



Division of Medical Services
Arkansas Medicaid Evidence-Based
Prescription Drug Program



501-526-4200 · Fax: 501-526-4188 · WATS 866-250-2518

May 12, 2008

Subject: Evidenced-Based re-review **Hormone Replacement Therapy (HRT) drug class, including estrogen and estrogen-progestin combinations, for Women in Menopausal Transition or the Postmenopausal Stage**

As described in the Official Notice dated December 8, 2004, Arkansas Medicaid has established an Evidence-Based Prescription Drug List.

Estradiol 0.5mg, 1mg, 2mg tablets and **estropipate 0.75mg, 1.5mg, 3mg tablets** are the preferred agents in the **HRT Drug Class** and will be reimbursed by Arkansas Medicaid without prior authorization; however clinical edits, dose edits, and therapeutic duplication edits may apply.

Effective **July 11, 2008**, non-preferred agents in the **HRT Drug Class** will reject at point of sale. If the prescriber believes that a non-preferred product is medically necessary and the patient does not meet applicable edits, the prescriber must contact the UAMS Prior Authorization (PA) Call Center (see phone number above) to speak directly with clinical pharmacists and, if requested, to a physician concerning the request for a non-preferred drug. After a PA request is approved and entered into the system, the pharmacy can fill the prescription and submit the claim. PA requests for non-preferred drugs will be approved for up to six months.

Certain considerations will be given to those patients currently receiving an oral non-preferred estrogen-progestin combination medication in the **HRT** drug class at the time these edits are implemented. At point-of-sale, the pharmacy clinical edit system will search the recipient's Medicaid drug history to identify patients who are stable and compliant on the prescribed therapy and the patient will be allowed to continue the oral non-preferred estrogen-progestin therapy by the system creating the approved prior authorization. Stable and compliant is defined as the patient has received at least 120 days of medication therapy (same dose, same drug) out of the previous 180 days based on the patient's Medicaid drug profile.

Prior to the implementation date noted above for changes to the **HRT Drug Class** in the Evidence-Based Prescription Drug List, Arkansas Medicaid will continue to reimburse as current policy provides for medications in these drug classes. Beginning **July 11, 2008**, non-preferred agents, in the above mentioned drug class, require prior authorization.

As a reminder, Medicare-Medicaid beneficiaries (duals) are not eligible for Medicaid prescription drug benefits for these medications after January 1, 2006.

Medications selected for the Evidence-Based Prescription Drug List represent one of two situations. The medication may offer a clear, proven clinical advantage over other similar medicines. If all medications in a drug class are found to be equally safe and effective, the preferred drug represents the most economical choice to provide effective treatment for the greatest number of patients. Arkansas Medicaid preferred drug(s) are selected after review of all publicly available clinical evidence by a committee of Arkansas clinicians, including physicians and pharmacists. The Drug Review Committee's recommendations are passed to a second committee which considers utilization and net-net cost (cost inclusive of available manufacturer rebates) for the Arkansas Medicaid system. Your use of Arkansas Medicaid-preferred drugs will provide your patients with medications proven to be

the best available for their medical conditions and help to ensure continuation of services and reimbursement levels in the Arkansas Medicaid Program.

This advance notice is to provide you the opportunity to contact, counsel and change patients on 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.

Preferred drugs will be added to the list on the Arkansas Medicaid website as they are determined.

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.