



Arkansas Department of Health

4815 West Markham Street, Slot 35 - Little Rock, AR 72205 - (501) 661-2000

Governor Sarah Huckabee Sanders Renee
Mallory, RN, BSN, Secretary of Health
Jennifer Dillaha, MD, Director

ATTN PHARMACIES

The Arkansas Kidney Disease Program appreciates your pharmacy participating as a vendor for our program. As a matter of information please be aware of the following and share it with your staff.

The Arkansas Kidney Disease Program is to be utilized as a resource of last resort. Clients are required to make use of all other available benefits/resources including Medicaid, Medicare Part B & D, Veteran's, private health insurance prescription coverage, and drug company patient assistance programs before requesting assistance from this program to cover partial or full payment for allowable medications. Clients with private health insurance and Medicare prescription coverage are required to utilize that benefit as the primary payment source.

At this time, The Arkansas Kidney Disease Program will **provide payment for up to three (3) drugs per month**. This number is subject to change, depending on funding. Pharmacies will be alerted in advance regarding any change in the number of drugs paid for by the program each month. The Arkansas Kidney Disease Program has a **restricted Formulary** and will provide payment assistance only for medications listed on the Formulary.

Under Program requirements over-the-counter drugs must be considered and dispensed first. If over-the-counter drugs are not a reasonable option, then (and finally) a brand-name drug may be dispensed provided the drug(s) is on the Program's formulary. The Program's Formulary lists several drugs that require prior approval, including Velphoro, Fosrenol, and Sensipar. The Program must issue a letter of prior approval for each drug. Pharmacies must request and obtain a copy of the approval letter prior to dispensing.

RENVELA - in those situations where a client's insurance will cover Renegel but not Renvela, the Program can assist with the co-payment. The Arkansas Kidney Disease Program **will not** provide payment for the full cost of Renvela.

FOSRENOL - The Arkansas Kidney Disease Program will only provide payment for the 1000mg tablets of Fosrenol with the maximum number of tablets the program can be billed being 90 tablets each month.

SENSIPAR - The Arkansas Kidney Disease Program will only participate as a co-payer. Clients are required to first utilize their prescription drug benefit before requesting Program supplemental assistance to provide co-payment. The Program's participation in proving co-payment for Sensipar cannot exceed 50% of the insurance allowable cost of the drug. Any request for the full cost of Sensipar will be denied.

Please remember that a client's approval to receive a drug requiring a prior approval will be included in the number of drugs available each month.

The Arkansas Kidney Disease Program can only participate in the purchase of immunosuppressant medications as a co-payer. The maximum amount the program will remit is 20% of the Medicare allowable rate. A copy of the Medicare remittance statement is requested when the claim is submitted.

The Arkansas Kidney Disease Program requests that drug claims are submitted online through its online claims portal. Claims must be received within one (1) calendar year from the date of service. The amount charged is prior to any insurance billing. Subtotal the amount to indicate total paid by Medicare, Medicaid, and/or private insurance. Include the Client's copay as required by the Program, which is \$2.00 per medication, then list the total charged to Program (subtracting the client's insurance and copay). The dispensing pharmacist must sign all claims submitted certifying that the medication(s) and supplies were necessary for the treatment of the illness reported, and that charges listed are net of applicable credits and copayments.