Alabama Medicaid Pharmacist

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PDL Update

Effective July 1, 2009, 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*
Elidel—Skin and Mucous Membrane/Miscellaneous	Metrogel Vaginal—Skin and Mucous Membrane/Antibacterial
Astelin—EENT/Antiallergic Agent	
Astepro—EENT/Antiallergic Agent	
Pramox—Skin and Mucous Membrane/Antipruritic	
Luvox CR—Antidepressant	

**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).

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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.

Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
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Phone 800-748-0130

HID Help Desk

Monday—Friday

8am—7pm

Saturday

10am– 2pm

New Drug Updates

Vectical™ ointment

The active ingredient in Vectical is calcitriol (a form of vitamin D). Vectical is indicated for use in adult patients (18 years and older) with mild to moderate plaque psoriasis – it should not be used by patients with more severe forms of psoriasis. It should be applied twice daily and the total weekly dose should not exceed 200g. Adverse events associated with Vectical include lab test abnormality, urine abnormality, psoriasis, hypercalciuria, and pruritis.

Vectical® [prescribing information] Galderma Laboratories; January 2009.

Uloric® tablets

Uloric (fexobustat) is a xanthine oxidase inhibitor, indicated for chronic management of hyperuricemia in patients with gout. The recommended starting dose of Uloric is 40mg once daily. For patients who do not achieve a serum uric acid less than 6mg/dL after 2 weeks, it is recommended to increase the dose to 80mg daily. Uloric is contraindicated in patients being treated with azathioprine, mercaptopurine, or theophylline.

An increase in gout flares is frequently observed during initiation of Uloric treatment. If this happens, it does not need to be discontinued, but prophylactic therapy (with NSAIDS or colchicine) may be beneficial.

A higher rate of cardiovascular thromboembolic events was observed in patients treated with Uloric versus allopurinol in clinical trials. Patients should be monitored for signs and symptoms of MI and stroke.

Transaminase elevations have been observed in Uloric-treated patients. Liver functions tests should be monitored.

Adverse reactions include liver function abnormalities, nausea, arthralgia, and rash.

Uloric® [prescribing information] Takeda Pharmaceuticals; February 2009.

Toviaz™ extended-release tablets

Toviaz (fesoterodine) is indicated for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency. The recommended starting dose is 4mg once daily, but can be increased to 8mg daily if needed. Doses greater than 4mg are not recommended for patients with severe renal insufficiency or in patients taking a CYP3A4 inhibitor. Toviaz should be used with caution in patients with clinically significant bladder outlet obstruction, decreased GI motility, controlled narrow-angle glaucoma, or myasthenia gravis. Toviaz is contraindicated for use in patients with severe hepatic impairment. The most frequently reported adverse events are dry mouth and constipation.

Toviaz™ [prescribing information] Pfizer Labs; November 2008.

ProCentra™ oral solution (C-II)

ProCentra (dextroamphetamine) is indicated for use in patients with narcolepsy or ADHD. It should not be used in patients with advanced arterioscleroisis, symptomatic CV disease, moderate to severe hypertension, hyperthyroidism, glaucoma, history of drug abuse, or during/within 14 days following the administration of an MAOI.

The recommended dosage for patients with narcolepsy is from 5 to 60mg per day, given in divided doses. ProCentra is not recommended for use in patients under 3 years of age. In pediatric patients from 3 to 5 years of age, ProCentra should be started at 2.5mg daily, and then the daily dose can be raised in increments of 2.5mg at weekly intervals until optimal response is obtained. In patients 6 years of age and older, start with 5mg once or twice daily; daily dosage may be raised in increments of 5mg at weekly intervals until optimal response is obtained. Only in rare cases will it be necessary to exceed a total of 40mg daily.

First dose should be given upon awakening; additional doses (1 or 2) should be given at intervals of 4 to 6 hours.

Adverse effects include palpitations, tachycardia, elevation of blood pressure, restlessness, insomnia, dry mouth, and urticaria.

ProCentra™ [prescribing information] Tiber Laboratories; January 2009.

Aplenzin™ extended-release tablets

Aplenzin (bupropion) is indicated for the treatment of adults with major depressive disorder (MDD). Recommended starting dose is 174mg daily, target dose is 348mg daily, and the maximum recommended dose is 522mg daily.

Aplenzin is contraindicated in patients with seizure disorder, using other bupropion products, current or prior diagnosis of bulimia or anorexia, and those who are currently on or have discontinued an MAOI in the last 2 weeks.

As with other antidepressants, closely monitor high risk patients for suicidal thinking and behavior. Precautions: seizure risk, use with caution in patients with hepatic impairment, loss of appetite, risk of anaphylactic/oid reactions, risk of severe hypertension, and restlessness/agitation/anxiety.

