
North Dakota Medicaid Pharmacy Program Quarterly News

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Spring 2008

Welcome to the Spring 2008 edition of the “North Dakota Medicaid Pharmacy Program Quarterly News”, a pharmacy newsletter presented by the North Dakota Department of Human Services and published by Health Information Designs, Inc. This newsletter is published as part of a continuing effort to keep the Medicaid provider community informed of important changes in the North Dakota Medicaid Pharmacy Program.

The North Dakota Department of Human Services has contracted with Health Information Designs, Inc. (HID) to review and process prior authorizations (PAs) for medications. For a current list of medications requiring a PA, as well as the necessary forms and criteria, go to www.hidndmedicaid.com, or call HID at (866) 773-0695 to have this information faxed. An important feature on this website is the NDC Drug Lookup. This will allow you to determine if an NDC is covered (effective date), price allowed and MAC pricing, copay information, and any limitations (prior authorization or quantity limits).

The Spring 2008 newsletter contains treatment guidelines for acute upper respiratory tract infections and conjunctivitis. Utilization data for common anti-infective agents and ophthalmics are also included.

The North Dakota Pharmacy Program team appreciates your comments and suggestions regarding this newsletter. To suggest topics for inclusion, or to make comments, please contact Health Information Designs, Inc. at (334) 502-3262 or toll free at 1-800-225-6998, or email us at info@hidinc.com.



Helpful Numbers

PA Help Desk 866-773-0695
To fax PAs 866-254-0761
To report adverse 800-FDA-1088
reactions (via Med Watch)

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Visit HID's North Dakota Department of Human Services Prior Authorization Webpage, www.hidndmedicaid.com.

Guidelines for the use of Antibiotics in Acute Respiratory Infections and Conjunctivitis

Acute Otitis Media

- For otitis media in children, watchful waiting is recommended in patients 6 months to 2 years of age without severe symptoms and an uncertain diagnosis, and in older patients without severe symptoms regardless of certainty of diagnosis. Antibiotics are recommended for all other children.
- First line antibiotic therapy in patients without severe illness is high-dose amoxicillin.
- Amoxicillin-clavulanate is recommended for patients without severe illness who have failed therapy with amoxicillin.
- Patients with severe infection should receive amoxicillin-clavulanate first-line.
- Patients with a nonanaphylactic penicillin allergy should receive cefdinir, cefpodoxime, or cefuroxime.
- Patients with a severe penicillin allergy should receive azithromycin or clarithromycin.
- Patients unable to tolerate oral antibiotics should receive ceftriaxone.

Acute Bacterial Sinusitis

- Treatment with an antibiotic during the first week of symptoms is not recommended. Treatment is reserved for patients having symptoms for more than 10 days or who experience worsening symptoms.
- For children, treatment options include high-dose amoxicillin, high-dose amoxicillin-clavulanate, cefpodoxime, cefuroxime, cefdinir, and ceftriaxone.
- Children with penicillin allergies may be treated with sulfamethoxazole-trimethoprim, macrolides, or clindamycin.
- For adults, treatment options include high-dose amoxicillin, high dose amoxicillin-clavulanate, cefpodoxime, cefdinir, gatifloxacin, levofloxacin, and moxifloxacin.
- Adults with an allergy to beta-lactam antibiotics should be treated with sulfamethoxazole-trimethoprim, doxycycline, azithromycin, or clarithromycin.
- Patients should respond to antimicrobial therapy within 72 hours and those not responding in this time should be re-evaluated.

Acute Pharyngitis

- Most patients with a sore throat have a virus, but group A beta-hemolytic streptococcus pharyngitis accounts for 15%-30% of pharyngitis cases in children, and about 10% in adults.
- Penicillin V for 10 days or a single dose of penicillin G is the treatment of choice in these patients.

Acute Bronchitis

- More than 90% of the cases of uncomplicated acute bronchitis are non-bacterial in nature.
- If cough is present for more than 10 days, it may be bacterial in nature, possibly caused by bordetella pertussis, mycoplasma pneumoniae, and chlamydia pneumoniae.
- Macrolide antibiotics are the treatment of choice. Azithromycin for 5 days, clarithromycin for 7 days, or erythromycin for 14 days in children older than 1 month and adults with suspected pertussis based on recent exposure or for post exposure prophylaxis.

