



# ALABAMA MEDICAID PHARMACIST

Published Quarterly by Health Information Designs, Inc., Fall 2009

A Service of Alabama Medicaid

## PDL Update

Effective January 1, 2010, the Alabama Medicaid Agency updated the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee recommendations as well as quarterly updates. The updates are listed below:

PDL Additions	PDL Deletions*

\*denotes that these products will no longer be preferred but are still covered by Alabama Medicaid and will need Prior Authorization (PA).

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically, can be found on the Agency website ([www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)).

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### Reminder

Please fax all prior authorization and override requests *directly* to Health Information Designs at 800-748-0116. If you have questions, please call 800-748-0130 to speak with a call center representative.

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### HID Help Desk

Monday–Friday  
8am–7pm  
Saturday  
10am– 2pm

## Reimbursement for Administration of Seasonal Influenza and H1N1 Vaccines

Alabama Medicaid is reimbursing Medicaid-enrolled pharmacy providers for the administration of the influenza and H1N1 vaccines for eligible recipients age 19 and older. Alabama Medicaid will also continue to reimburse pharmacies for the seasonal influenza vaccine but will not reimburse pharmacies for the H1N1 vaccine because the H1N1 vaccine is being supplied by the Alabama Department of Public Health at no charge to the provider.

Pharmacy providers may bill the following NDC numbers on a pharmacy claim for reimbursement of vaccine administration:

- NDC 99999-9999-10 for seasonal influenza vaccine administration
- NDC 99999-9999-11 for H1N1 vaccine administration

Reimbursement is \$5 per administration with no dispensing fee or co-pay applied.

Claims should be submitted with a dispense quantity of 1 for vaccine administration. There will be a maximum quantity of 1 injection allowed per recipient per year for each vaccine.

To facilitate coordination of care, pharmacy providers are instructed to inform (via phone, fax, e-mail, mail) each recipient's Primary Medical Provider (PMP) upon administration of the vaccine(s). Documentation must be kept on file at the pharmacy of the notification to the PMP. If the PMP is unknown, the pharmacy may call the Alabama Medicaid Automated Voice Response System (AVRS) at 1-800-727-7848 to obtain the PMP information. A suggested Immunization Provider Notifica-

tion Letter, which can be used to notify the PMP, can be found on the Agency website at:

[http://www.medicaid.alabama.gov/programs/pharmacy\\_svcs/pharmacy\\_services.aspx](http://www.medicaid.alabama.gov/programs/pharmacy_svcs/pharmacy_services.aspx).

Alabama State Board of Pharmacy law and regulation should be followed regarding dispensing and administration of legend drugs/vaccines.

### FDA Develops Fraudulent 2009 H1N1 Influenza Products List

The Food and Drug Administration (FDA) has developed a fraudulent H1N1 products list which is currently available on their website ([www.fda.gov](http://www.fda.gov)). The list is intended to alert consumers and providers about websites that are or were illegally marketing unapproved, uncleared, or unauthorized products in relation to the 2009 H1N1 flu virus.

Considerations about the Products List:

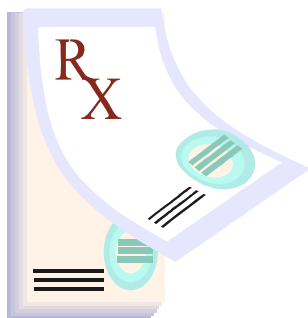
- The list does not include every website that is marketing products related to the 2009 H1N1 flu virus without FDA approval, clearance, or authorization, only those websites to which the FDA has issued a warning letter.
- Even if a website is not included in this list, patients should be warned to exercise caution before purchasing any product purporting to diagnose, mitigate, prevent, treat, or cure the 2009 H1N1 flu virus.
- Some products listed may be approved or cleared by the FDA for other medical uses. The fact that a product is listed on the Products List indicates ONLY that the products are not cleared, approved, or authorized for the diagnosis, mitigation, prevention, treatment, or cure of the 2009 H1N1 flu virus.

Once included, all websites and products will remain listed. After the FDA has verified that the products or the objectionable claims related to the 2009 H1N1 flu virus have been removed from the website, this information will be added.

The information is current as of the date indicated. The FDA is regularly updating and maintaining the Products List.

The CDC recommends a seasonal influenza vaccine as well as the H1N1 vaccine for the 2009-2010 flu season.

## Prescribing Information Update: Proton Pump Inhibitors



- Proton-pump inhibitors (PPIs) are the most potent inhibitors of gastric secretion available. All PPIs are indicated for the treatment of GERD and pathologi-
- Aciphex<sup>®</sup>, Prilosec OTC<sup>®</sup>, and omeprazole are preferred agents for Alabama Medicaid recipi-
- Studies show no clinically significant difference in available PPIs for treating gastric ulcers, NSAID-induced ulcers, duodenal ulcers, or *H. Pylori*.
- Studies also show no clinically significant difference in the available PPIs for esophagitis healing, symptom relief, or prevention of GERD relapse in adults.

### Proton-Pump Inhibitors (PPIs)

<i>Preferred Brands</i>	<i>Preferred OTCs/Generics</i>	<i>Non-preferred Brands/PA Generics</i>
Aciphex <sup>®</sup>	Omeprazole	Kapidex <sup>®</sup>
	Prilosec OTC <sup>®</sup>	Nexium <sup>®</sup>
		Pantoprazole (generic)
		Prevacid <sup>®</sup>
		Protonix <sup>®</sup>

Information from the Alabama Medicaid Preferred Drug List.

