



Arkansas Department of Health and Human Services

Division of Medical Services



Arkansas Medicaid Evidence-Based Prescription Drug Program

Authorization Call Center

Little Rock, AR

• Local 501-526-4200

• WATS 866-250-2518

January 18, 2006

Subject: Evidenced-Based Prescription Drug List— **Skeletal Muscle Relaxant Drug Class**

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

Effective March 20, 2006, **chlorzoxazone 500 mg, cyclobenzaprine 10 mg tablets, and methocarbamol 500 mg and 750 mg** will be the preferred drugs in the **Skeletal Muscle Relaxant Drug Class** and will be reimbursed by Arkansas Medicaid without prior authorization. **Baclofen 10 mg and 20 mg tablets and tizanidine 2 mg and 4 mg tablets** will be available as preferred status without prior authorization for patients with neurological conditions associated with spasticity. 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 above approval criteria. As a reminder, Medicare-Medicaid beneficiaries (duals) are not eligible for Medicaid prescription drug benefits 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.

Prior to the implementation of the **Skeletal Muscle Relaxant Drug Class** in the Evidence-Based Prescription Drug List, Arkansas Medicaid will continue to reimburse as current policy provides for any medication in this drug class. Effective March 20, 2006, prior authorization to receive a non-preferred drug in the **Skeletal Muscle Relaxant Drug Class** will be required.

If the prescriber believes that the non-preferred product is medically necessary and the patient does not meet the clinical edit criteria, 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.

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

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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.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and out-of-state at (501) 376-2211.

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.