

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

May 31, 2024

RE: Preferred Drug List (PDL) updates for Inhaled Corticosteroids, ADD/ADHD medications, and Phosphate Removing Agents

Prescribers and pharmacists,

<u>Effective July 1, 2024</u>, the PDL classes listed below will have noted updates to preferred options for Arkansas Medicaid beneficiaries. The **bolded medications** designate products that will have a change in PDL status.

# INHALED CORTICOSTEROIDS

Preferred agents WITHOUT criteria

- Arnuity Ellipta® (fluticasone furoate)
- Asmanex HFA<sup>®</sup> (mometasone furoate)
- Asmanex Twisthaler<sup>®</sup> (mometasone furoate)
- Pulmicort Flexhaler<sup>®</sup> (budesonide)
- QVAR Redihaler<sup>®</sup> (beclomethasone dipropionate)

### Preferred agents WITH criteria

- Alvesco® HFA (ciclesonide)
- Budesonide ampules for nebulizer (generic for Pulmicort Respules®)

### Non-preferred agents WITHOUT criteria

- Armonair Digihaler<sup>®</sup> (fluticasone propionate)—discontinued 6/1/2024
- Fluticasone Diskus (generic for Flovent Diskus<sup>®</sup>)
- Pulmicort Respules<sup>®</sup> (budesonide)

### Non-preferred agents WITH criteria

• Fluticasone HFA (generic for Flovent HFA®)

### PHOSPHATE REMOVING AGENTS

### **Preferred** agents

- Calcium Acetate capsule
- Calcium Acetate tablet
- \*Renvela® (sevelamer carbonate) tablet
- Sevelamer Carbonate tablet (generic for Renvela®)

\*NOTE: Brand name Renvela<sup>®</sup> will still be listed as a preferred option until September 1, 2024 to allow time for pharmacies to use the remainder of on-hand stock.

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### Non-preferred agents

- Auryxia<sup>®</sup> (ferric citrate) tablet
- Fosrenol<sup>®</sup> (lanthanum carbonate) chewable tablet
- Lanthanum Carbonate chewable tablet (generic for Fosrenol<sup>®</sup>)
- Phoslyra<sup>®</sup> (calcium acetate) 667 mg/5 ml oral solution
- Renvela<sup>®</sup> (sevelamer carbonate) Powder Pack
- Sevelamer HCl tablets (generic for Renagel<sup>®</sup>)
- Velphoro<sup>®</sup> (sucroferric oxyhydroxide) chewable tablet
- Xphozah<sup>®</sup> (tenapanor) tablet

# ADD/ADHD MEDICATIONS

# Preferred agents WITH criteria

- \*Adderall® XR capsule (amphetamine/dextroamphetamine salt ER)
- Amphetamine/dextroamphetamine salt ER capsule (generic for Adderall® XR)
- Amphetamine/dextroamphetamine salt tablet (generic for Adderall® IR)
- Atomoxetine capsule (generic for Strattera<sup>®</sup>)
- Clonidine IR tablet (generic for Catapres<sup>®</sup>)
- Clonidine ER tablet (generic for Kapvay<sup>®</sup> ER)
- \*Concerta® tablet (methylphenidate ER)
- Daytrana<sup>®</sup> patch (methylphenidate) (BRAND ONLY)
- Dexmethylphenidate ER capsule (generic for Focalin<sup>®</sup> XR)
- Dexmethylphenidate IR tablet (generic for Focalin<sup>®</sup>)
- Dextroamphetamine 5 mg and 10 mg tablet (generic for Zenzedi<sup>®</sup>)
- Focalin<sup>®</sup> tablet (dexmethylphenidate)
- Focalin<sup>®</sup> XR capsule (dexmethylphenidate ER)
- Guanfacine IR tablet (generic for Tenex<sup>®</sup>)
- Guanfacine ER tablet (generic for Intuniv<sup>®</sup> ER)
- Methylphenidate tablet (generic for Methylin<sup>®</sup>, Ritalin<sup>®</sup> IR)
- Methylphenidate ER tablet (generic for Concerta®)
- Vyvanse<sup>®</sup> CHEW tablet (lisdexamfetamine) (BRAND ONLY)
- Vvyanse<sup>®</sup> capsule (lisdexamfetamine) (BRAND ONLY)

# \*NOTE: Brand name Adderall XR<sup>®</sup> and brand name Concerta<sup>®</sup> will still be listed as preferred options until September 1, 2024 to allow time for pharmacies to use the remainder of on-hand stock.

### Also, brand name Focalin<sup>®</sup>/Focalin XR<sup>®</sup> along with their generics will remain preferred options for the time being.

For any questions, contact the Magellan Help Desk at 800-424-7895.

Sincerely,

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