ARKANSAS DEPARTMENT OF HUMAN SERVICES

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

March 6, 2013

Subject: Evidenced-Based Prescription Drug List (PDL) re-review of *Angiotensin II Receptor Blocker (ARB) 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 MAY 7, 2013 the preferred agents in the *Angiotensin II Receptor Blocker (ARB) and Direct Renin Inhibitor (DRI) drug classes* are: AZOR® (amlodipine/olmesartan), BENICAR® (olmesartan), BENICAR® HCT (olmesartan/ hydrochlorothiazide (HCTZ)), DIOVAN® as BRAND ONLY (valsartan), DIOVAN® HCT as BRAND ONLY (valsartan/HCTZ), EXFORGE® (amlodipine/valsartan), EXFORGE® HCT (amlodipine/valsartan/HCTZ), and **TRIBENZOR® (olmesartan/amlodipine/HCTZ), losartan, losartan/HCTZ, irbesartan, and irbesartan/HCTZ.** 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://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scripinfo.aspx#ClinicalEdits and https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scripinfo.aspx#ClaimEdits for details on these point-of-sale (POS) edits.

CORRECTION: TEKTURNA® (aliskiren) AND TEKTURNA HCT® (aliskiren/HCTZ) WERE INADVERTENTLY LEFT OUT OF THE ABOVE LIST IN THE ORIGINAL LETTER THAT WAS MAILED TO PROVIDERS. THESE AGENTS ARE ALSO INCLUDED AS "PREFERRED STATUS WITH CRITERIA" FOR THIS RE-REVIEW.

Non-preferred agents in the *Angiotensin II Receptor Blocker (ARB) and Direct Renin Inhibitor(DRI) drug classes* **will reject at point-of-sale. Generic valsartan/HCTZ and generic valsartan (when available) will be moved to non-preferred status until further notice.** The remaining non-preferred agents in this re-review include: eprosartan mesylate (Teveten®); eprosartan/HCTZ (Teveten® HCT); candesartan cilexetil (Atacand®); candesartan HCTZ (Atacand® HCT), telmisartan (Micardis®); telmisartan/amlodipine (Twynsta®), and azilsartan medoxomil (Edarbi®). If the prescriber believes that a non-preferred product is medically necessary and the patient does not meet applicable edits, the prescriber must contact the UAMS Prior Authorization (PA) Call Center (see phone number above) to speak directly with clinical pharmacists and, if requested, to a physician concerning the request for a non-preferred drug. After a PA request is approved and entered into the system, the pharmacy can fill the prescription and submit the claim. PA requests for non-preferred drugs will be approved for up to six months.

As described in the Official Notice dated December 8, 2004, Arkansas Medicaid has established an Evidence-Based Prescription Drug List. Medications selected for the Evidence-Based Prescription Drug List represent one of two situations. The medication may offer a clear, proven clinical advantage over other similar medicines. If all medications in a drug class are found to be equally safe and effective, the preferred drug represents the most economical choice to provide effective treatment for the greatest

number of patients. Arkansas Medicaid preferred drug(s) are selected after review of all publicly available clinical evidence by a committee of Arkansas clinicians, including physicians and pharmacists. The Drug Review Committee's recommendations are passed to a second committee which considers utilization and net-net cost (cost inclusive of available manufacturer rebates) for the Arkansas Medicaid system. Your use of Arkansas Medicaid-preferred drugs will provide your patients with medications proven to be the best available for their medical conditions and help to ensure continuation of services and reimbursement levels in the Arkansas Medicaid Program.

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

Preferred drugs will be added to the list on the Arkansas Medicaid website as they are determined.

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at 501-320-6429.

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.