



**Division of Medical Services**  
**Arkansas Medicaid Evidence-Based**  
**Prescription Drug Program**  
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June 14, 2010

**Subject: Evidenced-Based Prescription Drug List (PDL) re-review Calcium Channel Blocker (CCB) agents**

**Effective August 17, 2010**, the following CCB agents will remain as preferred status: the preferred phenylalkylamine drug is **verapamil SR or SA, TABLETS 120 mg, 180 mg, 240 mg**; the preferred benzothiazepine drug is **diltiazem ER, XR, XT, or SA capsules 120 mg, 180 mg, 240 mg** that are the generic equivalent to Dilacor XR®; the preferred dihydropyridines are **amlodipine**, and **nifedipine ER, XL, CC, or CR TABLET**. In addition, **Exforge® HCT (valsartan/amlodipine/HCTZ)**, will be added to the \*preferred with criteria fixed-dose combination-products list with **Azor® (olmesartan/amlodipine)**, and **Exforge® (valsartan/amlodipine)**. The single-entity medications will be reimbursed by Arkansas Medicaid without prior authorization; however clinical edits, dose edits, and therapeutic duplication edits may apply. **Clinical criteria will be applied to the fixed-dose-combination-products (FDCP) that contain a CCB agent with an Angiotensin II Receptor Blockers (ARB) agent.**

**\*Preferred with criteria agents approve at point-of-sale (POS) with the following criteria:**

- ❖ **NEW STARTS:** POS Approval criteria for one of the “preferred with criteria” agents that contain ARB, FDCP-ARB, DRI, FDCP-DRI agents will require a trial of an ACE-inhibitor product (ACE-inhibitor, ACE-Inhibitor/HCTZ, or CCB/ACE-Inhibitor). The ACE-inhibitor product drug claim must be found in Medicaid drug history within the previous 27 to 45 days before a “preferred with criteria” ARB, FDCP-ARB, DRI, FDCP-DRI agent will pay at POS.
- ❖ **CONTINUATION:** POS approval criteria for one of the “Preferred with criteria” ARB, FDCP-ARB, DRI, FDCP-DRI agents require at least one claim of a “preferred with criteria” status agent (see above list) in Medicaid history in previous 60 days and then any of the “preferred with criteria” agents will pay at POS.

ACE-Inhibitor = Angiotensin Converting Enzyme Inhibitors  
ARB = Angiotensin II Receptor Blockers  
DRI = Direct Renin Inhibitor  
FDCP = fixed-dose-combination-product

Please refer to the Medicaid pharmacy program website at <http://www.medicaid.state.ar.us/Download/provider/pharm/PDLCriteria.doc> and <http://www.medicaid.state.ar.us/Download/provider/pharm/ClaimEdits.xls> for details on these POS edits.

**Dynacirc® CR (isradipine) and amlodipine/ benazepril fixed-dose-combination-products will be moved to non-preferred status on the above date.** Non-preferred agents in the **Calcium Channel Blocker drug class** will reject at point-of-sale. 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 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](http://www.medicaid.state.ar.us).*