



**Division of Medical Services
Medicaid Pharmacy Program**

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June 17, 2026

RE: Updates for Opsumit® tablets and Fycompa® tablets

Prescribers and pharmacists,

Opsumit® (macitentan) tablet and Fycompa® (perampanel) tablet have been brand preferred. **Effective 6/18/2026**, both the generic and the brand products will be available for dispensing to Arkansas Medicaid beneficiaries.

Generic macitentan tablet and generic perampanel tablet will require DAW code of zero (0) to process the payment at the correct generic rate. Brand Opsumit® and brand Fycompa® will require a DAW code of nine (9) to ensure the claim is processed as a plan prefers brand (PPB) product and pays at the brand rate. **After 7/31/2026**, brand Fycompa® tablet and brand Opsumit® tablet will no longer be considered the plan preferred brand products while the generics will become the preferred options if approved with a prior authorization as macitentan tablet and perampanel tablet are non-preferred products. The overlap of brand and generic will allow pharmacies to exhaust the brand product inventory.

Fycompa® suspension will remain plan prefers brand (PPB) until further notice.

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

Sincerely,

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