Conjunctivitis

- In the absence of a bacterial culture or smear, treatment should be chosen based on patient age, environment, and related ocular findings.
- Most cases are self-limiting.
- Topical antibiotic treatment may lessen the duration of the infection, improve the patient's symptoms, and reduce the rate of recurrence.
- Empiric treatment of suspected bacterial conjunctivitis with ophthalmic antibiotics is warranted, particularly in children.
- Cost effective treatment options include bacitracin, erythromycin, sulfacetamide, gentamicin, tobramycin, and polymyxin/trimethoprim (Polytrim generic).

References

1. Wong D, Blumberg D, Lowe L. Guidelines for the use of antibiotics in upper respiratory tract infections. Am Fam Physician. 2006;74(6):956-66.
2. Quinn CJ, et al. Optometric Clinical Practice Guideline. Care of the patient with conjunctivitis. American Optometric Association. 1995, 2002. St. Louis, MO.

Most Utilized Antibiotics - 11/01/06 to 10/31/07			
Label Name	Rx Num	Total Reimb Amt	Price Per Script
DOXYCYCLINE HYCLATE	1417	\$10,967.78	\$7.74
TETRACYCLINE HCL	520	\$4,969.54	\$9.56
CIPROFLOXACIN HCL	1581	\$15,947.09	\$10.09
AMOXICILLIN TRIHYDRATE	14132	\$148,690.86	\$10.52
PENICILLIN V POTASSIUM	1473	\$16,923.24	\$11.49
SULFAMETHOXAZOLE/TRIMETHOPRIM	3566	\$46,017.59	\$12.90
CEPHALEXIN MONOHYDRATE	4702	\$67,276.67	\$14.31
AZITHROMYCIN	12774	\$382,984.46	\$29.98
MINOCYCLINE HCL	907	\$35,314.86	\$38.94
AMOX TR/POTASSIUM CLAVULANATE	5074	\$203,998.77	\$40.20
CEFPROZIL	1325	\$69,054.57	\$52.12
CLARITHROMYCIN	347	\$18,605.26	\$53.62
CEFUROXIME AXETIL	654	\$36,082.58	\$55.17
CEFDINIR	2860	\$227,439.34	\$79.52
LEVOFLOXACIN	1498	\$149,276.65	\$99.65
	52830	\$1,433,549.26	TOTAL
Ophthalmic Utilization - 11/01/06 to 10/31/07			
Label Name	Rx Num	Total Reimb Amt	Price Per Script
BACITRACIN	32	\$240.80	\$7.53
ERYTHROMYCIN BASE	379	\$2,898.46	\$7.65
SULFACETAMIDE	314	\$2,416.56	\$7.70
GENTAMICIN SULFATE	1361	\$11,410.99	\$8.38
NEOMYCIN/BACITRACIN/POLYMYXIN B	8	\$75.47	\$9.43
TOBRAMYCIN	362	\$3,699.40	\$10.22
POLYMYXIN B/TRIMETHOPRIM	663	\$7,908.99	\$11.93
CIPROFLOXACIN 0.3% EYE DROP	522	\$10,764.09	\$20.62
BACITRACIN/POLYMYXIN B	19	\$394.24	\$20.75
NEOMYCIN/POLYMYXIN B/GRAMICIDIN	167	\$3,972.39	\$23.79
CILOXAN 0.3% EYE DROPS	1	\$24.60	\$24.60
OFLOXACIN 0.3% EYE DROPS	44	\$1,313.07	\$29.84
OCUFLOX 0.3% EYE DROPS	2	\$78.68	\$39.34
VIGAMOX 0.5% EYE DROPS	154	\$7,855.29	\$51.01
ZYMAR 0.3% EYE DROPS	35	\$1,840.37	\$52.58
QUIXIN 0.5% EYE DROPS	2	\$115.78	\$57.89
CILOXAN 0.3% OINTMENT	84	\$5,005.84	\$59.59
	4149	\$60,015.02	TOTAL



Health Information Designs, Inc. (HID) is the most experienced and qualified provider of drug utilization review and pharmacy benefit management services in the country. We specialize in helping our clients promote clinically appropriate and cost effective prescribing, dispensing, and utilization of prescription drugs.

For over 30 years, HID has worked to improve the quality and cost effectiveness of health care through clinically rational use of prescription medication. Our clients include public and private health care plans throughout the U.S. with a combined total of over 11 million covered lives.

Health Information Designs, Inc. was founded in 1976 and is incorporated as a C Corporation in the State of Delaware. HID's initial mission was to market drug utilization review (DUR) services nationally and since its founding, has provided DUR services for clients in approximately two-thirds of the United States. HID is headquartered in Auburn, Alabama, with regional offices in Arkansas, Maryland, and Mississippi.



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