

Division of Medical Services Medicaid Pharmacy Program P.O. Box 1437, Slot S415, Little Rock, AR 72203-1437 P: 501.683.4120 F: 800-424-5851

July 1, 2025

RE: electronic PA (ePA) and CoverMyMeds®

Prescribers and pharmacists,

Beginning **8/1/2025**, the Arkansas Medicaid Prescription Drug Program will add new functionality to begin accepting electronic prior authorization (ePA) requests via CoverMyMeds[®], in addition to fax requests.

The CoverMyMeds tool will simplify the prior authorization process by prompting prescribers to answer required clinical questions and can offer real-time approval if clinical criteria are met. This will allow prescribers to submit prior authorization requests electronically, with the ability to upload supporting documents, and track the request in real time.

Additionally, pharmacy providers who utilize CoverMyMeds will have the opportunity to initiate medication ePA requests on behalf of the member for completion by the prescriber. CoverMyMeds will direct the case to the prescriber's queue and prompt them to complete and submit the ePA to Arkansas Medicaid.

Please refer to the Arkansas Medicaid Pharmacy Website at <u>Provider Documents - Arkansas</u> for additional information on ePA and CoverMyMeds.

Sincerely, Cynthia Neuhofel, Pharm.D. DMS Assistant Director/Pharmacy Director