

---

# North Dakota Medicaid Pharmacy Program Quarterly News

---

*Published Quarterly by Health Information Designs, Inc.*

Spring 2009

Welcome to the Spring 2009 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](http://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 a specific NDC is covered (effective date), reimbursement amount, MAC pricing, copay information, and any limitations (prior authorization or quantity limits).

The Spring 2009 newsletter provides information regarding combination therapy with agents used to treat Attention Deficit Hyperactivity Disorder (ADHD), dose optimization with these products as well as initial fill quantity limits during dose titration. Also included in this issue is the list of new medications that have been added to the tablet splitting program.

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](mailto: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)

Inside this issue:	Page
Welcome	1
Helpful Numbers	1
Strattera and Stimulant combination therapy, dose optimization and dose titration	2
Tablet Splitting	3
Health Information Designs, Inc.	4

**Visit HID's North Dakota Department of Human Services Prior Authorization Webpage, [www.hidndmedicaid.com](http://www.hidndmedicaid.com).**

## Cost Savings Measures for Attention Deficit Hyperactivity Disorder

The North Dakota DUR Board recently reviewed appropriate treatment of attention deficit hyperactivity disorder (ADHD). Annual expenditures\* to the state have increased approximately 27% between 2006 and 2008. Current annual costs\* for the medications used to treat ADHD are approximately 2.8 million dollars. In an effort to improve patient care and control pharmacy costs, the DUR Board suggested that the Department undertake an educational endeavor to address combination therapy, duration of therapy and stimulant wastage during the dose titration process.

Research currently available has not shown clear advantages of one stimulant over another, but encourages titration to the highest recommended dosage before switching to another agent. Because evidence is lacking, the combination of two or more ADHD medications is discouraged. Duration of activity should also be taken into consideration when dosing patients. A scan of stimulants and Strattera<sup>®</sup> pharmacy claims suggests that dosing guidelines for long-acting stimulants are not always followed (patients are dosed more frequently than once a day). Particular attention should be paid to single daily dosing of agents considered to be long-acting.

The initial dose and titration schedule of stimulants must be individualized to each patient. Because the patient-clinician communication should be frequent during this initiation phase, it may be prudent to **limit prescription quantities to a 10 day supply** when starting a patient on a new dose or new medication; keeping the prescription quantities low until the patient is stabilized on an effective dose. This will prevent the waste that occurs when a patient fills a prescription for 30 days worth of medication, and then after three days informs the provider that the dose isn't working for them. Since it is not possible to predict the optimal dose based solely on age, weight, or symptom severity, the usual approach is to begin with a very small dose of a stimulant medication and then increase the dose gradually, allowing about three to seven days on a dose before trying a larger one.

The Department would also ask that providers consider appropriate **dose optimization** when higher strengths are commercially available. For example, a patient receiving Adderall<sup>®</sup> XR 10 mg one capsule every morning + Adderall XR 15 mg one capsule every morning should receive the commercially available Adderall XR 25 mg capsule instead. As another example, a patient that receives Concerta<sup>®</sup> 27 mg two tablets every morning should receive the commercially available Concerta 54 mg.

**Summary:** Several options are available to help control the increasing cost of medications used to treat ADHD. Examples include titration of ADHD medications to the highest dose prior to switching or combining therapies; dosing single daily-dosed agents (long-acting) appropriately; writing prescriptions for a 10 day supply until the patient is stable, in an effort to minimize waste; and dose optimization when commercially available higher strengths are available. All Strattera and stimulant claims will be reviewed in 6 months to determine if this educational endeavor is successful. Future hard edits in the pharmacy point of sale system will be avoided if the results are favorable.

The Department is dedicated to improving the health and well being of our patients. We thank you for your participation in the North Dakota Medicaid Program and hope that you will assist us in making the most effective utilization of our resources as we continue to provide valuable pharmacy benefits to our patients.

\* before rebates

## Tablet Splitting Initiative

According to a report published in the American Journal of Managed Care, healthcare plans can realize an average savings of 36 percent (based on average wholesale prices or AWP) on those medications that are not priced based on their dosage strength, but instead are available in two or more strengths with a similar price.

In March 2007, the DUR Board voted to implement a mandatory tablet splitting program. Tablet splitting will be implemented with quantity limits on Lexapro and Lipitor. We are asking that patients currently receiving Lipitor 10mg tablets be converted to ½ of a Lipitor 20mg tablet, patients currently receiving Lipitor 20mg tablets be converted to ½ of a Lipitor 40mg tablet, patients currently receiving Lexapro 5mg tablets be converted to ½ of a Lexapro 10mg tablet and patients currently receiving Lexapro 10mg tablets be converted to ½ of a Lexapro 20mg tablet. Potential savings for splitting Lipitor and Lexapro are approximately \$167,000 annually. Please discuss this option with patients and physicians and change Lipitor and Lexapro prescriptions to tablet splitting when possible.

### Potential Cost Savings-Tablet Splitting

**08/01/2008 – 10/31/2008**

Name of Drug	Number of Rxs	Avg Cost/Rx	Total Reimb	Potential Savings
Lexapro 10mg	498	\$ 82.30	\$40,984.58	
Lexapro 20mg (1/2 tab)	498	\$ 43.68	\$21,752.64	\$19,231.04
Lipitor 10mg	332	\$ 76.36	\$25,351.03	
Lipitor 20mg (1/2 tab)	332	\$ 54.06	\$17,946.26	\$ 7,404.77
Lipitor 20mg	234	\$108.11	\$28,729.02	
Lipitor 40mg (1/2 tab)	234	\$ 58.13	\$13,602.42	\$15,126.60

### Annualized Potential Cost Savings

Lexapro	\$ 76,924.16
Lipitor	<u>\$ 90,125.48</u>
Total	\$ 167,049.64



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 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.



391 Industry Drive  
Auburn, AL 36832  
Tel: 800-748-0130  
Fax: 800-748-0116

PRST STD  
U.S.  
Postage