



**Division of Medical Services
Medicaid Pharmacy Program**

P.O. Box 1437, Slot S415, Little Rock, AR 72203-1437
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January 23, 2025

RE: Updates for Carospir®

Prescribers and pharmacists,

Effective January 24, 2025, the following will be a preferred option for Arkansas Medicaid.

- **Spironolactone 25 mg/5mL suspension (generic for Carospir®)** will be moved to preferred status over the brand name product. Carospir® (brand) will remain preferred until 2/24/25 to allow time for pharmacies to use stock on hand. On 2/24/25, the plan prefers brand status of the brand name product will be removed.

Generic spironolactone 25 mg/5mL suspension will require DAW code of zero (0) to process the payment at the correct generic rate. Until 2/24/25, Carospir® brand will require a DAW code of nine (9) to ensure the claim is processed as a plan prefers brand (PPB) product and pays at the brand rate. After 2/24/25, brand name Carospir® will require the prescriber to submit a brand name medically necessary prior authorization request.

Generic spironolactone 25 mg/5mL suspension will continue to require the following prior authorization criteria.

Approval Criteria:

- Beneficiary is an adult age ≥ 18 years of age; AND
- Beneficiary has an NPO diagnosis in Medicaid medical history in the previous 365 days

Denial Criteria:

- Hyperkalemia diagnosis in the previous 60 days
 - Beneficiary has concomitant administration with potassium supplementation drug claim in previous 60 days; OR
- Addison's disease diagnosis in the previous 2 years; OR
- Concomitant use of eplerenone claim in previous 60 days; OR
- Beneficiary has lithium drug claim in history in the previous 60 days; OR
- Beneficiary is pregnant

NOTE: Spironolactone tablets do not require prior authorization.

For any questions, contact the Prime Therapeutics Help Desk at 800-424-7895.

Sincerely,

Cynthia Neuhofer, Pharm.D.
DMS Assistant Director/Pharmacy Director