



ALABAMA MEDICAID PHARMACIST

Published Quarterly by Health Information Designs, Inc., Summer 2006

A Service of Alabama Medicaid

What's New at the Prior Authorization Unit?

- ◆ Stable therapy requirements have changed – documentation is required on all initial and renewal requests. Acceptable documentation includes pharmacy records, chart notes, or MARs.
- ◆ Max Unit Overrides have changed, too – when submitting an override request, please include prior dosages and therapies tried, indicate why lower dosages are not effective (eg – indicate specific symptoms that occur), or other complications that occur at lower dosages.
- ◆ Reminder – RxExpress (the online PA submission form) is active!! This form may be filled out and submitted online. Please visit our website, www.hidmedicaid.com, or the Alabama Medicaid website, www.medicaid.alabama.gov, and take a look at this easy and convenient way to submit prior authorization requests. If you have questions or comments about the online submission form, you may reach us at 1-800-748-0130.
- ◆ Our Academic Detailing program includes 7 Medicaid Pharmacy Specialists (MPS) located in different parts of Alabama. The MPS's make approximately 1500 visits per quarter in an effort to get information disseminated quickly to providers all across the state. If you are interested in having an MPS visit, please contact Lisa Stallings at 1-800-748-0130.

PDL Changes Effective 8-1-06

Preferred	Non-preferred
New Products:	
Asmanex	Bidil
	Cardura XL
	Symlyn
	Byetta
Changes:	
Altace	Cardene
Univasc	Calan SR
Lotensin HCT	Isoptin SR
Benicar HCT	Zocor
Lipitor	

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* For more information, please visit the Alabama Medicaid Agency website at www.medicaid.state.al.us, or the HID website at www.hidmedicaid.com.

ADHD Medications

It's been a tough year for the stimulants and other medications for ADHD. In 2005, Canada suspended the sale of Adderall XR for six months due to reports of adverse cardiovascular effects. That was just the beginning. In February 2006, the FDA Drug Safety and Risk Management Advisory Committee voted to make it mandatory to provide medication safety guides to families when a prescription for a stimulant medication is dispensed. The committee also voted that a black box warning be added to the labeling of all stimulant medications addressing the cardiac and psychiatric side effects. There was some uncertainty about the data regarding the incidence of cardiac death and stimulant use, however, and some felt that a black box warning might cause providers, and parents, to avoid using these drugs when they are indicated. The matter was then referred to a pediatric advisory committee. In late March 2006, the FDA Pediatric Advisory Committee recommended that a black box warning not be placed on the labeling of these medications, although they did recommend that more information describing the cardiovascular and psychiatric side effects be placed on these labels. The FDA is currently evaluating the recommendations from both of these committees and will issue a final decision soon.

Leonard Sax, MD, PhD, a family physician, psychologist and author from Maryland who has studied and written about ADHD prescribing patterns brings up the issue of over-utilization. He says that medications are often prescribed to young children who do not necessarily have ADHD, they are simply not developmentally ready to conform to the rigors of classroom or daycare rules. So, how young is too young? The American Academy of Pediatrics (AAP) and the American Academy of Child and Adolescent Psychiatry (AACAP) have set forth guidelines for the treatment of ADHD in children. In looking at these guidelines, all recommendations given are for children over the age of six, as it is accepted that it is very hard to diagnose ADHD at a younger age. Still, many children are treated much younger than six years old. It is at this point that the provider and parents must weigh the risks of medication versus the benefit.

According to a CDC report published in September 2005, in the state of Alabama, approximately 11% of children aged 4 to 17 have been diagnosed with ADHD. Of those diagnosed, roughly 6.5% are currently taking medication. This is a trend not limited to the state. Rather, use of stimulant medications all across the nation has skyrocketed since 1990. According to DEA Deputy Director Terrance Woodworth, the methylphenidate quota (for production purposes) went from 1,768 kilograms in 1990 to 14,957 kilograms in 2000 and the amphetamine quota increased from 417 to 9,007 kilograms.

So, where do we go from here? Until the FDA makes a final decision, nothing much changes. We'll continue as we are, doing the best we can, looking at overall care, risk versus benefit, and the needs of the individual child.

ADHD Medications (continued)

DRUG CLASS	NO PA REQUIRED		PA REQUIRED
	Preferred Brand	Preferred Generic	Non-preferred Brand
Cerebral Stimulants/ Agents for ADD/ADHD Short-and Intermediate Acting	Desoxyn		
	Dexedrine*	Dextroamphetamine	Dextrostat*
	Dexedrine spansule		
	Focalin		
	Methylin*	Methylphenidate	
	Ritalin	Methylphenidate	
		Amphetamine- dextroamphetamine	Adderall*
		Methylphenidate	Metadate ER*
		Methylphenidate	Methylin ER*
			Provigil
		Methylphenidate	Ritalin SR*
Cerebral Stimulants/ Agents for ADD/ADHD Long-Acting	Adderall XR	None	
	Concerta		
	Focalin XR		
	Metadate CD		
			Ritalin LA
Miscellaneous Cerebral Stimulants/Agents for ADD/ADHD			Strattera

Interesting Facts About Diabetes

- ◆ 1552 BC - first document found referring to diabetes - an Egyptian papyrus mentions polyuria as a symptom.
- ◆ 1776 - Matthew Dobson evaporates diabetic urine and is left with a substance much like brown sugar in appearance and taste. Also finds a sweet taste in blood of diabetics. He observes that diabetes is fatal in less than 5 weeks in some, and is a chronic condition in others - first to distinguish type 1 and type 2.
- ◆ 1921 - Banting and Best successfully isolate insulin from dog pancreases.
- ◆ 1922 - In Toronto, Leonard Thompson (age 14 and 65 pounds) is the first patient treated with insulin. First attempt unsatisfactory - after further purifying the insulin, the second attempt is successful.
- ◆ 1923 - Eli Lilly begins the commercial production of insulin.