Proton-pump inhibitors (PPIs) are considered to be the most potent acid suppressants currently available. PPIs work to suppress gastric acid secretion by inhibiting the proton pumps in the parietal cells in the gastric mucosa. Generally, after a meal, only 70-80% of the proton pumps are active, so maximal acid suppression occurs in 3 to 4 days.

The American Gastroenterological Association, in its Medical Position Statement (on dyspepsia and the management of gastroesophageal reflux disease) does not recommend any one PPI over the other, and multiple randomized controlled studies show that no PPI is clinically more effective than another for treating gastric ulcers, NSAID-induced ulcers, duodenal ulcers, or *H. Pylori*.

#### Criteria for Approval of Non-preferred Proton-Pump Inhibitors

- The patient must have an appropriate diagnosis supported by documentation in the patient record.
- The patient must have failed 30-day treatment trials with at least 2 prescribed and preferred PPIs in this class within the last 6 months.
- Approval may be given for children age 18 years and under who have documented stable therapy on the requested medication for 60 consecutive days or greater.
- Medical justification may be submitted for consideration for approval outside criteria.

#### References:

- Comparison of proton pump inhibitors. Pharmacist's Letter/Prescriber's Letter 2009;25(3):250304.
- The American Gastroenterological Association Institute Medical Position Panel. American Gastroenterological Association Technical Review on the Management of Gastroesophageal Reflux Disease. Gastroenterology 2008;135:1392-1413.
- The American Gastroenterological Association Medical Position Statement: Evaluation of Dyspepsia. Gastroenterology 2005;129:1753-1755.
- Weaver K. Proton pump inhibitors. Oregon Health Resources Commission. April 2004.

## Breast Cancer Awareness and Prevention



According to the World Health Organization (WHO), breast cancer is the top cancer in women in both the developed and the developing world. The incidence of breast cancer is increasing worldwide due to increases in life expectancy, urbanization, and adoption of western lifestyles. Still, breast cancer survival rates vary greatly worldwide, ranging from 80% in North America, Sweden, and Japan to around 60% in middle-income countries and below 40% in low-income countries.

In the United States, breast cancer incidence is estimated to be 1 in 8 (13%), but from 2001 to 2004 incidence rates decreased by 3.5% per year. Death rates have been decreasing since 1990. These decreases are thought to be the result of treatment advances, earlier detection through screening, and increased awareness.

### Breast Cancer Risk Factors

#### Controllable Risk Factors:

- Obesity
- Diet - Studies have yet to conclusively determine which foods increase risk, so a low-fat diet rich in fruits and vegetables is generally recommended.
- Exercise - exercising 4 or more hours a week may help decrease the risk of breast cancer.
- Alcohol consumption - the level of risk increases as consumption increases.

Exposure to estrogen - it has been shown that estrogen stimulates breast cell growth and exposure to estrogen over long periods of time, without any breaks, can increase the risk of breast cancer. (i.e. taking combined hormone replacement therapy [HRT]) for several years or taking estrogen alone for more than 10 years.)

#### Non-controllable Risk Factors:

- Gender - while men can get breast cancer, women are at much higher risk to develop this type of cancer.

- Age - as patients age, the risk increases.
- Family history of breast cancer - if a patient has a first-degree relative who has had breast cancer, or has had multiple relatives affected by breast or ovarian cancer (especially if these cancers were developed before the age of 50), the risk of developing breast cancer increases.
- Personal history of breast cancer
- Race - Caucasian women are slightly more likely to develop breast cancer. Asian, Hispanic, and Native American women have a lower risk of developing and dying from breast cancer.
- Pregnancy and breastfeeding - this appears to reduce future breast cancer risk, so women who have never had a full-term pregnancy, or had their first full-term pregnancy after age 30, may have an increased risk of breast cancer

DES exposure - women who took a medication called diethylstilbestrol (DES), or women whose mothers took DES during pregnancy, may have a slightly higher risk of breast cancer.

### Breast Cancer Prevention

Although great advances have been made in diagnosing and treating this disease, it is important to remember that patients should perform a self-exam monthly and should see their doctor yearly for a clinical breast exam (CBE). If the patient is older than 40 or in a high risk category, a mammogram should be performed yearly.

#### References:

1. Breast Cancer. National Cancer Institute/U.S. National Institutes of Health. [www.cancer.gov](http://www.cancer.gov). Accessed November 23, 2009.
2. Breast Cancer: Prevention and Control. World Health Organization. [www.who.int](http://www.who.int). Accessed November 23, 2009.
3. Breast Cancer. [www.breastcancer.org](http://www.breastcancer.org). Accessed November 23, 2009.
4. Breast Cancer. Centers for Disease Control (CDC). [www.cdc.gov](http://www.cdc.gov). Accessed November 23, 2009.

## October is American Pharmacy Month

## Food and Drug Administration Safe Use Initiative

In November 2009, the Food and Drug Administration (FDA) unveiled the Safe Use Initiative, a program aimed at reducing the likelihood of preventable harm from medication use.

Millions of people are harmed every year from inappropriate medication use. Some of these injuries occur as a result of incomplete access to information about a drug, a patient, or a patient's condition. Other preventable sources of harm include unintentional misuse of medications, medication abuse, and attempts at self harm.

The FDA intends to collaborate with health care professionals to identify drugs and drug classes that are linked to preventable harm. In addition, the FDA will take other risk-reduction programs, such as those that evaluate consumer medication information and those that communicate the risk of inadvertent overexposure to acetaminophen, and collaborate with the Safe Use program.

The FDA also made public new FDA guidance for companies that manufacture, market, or distribute over-the-counter liquid medications packages with dosage delivery devices such as calibrated cups, droppers, syringes and spoons.

The ultimate goal of the Safe Use Initiative is to avoid unnecessary injuries from medication misuse, errors, and other problems.

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