



**Division of Medical Services
Pharmacy Program**

P.O. Box 1437, Slot S415 · Little Rock, AR 72203-1437
Phone: 501-683-4120 · Fax: 1-800-424-5851



SPECIAL MEMORANDUM

TO: Arkansas Medicaid Enrolled Prescribing Providers and Pharmacy Providers

FROM: Cynthia Neuhofer, Pharm.D. Division of Medical Services Pharmacy Program *Cynthia Neuhofer*

DATE: **October 28, 2019**

SUBJ: Arkansas Medicaid Pharmacy Program updates and information

This memorandum is to provide updates from the Arkansas Medicaid Pharmacy Program. These updates include clarification of Ranexa status, preferred inhaled antibiotics, status of opium tincture and hyoscyamine, and information on the upcoming changes with Medication-Assisted Treatment for Opioid Use Disorder.

1) Ranexa 500mg and 1000mg tablets

Ranexa is indicated for the treatment of chronic angina. Currently, Ranexa is considered a State Supported Brand medication. Multiple manufacturers have brought generic Ranexa to the market, bringing the cost down, and it is no longer beneficial for the State to support the brand name. Effective December 1, 2019, pharmacies should begin processing claims with the generic (ranolazine) for proper payment. At that point, brand name Ranexa will require a Brand Medically Necessary prior authorization.

2) Preferred inhaled antibiotics

The inhaled antibiotics class was reviewed by the Drug Review Committee on August 14, 2019. The preferred and non-preferred list has been updated. The provider memo posted on August 8, 2019 was incorrect. The correct preferred drug list is as follows:

PREFERRED

Kitabis®
Bethkis™

NONPREFERRED

Tobramycin (AG and generic only)
TOBI®
TOBI Podhaler®
Cayston®
Arikayce® (requires manual review)

3) **Opium Tincture and Hyoscyamine**

The Magellan Help Desk has received multiple requests for the coverage of opium tincture and hyoscyamine. These products are excluded medications in the Arkansas Medicaid Pharmacy Program. These drugs have not been found by the FDA to be safe and effective and have not been approved by the FDA.

4) **Preferred Oral Agents for Opioid Use Disorder**

Beginning January 1, 2020, as required by Act 964 of 2019, the following changes will be made to the preferred buprenorphine products on the Arkansas Medicaid evidence-based preferred drug list:

- The preferred medications will not require a PA if there is a valid prescription for opioid use disorder and compliance with the medication-assisted treatment guidelines.
- Prescriptions for preferred medications will not take up a Medicaid slot.
- Prescriptions for preferred medications will not require a copay by the beneficiary.

Maximum quantity edits apply per FDA dosing recommendations and therapeutic duplication limitations will continue to apply. If buprenorphine products have been dispensed in the last 90 days, an opioid prescription will deny and require a prior authorization.

Non-preferred medications will continue to require a PA. **Currently, the preferred medications are Suboxone® films and Buprenorphine SL tablets.** Review the pharmacy vendor website for any changes to the preferred medication list.