Maximum Quantity Limits for 5-HT₃ Receptor Antagonists

In an effort to maximize the benefit of the antiemetic class of drugs and avoid waste, the Alabama Medicaid Pharmacy Program has quantity limitations on the 5-HT₃ receptor antagonists pursuant to the Food and Drug Administration (FDA) labeling of these drugs. The newer antiemetics do offer therapeutic advantages over their more traditional counterparts, but they are also significantly more costly. This class of drugs is indicated to be used during treatment (with chemotherapy and radiation) and for a few days following treatment. The maximum quantity limits appropriately provide for treatments reflective of this. When necessary, prior authorization for quantities in excess of these limits may be requested from the Prior Authorization Help Desk.

Maximum Quantity Limits for 5-HT ₃ Receptor Antagonists			
Product	Strengths/Dosage Forms	Approved Dosing Regimens	34-Day Quantity Limit
Ondansetron	Zofran® 4mg, 8mg, 24mg tablets	Chemotherapy: <i>Highly emetogenic treatment</i> – 24mg 30 minutes prior to treatment. <i>Moderately emetogenic treatment</i> – 8mg 30 minutes prior to treatment then 8mg 8 hours after 1 st dose then 8mg BID for 1 to 2 days as needed. <i>Pediatrics (4-11 years)</i> – 4mg 30 minutes prior to treatment then 4mg 4 and 8 hours after 1 st dose then 4mg TID for 1 to 2 days as needed. <i>Radiation</i> – 8mg 1 to 2 hours prior to treatment then 8mg TID	4mg/5ml – 60ml
	Zofran® oral solution 4mg/5ml – 50ml bottle		4mg – 12 tablets
	Zofran ODT® (orally disintegrating tablets) 4mg, 8mg		8mg – 12 tablets 24mg – 12 tablets
Dolasetron	Anzemet® 50mg, 100mg tablets	Chemotherapy – 100mg 1 hour before treatment.	50mg – 4 tablets 100mg – 4 tablets
Granisetron	Kytril® 1mg tablets	Chemotherapy – 2mg daily given 1 hour before treatment or 1mg 1 hour prior to treatment and 1mg 12 hours after 1 st dose. Radiation – 2mg within 1 hour of treatment.	1mg/5ml – 60ml
	Kytril® oral solution 1mg/5ml – 30ml		1mg – 8 tablets

Shortage of Albuterol Inhalers

Many pharmacists and patients are having trouble getting albuterol inhalers. This is due, in part, to an initiative that will phase out the inhalers that use chlorofluorocarbons (CFCs) as propellants. These inhalers will be phased out by 2008, to be replaced by the albuterol inhalers using hydrofluoralkanes (HFA). Unfortunately, as the albuterol CFC inhalers are being phased out, the manufacturers are having trouble keeping up with the production of the albuterol HFA inhalers. This is only a temporary problem and the manufacturers have already increased production of the HFA inhalers. However, should a substitution become necessary, the agents on the Preferred Drug List (PDL) are listed in the table below.

NO PA REQUIRED Preferred Brand	NO PA REQUIRED Preferred Generic	PA REQUIRED Non-preferred Brand
Alupent*	Metaproterenol sulfate	
Brethine*	Terbutaline sulfate	
Proventil HFA*	Albuterol sulfate	
Serevent		
Serevent Diskus		
Ventolin HFA*	Albuterol sulfate	
Xopenex HFA		
	Albuterol sulfate	Accuneb*
		Foradil
		Isuprel
		Maxair Autohaler
	Albuterol sulfate	Proventil*
		Volmax
		Vospire ER
		Xopenex

*Denotes a generic available in at least one dosage form or strength.



Labor Day Hours

The HID Help Desk will observe regular business hours, 8am-7pm, on Labor Day, September 4.

Labor Day Trivia *

- ◆ Labor Day is a tribute to the American worker and has been called the “workingmen’s holiday.”
- ◆ The first Labor Day holiday was celebrated on Tuesday, September 5, 1882, in New York City.
- ◆ Pharmacists held about 230,000 jobs in 2004. 61% work in community pharmacies, either independent or chain, and about 24% of salaried pharmacists work in hospitals. The remaining work in clinics, mail order pharmacies wholesalers, etc.
- ◆ Pharmaceutical and medicine manufacturing provided 291,000 wage and salary jobs in 2004.
- ◆ The number of wage and salary jobs in pharmaceutical and medicine manufacturing is expected to increase by about 26 percent over the 2004-14 period, compared with 14 percent for all industries combined.
- ◆ Earnings of workers in the pharmaceutical and medicine manufacturing industry are higher than the average for all manufacturing industries.
- ◆ Pharmacy Technicians held about 258,000 jobs in 2004; 70% being in retail pharmacies, 20% in hospitals.

*source: U.S. Department of Labor, Bureau of Labor Statistic, Career Guide to Industries, www.bls.gov

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