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| dhs | Division of Medical ServicesArkansas Medicaid Evidence-Based Prescription Drug Program | [Detailed color version of the Great Seal of the State of Arkansas.](http://dhsshare/DHS%20Graphics/!arkseal2.jpg) |
| Local 501-526-4200 · Fax: 501-526-4188  Long-Distance WATS 866-250-2518 |

Feb. 9, 2015

**Subject: Evidenced-Based Prescription Drug List (PDL) re-review of Targeted Immune Modulators *(TIMS) for the AR Medicaid Pharmacy Program, including: Orencia® (abatacept ); Humira® (adalimumab ); Kineret® (anakinra); Cimzia® (certolizumab pegol); Enbrel® (etanercept); Simponi® (golimumab); Remicade® (infliximab ); Actemra® (tocilizumab); Xeljanz® (tofacitinib); Stelara® (ustekinumab); Otezla® (apremilast);***

***Effective April 1, 2015, Cimzia® (certolizumab pegol) in the TIMS drug class, will move to NON-preferred status on the AR Medicaid Preferred Drug List (PDL).***

***The agents that will continue as preferred status are: Humira® (adalimumab ) and Enbrel® (etanercept).*** These medications will be reimbursed by Arkansas Medicaid at point-of-sale; however, point-of-sale clinical edits, maximum daily dose edits, cumulative quantity edits, age edits, and therapeutic duplication edits will apply. Please refer to the AR Medicaid pharmacy program website at <https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scripinfo.aspx#ClinicalEdits> and <https://www.medicaid.state.ar.us/InternetSolution/Provider/pharm/scripinfo.aspx#ClaimEdits> for details on these point-of-sale (POS) prior authorization criteria edits.

If the prescriber believes that a non-preferred product is medically necessary or the patient does not meet applicable point-of-sale edits, the prescriber must contact the EBRx PDL Prior Authorization (PA) Call Center at (Local) 501-526-4200 • Fax: 501-526-4188 • WATS (Long-Distance) 866-250-2518 to speak directly with clinical pharmacists and may also submit written documentation of medical necessity to a physician at the PDL PA Call Center concerning the request for a non-preferred status drug.

After a PA request is approved and entered into the system, the pharmacy can fill the prescription and submit the claim.

*Remicade is a non-preferred drug on the Medicaid Pharmacy Program’s PDL. When the prescriber plans to administer Remicade and it will not be administered in the beneficiary’s home setting, such as when the IV infusion is administered using an outpatient infusion center or day clinic, the prior authorization will not come from the Pharmacy Progra*m.***Before treatment begins, the prescriber should contact the Arkansas DHS, Division of Medical Services, Medical Director for Clinical Affairs at (501) 682-9868 for further information regarding prior authorization and the billing policy for J-code 1745****.*

This advance notice is to provide you the opportunity to contact, counsel and change patients from less proven or less cost-effective medicines to the Arkansas Medicaid-preferred drug. If you are an Arkansas Medicaid provider and have prescriptions attributed to you by your provider ID number by the dispensing pharmacy, we are attaching a list of those patients who have been identified as receiving prescriptions for drugs that are not on the preferred drug list in the referenced class. If you are not currently prescribing the referenced drug(s) or are not prescribing drugs in the referenced class(es), this provider notice is being submitted to you for informational purposes only.

**Note: You are reminded that protected health information (PHI) may not be disclosed. Therefore you are advised to redact all PHI belonging to other individuals from this list prior to placing this list in a patient file.**

*If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682‑6789 or 1‑877‑708‑8191. Both telephone numbers are voice and TDD.*

*Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:* [*www.medicaid.state.ar.us*](http://www.medicaid.state.ar.us)*.*