The most common adverse reactions include dry mouth, nausea, insomnia, dizziness, pharyngitis, abdominal pain, agitation, anxiety, tremor, palpitation, sweating, tinnitus, myalgia, anorexia, urinary frequency, and rash.

Aplenzin should not be taken with CYP2B6 substrates/inhibitors, carbamazepine, phenobarbital, phenytoin, drugs metabolized by CYP2D6, MAO inhibitors, levodopa, amantadine, drugs that lower seizure threshold, nicotine transdermal system, or alcohol.

Aplenzin™ [prescribing information] sanofi-aventis U.S.; October 2008.

New Drug Updates, cont'd

Vimpat® tablets (C-V)

Vimpat (lacosamide) is indicated for adjunctive therapy in patients 17 years and older with partial-onset seizures. Starting dose is 50mg twice daily. The dose may be increased, based on clinical response and tolerability, at weekly intervals, by 100mg/day given as two divided doses to a daily dose of 200 to 400mg/day.

Precautions include suicidal behavior/ideation, dizziness and ataxia, syncope, and multiorgan hypersensitivity reactions. Vimpat should be used with caution in patients with known cardiac conduction problems, who are taking drugs known to induce PR interval prolongation, or with severe cardiac disease such as myocardial ischemia or heart failure. The most common adverse reactions seen with Vimpat are diplopia, headache, dizziness, and nausea.

Vimpat® [prescribing information] UCB, Inc.; January 2009.

Ryzolt™ extended-release tablets

Ryzolt (tramadol extended-release) is approved for the treatment of moderate to moderately severe chronic pain in adults over age 16 who require continuous, around-the-clock treatment of their pain for an extended period of time.

Ryzolt™ [prescribing information] Purdue Pharma; January 2009.

Uramaxin™ nail gel

Uramaxin (45% urea) is indicated for debridement and promotion of normal healing of hyperkeratotic surface lesions, particularly where healing is retarded by local infection, necrotic tissue, fibrinous or purulent debris or eschar. Uramaxin should be applied to diseased or damaged nail tissue twice daily. Adverse reactions include transient stinging, burning, itching, or irritation.

Uramaxin™ [prescribing information] Medimetriks Pharmaceuticals; September 2009.

Coartem® tablets

Coartem (artemether/lumefantrine) is indicated for the treatment of acute, uncomplicated malaria infections in patients weighing 5kg or more. Coartem tablets have been shown to be effective in geographical regions where resistance to chloroquine has been reported. Coartem should not be used to treat severe malaria or to prevent malaria.

Coartem should be administered over a 3 day period (6 doses): an initial dose, second dose 8 hours later, then twice daily for the next 2 days. The dose given is based on total body weight. If needed, Coartem may be crushed and mixed with one to two teaspoons of water immediately prior to administration. It should always be taken with food.

Use of Coartem should be avoided in patients with known QT prolongation, with hypokalemia or hypomagnesemia, or those taking drugs which prolong the QT interval. Substrates, inhibitors, or inducers of CYP3A4, including antiretroviral medications, should be used cautiously with Coartem, due to potential loss of efficacy of the concomitant drug or additive QT prolongation. The most common adverse reactions in adults are: headache, anorexia, dizziness, asthenia, arthralgia, and myalgia. The most common adverse reactions in children are: pyrexia, cough, vomiting, anorexia, and headache.

Coartem® [prescribing information] Novartis Pharmaceuticals; April 2009

Savella™ tablets

Savella (milnacipran) is indicated for the management of fibromyalgia. It is a selective serotonin and norepinephrine reuptake inhibitor (SNRI), but is not currently approved for the treatment of depression and other psychiatric disorders.

Savella should be given in 2 divided doses. Dosing should begin at 12.5mg on the first day and increased to 100mg/day over a 1-week period. Recommended dose is 100mg/day, but may be increased to 200mg/day based on individual response. Dosage adjustments should be made in patients with severe renal impairment. Savella is contraindicated in patients taking an MAOI and in patients with uncontrolled narrow-angle glaucoma. Patients should be monitored for signs of suicidality, serotonin syndrome and cardiovascular effects (particularly high blood pressure). Savella should be prescribed with caution in patients with a history of seizure disorder or mania. Common adverse events include nausea, headache, dizziness, insomnia, and hot flushes.

Savella™ [prescribing information] Forest Pharmaceuticals; March 2009.

Gelnique™ 10% gel

Gelnique is a topical oxybutynin gel indicated for the treatment of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and frequency.

