



Arkansas Department of Health

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Governor Sarah Huckabee Sanders
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ATTN PHARMACIES

The Arkansas Kidney Disease Commission (AKDC) 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 AKDC 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 the AKDC to provide 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, AKDC 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. AKDC has a restricted drug list and will only provide payment for medications listed on the formulary.

AKDC requires that over-the-counter drugs 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 AKDC formulary. AKDC has several prior approved drugs that include Velphoro, Fosrenol, and Sensipar. AKDC will issue a letter of prior approval for each drug with pharmacies requested to obtain a copy of the approval letter prior to dispensing.

RENEVELA - in those situations where a client's insurance will cover Renagel but not Renvela, the program can assist with the co-payment. The AKDC will not provide payment for the full cost of Renvela.

FOSRENOL - AKDC 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 - AKDC will only participate as a co-payer. Clients are required to first utilize their prescription drug benefit before requesting AKDC to provide co-payment. AKDC's participation in proving the insurance 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.

AKDC 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.

AKDC requests that drug claims are submitted online through the AKDC online portal. Claims must be received by AKDC 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 AKDC copay, which is \$2.00 per medication, then list the total charged to AKDC (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.