

Arkansas State Board of Pharmacy

Application - Request for Restricted Network for a Prescription Drug by a Manufacturer for Act 630 of 2025

Manufacturer Name

DBA Name

Manufacturer Arkansas Permit #

Manufacturer Contact Phone #

Physical Street

Physical City

Physical State

Physical Zip Code

Manufacturer Designated Individual

Designated Individual Contact Phone#

Designated Individual Contact Email

*Attestation that this manufacturer has reviewed and understands Arkansas Act 630 of 2025. Initial for signature

Requested Rare, Orphan or Limited Distribution Medication

Name of Medication

Generic Name

Request based on Rare, Orphan or Limited Distribution Status?

Disease treated/Drug Class

Administration Route (topical, injection, infusion, oral)

Cost per RX

Logistics (unique handling needs for this medication)

Patient Caseload

Rarity of Disease or Condition

Are there any other factors unique or relevant to the medication and disease or condition treated?

Is this drug part of the manufacturer's 340b program?

Is the manufacturer in compliance with Arkansas law/rules regarding 340b contracting or is the distribution of this medication restricted in violation of these laws/rules?

Has the manufacturer blocked or denied access to these medications based on refusal to expand contract pharmacy distribution?

Has the manufacturer blocked or denied access to these medications based on refusal to expand REMS program access?

Has the manufacturer blocked or denied access to these medications based on any other reason? If so, explain.

The application should also include a list of Arkansas based pharmacies that are included in the limited network that have same day access in this state without requiring patients to use out-of-state or in-state common mail carriers for access as defined by Act 630 of 2025.

Included Pharmacy Name

Arkansas Permit #

City

State

Zip

Phone #