One packet of gel should be applied once daily to dry, intact skin on abdomen, upper arms/shoulder, or thighs. Application sites should be rotated – use of the same site should be avoided on consecutive days. Gelnique is contraindicated for use in patients with urinary retention, gastric retention, or uncontrolled narrow-angle glaucoma. Adverse reactions include dry mouth and application site reactions.

Gelnique™ [prescribing information] Watson Pharmaceuticals; January 2009.

Nuvigil™ tablets (C-IV)

Nuvigil (armodafinil) is indicated to improve wakefulness in patients with excessive sleepiness associated with obstructive sleep apnea, narcolepsy and shift work sleep disorder.

The recommended dose of Nuvigil for patients with obstructive sleep apnea or narcolepsy is 150-250mg given as a single dose in the morning. The recommended dose for patients with shift work sleep disorder is 150mg daily, given approximately 1 hour before the start of the work shift. Adverse reactions include headache, nausea, dizziness, and insomnia.

Nuvigil™ [prescribing information] Cephalon, Inc.; July 2008.

Maximum Doses of Insulin?

Clinical trials have shown that tight control of blood glucose helps patients to reduce risk of long-term complications. There are many tools to make sure the patient is on the right track – home testing, HbA1C, and various therapeutic approaches. With these technological and clinical advances, and because the benefits have been so conclusively demonstrated, patients are being treated earlier and more aggressively than ever before.

With such intense monitoring, clinicians have discovered that there is a subgroup of patients that require very high doses of insulin to control their blood glucose. The question that many are asking is: how much insulin is too much?

Currently, there is no defined "maximum dose" of insulin – most manufacturers recommend that the dose of insulin be determined on an individual basis - however, it *is* known that after a daily dose of 200 units of insulin, the body's response to additional insulin is blunted.

What is normal? Patients with type 2 diabetes generally require 0.5 to 1 unit/kg/day of insulin. Insulin resistance (IR) is defined as patients that need more than 200 units/day or require a dose greater than 3 units/kg/day. This definition is based on the fact that clinicians thought that the human pancreas secreted about 200 units of insulin each day. We now know that the pancreas secretes about 20 to 40 units each day.

Most patients with type 2 diabetes have some degree of insulin resistance and require higher than normal doses of insulin to compensate. The mainstay for all patients with diabetes is diet and exercise, but in cases of patients with IR, an oral insulin-sensitizing medication, such as a thiazolidinedione or metformin, may be added to insulin therapy, in hopes of reducing daily insulin usage.

Thiazolidinediones should be used with caution in patients receiving insulin because of the potential for fluid overload and congestive heart failure. The combination of metformin and insulin is more often recommended because metformin sensitizes the body to insulin while limiting weight gain.

Even with diet and exercise recommendations and adjunctive therapy, some patients continue to require large daily doses of insulin. In cases where the patient is taking more than 100 units and multiple injections are necessary, the patient can be switched to the U-500 insulin or an insulin pump.

References:

1. How much insulin is too much? Pharmacist's Letter/ Prescriber's Letter 2009;25(1):250107.

Educational Initiative To Encourage Safe, Appropriate Use of Anti-psychotic Drugs

A new educational initiative to encourage safe and appropriate use of anti-psychotic medication in children will start May 2009, the Alabama Medicaid Agency has announced. The effort is an outgrowth of a multi-agency collaborative effort to improve the quality of care for Medicaid recipients, particularly children, by supporting FDA-approved indications and evidence-based, age-appropriate utilization of antipsychotic drugs.

The project was developed after Medicaid claims data identified more than 400 children aged 0-4 years who had received a "second generation" (also known as atypical) antipsychotic medication during calendar year 2007. Approximately half of these children did not have an FDA-approved diagnosis, while the other half had what would have been an FDA-approved diagnosis had they been older. Prescribers for this patient group included psychiatrists, neurologists, pediatricians and various other specialties. A number of these children were on multiple antipsychotic medications.

The multi-agency group was convened at the recommendation of Medicaid's Pharmacy and Therapeutics Committee (comprised of physicians and pharmacists from around the state) to evaluate these findings and make recommendations. Members of the task force include Alabama-licensed child psychiatrists, physicians of other specialties and pharmacists. Organizations represented on the task force include the Department of Mental Health, the ALL KIDS Health Insurance Program, Blue Cross and Blue Shield of Alabama, and Alabama Medicaid.

Using the claims history of the Alabama Medicaid Pharmacy program, a two-phase program is planned. In the first phase, educational letters will be sent to providers whose prescribing practices for anti-psychotic medications for children may differ from those generally accepted as evidence-based practice.

