A R K A N S A S DEPARTMENT OF HUMAN SERVICES

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



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May 6, 2014

Subject: Evidenced-Based Prescription Drug List (PDL) re-review of Second Generation Antidepressant (SGAD) Agents, included in the re-review were Citalopram (Celexa®); Escitalopram (Lexapro®); Fluoxetine (Prozac®, Sarafem®); Fluvoxamine (Luvox®, Luvox CR®); Paroxetine (Paxil®, Paxil CR®) Sertraline (Zoloft®) Duloxetine (Cymbalta®); Desvenlafaxine (Pristiq®); Venlafaxine (Effexor®, Effexor XR®), Bupropion (Wellbutrin®, Wellbutrin SR®. Wellbutrin XL®); Mirtazapine (Remeron®); Nefazodone (Serzone®); Vilazodone HCI (Viibryd®); Vortioxetine Hydrobromide (Brintellix™)

The following medications have been ADDED to the PREFERRED status agents in the Second Generation Antidepressant drug class: Venlafaxine ER CAPSULES 37.5 mg, 75 mg and 150 mg; Mirtazapine 7.5 mg tablets. The status change to preferred status for these agents is effective immediately. However, until the system changes can be updated on June 5, 2014 to allow these claims to go through at point of sale, please call the PDL PA Call Center to request. The medications that will continue as preferred status agents in this drug class are: bupropion regular release tablets, bupropion XL tablets, bupropion SR 100 mg, 150 mg, and 200 mg tablets; fluvoxamine maleate tablets 25 mg, 50 mg, and 100 mg; escitalopram tablets and escitalopram oral solution; citalopram tablets; citalopram oral solution; fluoxetine 10 mg and 20 mg capsules; fluoxetine oral solution; mirtazapine 15 mg, 30 mg and 45 mg tablets; paroxetine HCl regular release tablets; sertraline tablets; sertraline oral concentrate; venlafaxine regular release tablets.

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#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 **Second Generation Antidepressant (SGAD)** *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 <u>the PDL Prior Authorization (PA)</u> <u>Call Center (see phone number above)</u> 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.

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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: <u>www.medicaid.state.ar.us</u>.