



**Division of Medical Services**  
**Arkansas Medicaid Evidence-Based**  
**Prescription Drug Program**  
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May 6, 2014

**Subject: Evidenced-Based Prescription Drug List (PDL) re-review of Multiple Sclerosis (MS) Disease Modifying Agents:** Fingolimod (Gilenya®); Glatiramer Acetate (Copaxone®); Interferon beta-1a (Avonex®); Interferon beta-1a (Rebif®); Interferon beta-1b (Betaseron®); Interferon beta-1b (Extavia®); Teriflunomide (Aubagio®); Dimethyl fumarate (Tecfidera™)

**Arkansas Medicaid is pleased to announce that effective April 4, 2014,** the following medications were included as **PREFERRED STATUS in the Multiple Sclerosis (MS) Disease Modifying Agents drug category:** Avonex 30 mcg lyophilized powder vial, prefilled syringe, and injector pen; and Copaxone 20 mg prefilled syringe.

Clinical edits, dose edits, and therapeutic duplication edits may apply to the medications in this drug class. Please refer to the Medicaid pharmacy program website at <https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scrinfo.aspx#ClinicalEdits> and <https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scrinfo.aspx#ClaimEdits> for details on these point-of-sale (POS) prior authorization criteria edits.

*Non-preferred* agents in **Multiple Sclerosis (MS) Disease Modifying Agents drug category will reject at point-of-sale. Copaxone 40 mg inj, and Betaseron inj,** changed to NON-Preferred status as of April 4, 2014, and will reject at point-of-sale as of **July 8, 2014.** If the prescriber believes that a non-preferred product is medically necessary and the patient does not meet applicable POS edits, the prescriber must contact the PDL Prior Authorization (PA) Call Center (see phone number above) to speak directly with a clinical pharmacist and may also submit written documentation of medical necessity to a physician at the PDL PA Call Center concerning the request for a non-preferred status drug. After a PA request is approved and entered into the system, the pharmacy can fill the prescription and submit the claim.

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.**

*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).*