The second phase will involve educational phone calls by board-certified child psychiatrists to identified prescribers to discuss the use of these medications in children under the age of 5. These scheduled calls will be educational in nature and will not deny coverage, but will explore evidence-based and/or guideline-supported prescribing. The focused mailings are scheduled to begin in May 2009 with the educational phone calls to start in June 2009.

"This new initiative is consistent with the Agency's emphasis on quality improvement and improved health outcomes," said Medicaid Medical Director Robert Moon, M.D. "The goal is more consistently evidence-based and/or guideline-supported prescribing for this vulnerable population."

Pharmacy Audit Procedures

So you're being audited by the Alabama Medicaid Agency? You're not alone! To ensure that all Medicaid payments are made in accordance with federal rules and regulations, all state Medicaid programs are required to systematically audit providers. This means that every year, pharmacies in Alabama and across the nation are randomly chosen to be audited.

Being chosen for an audit is not an accusation that a pharmacy has done anything wrong. It does mean that you need to take steps to prepare for the audit to make sure that the auditor has all the information to perform an accurate and complete review.

Here are some important things to know:

If you are being audited, you will receive a letter from the Alabama Medicaid Agency stating that a desk review or on-site audit of pharmacy records for a given period will be conducted. A list of prescriptions that have been selected for review will be attached to the letter.

Read your request letter thoroughly. It will describe exactly what is needed, how much time you have to provide it, and the date the on-site audit is scheduled and who you should contact if you have questions or concerns regarding the date of the on-site audit. If a desk audit is being conducted, mailing instructions will also be included in your request letter. After the auditor has reviewed the requested items , you will receive a findings letter letting you know the outcome of the desk review or on-site audit.

Pharmacy Audit Procedures Ensure Provider Compliance with Federal Rules and Regulations

If you disagree with the findings CALL THE AUDITOR! Calling the auditor gives you an opportunity to speak directly with the person who conducted the audit to clear up any discrepancies in a quick and concise manner. Remember that discrepancies occur in even the most efficient pharmacies. In many cases, issues can be clarified or even resolved during this discussion.

Your understanding and professional courtesy are appreciated. It is helpful to remember that the auditor is simply doing his or her job.

If speaking with the auditor does not clarify the issues, you have the right to appeal the decision of the auditor. You have 15 days from the date of the findings letter to request an informal conference and 60 days from the date of the findings letter to request a fair hearing. Procedures for mailing both letters will be included in your findings letter for your convenience.

After you submit your appeal letter, you will be contacted by mail with specific instructions on how to proceed with your appeal. Each letter will contain the contact information for someone who will be able to answer your questions about the appeals process.

Benjamin Franklin said, "In this world nothing is certain but death and taxes." As health care providers all over the United States attest, nothing is certain but death, taxes and Medicaid audits. *We at the Alabama Medicaid Agency are grateful for the work that you do each and every day on behalf of our recipients. Your assistance to us during these audits will help us maximize every dollar available to our state.*

Prescribing Physician License Number Required on All Pharmacy Claims

Pharmacies participating in the Alabama Medicaid program are required to use the prescribing physician's NPI or license number when filing a claim with the Agency. A recent review of pharmacy billing practices found that numerous pharmacies are using an incorrect prescribing physician number on claims submitted to the Agency.

Providers are reminded that any pharmacy claim with an incorrect prescribing physician number is subject to recoupment. Pharmacies with repeated violations will be subject to revocation of their Medicaid provider agreement, and referral to federal or state law enforcement personnel for criminal prosecution.

Agency Launches e-Prescribing Capability via Q*Tool* EHR

Physicians using Alabama Medicaid's Q*Tool* electronic health record system now can e-prescribe most prescriptions to local pharmacies. Added in March, the new capability allows physicians to consult a patient's medical and claims history, check the Agency's Preferred Drug List and enter the prescription online from the Q*Tool* interface. The QTool is currently in pilot testing in nine Alabama counties: Montgomery, Houston, Winston, Jefferson, Lamar, Pickens, Tuscaloosa, Talladega, and Calhoun.

According to Kim Davis-Allen, Director of Transformation Initiatives for the Alabama Medicaid Agency, nearly 300 prescriptions were transmitted during the first two weeks the system was in place.

"Medication history and e-prescribing are two features of our Q*Tool* system that physicians are particularly interested in, and we look forward to making this capability available to more physicians as we expand use of our electronic health record," Ms. Davis-Allen said.

Part of the Agency's *Together for Quality* Medicaid transformation initiative, the e-prescribing system was designed with input from community-based pharmacists and pharmacy technicians in Alabama along with state physicians. The new e-prescribing capability includes rules-based logic that identifies drug-drug interaction and drug allergies.

Q*Tool* EHR offers:

Medical and Claims History

e-Prescribing

PDL Check

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