



Division of Medical Services
Medicaid Pharmacy Program
P.O. Box 1437, Slot S415, Little Rock, AR 72203-1437
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August 7, 2024

RE: Updates for Diclegis® and Myfortic®

Prescribers and pharmacists,

Effective August 7, 2024, the following will be preferred options for Arkansas Medicaid.

- **Doxylamine succinate and pyridoxine hydrochloride tablet (generic for Diclegis®)**
Generic Diclegis® Point of Sale Approval Criteria
 - Recipient has a billed diagnosis of pregnancy or a lab value confirming pregnancy within the last 9 months without documentation of delivery or pregnancy termination.
 - Recipient not meeting point-of-sale criteria will require a PA request with documentation of current pregnancy.

- **Mycophenolate sodium DR tablet (generic for Myfortic®)**
 - Generic Myfortic® will be available without prior authorization.

***NOTE: Brand name Diclegis® will also still be listed as a preferred option until October 7, 2024 to allow time for pharmacies to use the remainder of on-hand stock.**

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

Sincerely,

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