



Division of Medical Services
Arkansas Medicaid Evidence-Based
Prescription Drug Program
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June 16, 2014

Subject: Evidenced-Based Prescription Drug List (PDL) re-review of Overactive Bladder (OAB) Agents, included in the re-review were Darifenacin hydrobromide (Enablex®); Fesoterodine fumarate (Toviaz®); Flavoxate hydrochloride (Urispas®); Mirabegron (Myrbetriq®); Oxybutynin chloride (Ditropan®, Ditropan XL®, Oxytrol®, Oxytrol® for Women (OTC), Gelnique®, Anturol®); Solifenacin Succinate (Vesicare®); Tolterodine tartrate (Detrol®, Detrol LA®); Trospium chloride (Sanctura®, Sanctura XR®).

The following medications have been ADDED to the PREFERRED status agent in the OAB drug class: Toviaz® (fesoterodine fumarate). **The status change to preferred status for this agent is effective 5/21/14. However, until the system changes can be updated on June 16, 2014 to allow these claims to go through at point of sale, please call the PDL PA Call Center to request this medication.** The medications that will continue as preferred status agents in this drug class are: oxybutynin chloride syrup, oxybutynin 5 mg tablet, oxybutynin ER tablet, and VESIcare® (solifenacin).

Clinical edits, dose edits, and therapeutic duplication edits may apply to the medications in this drug class. Please refer to the 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.

Non-preferred agents in the OAB 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 POS edits, the prescriber must contact the PDL Prior Authorization (PA) Call Center (see phone number above) to speak directly with a clinical pharmacist 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.

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 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.