



Division of Medical Services
Arkansas Medicaid Evidence-Based
Prescription Drug Program

501-526-4200 · Fax: 501-526-4188 · WATS 866-250-2518



April 3, 2008

Subject: Evidenced-Based Prescription Drug list— **DRUGS FOR NEUROPATHIC PAIN**

As described in the Official Notice dated December 8, 2004, Arkansas Medicaid has established an Evidence-Based Prescription Drug List.

Effective **June 5, 2008**, **carbamazepine 100 mg chewable tablets, carbamazepine 200 mg swallow tablets; gabapentin capsules and gabapentin 600 mg & 800 mg tablets; Lyrica® capsules, amitriptyline tablets, nortriptyline capsules, and venlafaxine IR tablets** will be the preferred agents in the **DRUGS FOR NEUROPATHIC PAIN** category and will be reimbursed by Arkansas Medicaid without prior authorization; however clinical edits, dose edits, and therapeutic duplication edits may apply.

Medications listed as either preferred or non-preferred status in this category may or may not include an FDA approved indication for neuropathic pain. Use of these medications for neuropathic pain and neuralgias has been reviewed through the evidence-based review process. Medications listed in this category as either preferred or non-preferred status are not to be construed as endorsements for marketing of off-label use by the manufacturer or by Medicaid.

The non-preferred antiepileptic medications will be considered *non-preferred for treating neuropathic pain only*. Point-of-sale prior approval criteria for Medicaid-eligible recipients have been developed for the non-preferred anti-epileptic medications in the **Drugs for Neuropathic Pain** category for the FDA approved indications and off-label uses identified in Thompson MICROMEDEX DrugDex® for which an ICD9 diagnosis code could be identified and that treatment is covered by Arkansas Medicaid Pharmacy Program. At point-of-sale, the pharmacy clinical edit system will search the recipient's medical history for claims paid by Medicaid using diagnosis and procedure codes to identify the approval criteria and the claim(s) will pay at point-of-sale without further review for its use; however clinical edits, dose edits, and therapeutic duplication edits may apply. The complete criteria for these agents can be viewed at the Medicaid website <http://www.medicaid.state.ar.us/Download/provider/pharm/PDLCriteria.doc>. The non-preferred antiepileptic medication list for the treatment of neuropathic pain includes Lamictal® all strengths, Topamax all strengths, Trileptal all strengths, Depakene all strengths, Depakote all strengths, Tegretol XR all strengths, Carbatrol ER capsules all strengths, Carbamazepine oral suspension 100 mg/5 ml, gabapentin 100 mg tablet, 300 mg tablet, 400 mg tablet and 250/5 ml solution.

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.

Prior to the implementation date noted above for changes to the **DRUGS FOR NEUROPATHIC PAIN** category in the Evidence-Based Prescription Drug List, Arkansas Medicaid will continue to reimburse as current policy provides for medications in these drug classes. Beginning **June 5, 2008**, non-preferred agents, in the above mentioned drug class, require prior authorization.

As a reminder, Medicare-Medicaid beneficiaries (duals) are not eligible for Medicaid prescription drug benefits for these medications after January 1, 2006.

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.