide the CER to the Drug Review Committee (DRC) for the drugs under consideration. The DRC membership will consist of seven members appointed by the Arkansas Medicaid Pharmacy Administrator. The DRC members will include three Arkansas Licensed Physicians, three Arkansas Licensed Pharmacists, and one chair appointed by the Medicaid Pharmacy Administrator. The DRC will also have at a minimum one physician and one pharmacist alternate.

The DRC meetings will be open to the public. The meeting agenda will list the drugs under review, and the date, time, and location of the meeting. The meeting agenda shall be posted on the Medicaid Pharmacy Program website, ar.primetherapeutics.com/provider-documents, 30-days prior to the meeting and shall serve as the sole source of notification to the public.

The Medicaid Drug Cost Committee members shall be appointed by the Medicaid Pharmacy Program Administrator. Due to the confidential and proprietary nature of the information reviewed, membership shall consist of staff directly associated with the Arkansas Medicaid Pharmacy Program.

The Cost Committee meetings shall be closed meetings due to the proprietary nature of the data being reviewed.

Based on the review of the evidence from the DRC meeting and the review of the final net costs to the state for all products under consideration, the Cost Committee will finalize a recommendation to Medicaid for which products should be included as preferred status on the PDL.

Notification of Changes to the PDL

At least thirty days prior to the implementation date for moving a medication to non-preferred status on the PDL, the AR Medicaid Pharmacy Program shall communicate any changes affecting the Preferred Drug List to State Medicaid Program providers through a notification process, which may include, but not be limited to, issuance of written notification to Medicaid providers, inclusion on the Medicaid Pharmacy Program website ar.primetherapeutics.com/provider-documents, or remittance advice messages. The PDL communication will include the effective date of said changes. In addition, where feasible, the Medicaid program will provide recipient-specific notifications to prescribers identifying his/her patients who have received drugs that are moving to non-preferred status and will require prior authorization to continue the medication after the implementation date. During the 30-day notice prior to implementation, pharmacy providers will receive system-generated messages when a claim is submitted for a drug that is changing to non-preferred status in the future. Prescribers and pharmacies should use this time to counsel his/her patients about the potential need to change his/her prescriptions to a preferred status drug on the PDL. Drugs changed to preferred status on the PDL that do not require specific prior approval criteria may be changed sooner than 30-days.

All changes to the PDL drug list shall be posted on the Medicaid Pharmacy Program website within 14 days of the scheduled date for the DRC meetings at ar.primetherapeutics.com/provider-documents. This shall serve as the sole source of notification and it is the providers' responsibility to review quarterly changes to the PDL.

Implementation of the PDL

The prescriber must contact the PDL PA Call Center to request the non-preferred medication on the PDL. The phone number for the PDL PA Call Center is listed below. If a pharmacy submits a claim for a non-preferred drug, and the prescriber has not obtained a PA approval, the pharmacy

will continue to receive a system-generated denial message to notify the pharmacy that the claim is for a non-preferred drug on the PDL. If a PA request is approved and entered into the system, the retail pharmacy can fill the prescription and submit the claim. In an emergency, a pharmacy may dispense up to five day supply of a non-preferred drug. This provision applies only when the PA Call Center is unavailable and the pharmacist is not able to contact the prescribing physician to change the medication. A pharmacy provider will submit an '03' in the Level of Service (418-DI) field. The software vendor should be consulted to enable the pharmacy provider to access this field.

Operation of the Call Center

The Call Center will operate from 8:00 a.m. to 5:00 p.m. Monday through Friday.

Prescribers may submit PA requests to the PDL PA Call Center via telephone, fax, or postal mail. The toll free number for the PDL PA Call Center is 1-800-424-7895; the PDL fax number is 1-800-424-5739.

The PDL Call Center will respond to all PA requests within 24 business hours of receipt. If a request is approved, the Call Center staff will enter the approval directly into the State's PA system and notify the prescriber. If a PA request is denied by a Call Center pharmacist, the denial is entered into the PA system and will notify to the prescriber. The prescriber may submit a written request for a reconsideration review. The prescriber will receive the outcome of the reconsideration request within 24 business hours of receipt. The recipient and/or prescriber may appeal the denial utilizing the existing appeal procedures printed on the denial letter.