
North Dakota Medicaid Pharmacy Program Quarterly News

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Summer 2007

Welcome to the Summer 2007 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. A feature on the 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 Summer 2007 newsletter focuses on Attention Deficit Hyperactivity Disorder (ADHD). North Dakota Medicaid spends approximately two million dollars annually on the medications used to treat ADHD. To help reduce overmedication and minimize side effects, we have included medication dosing and administration guidelines.

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



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.

Attention Deficit Hyperactivity Disorder (ADHD)

Most medications for ADHD are CNS stimulants, which are thought to work by blocking reuptake of norepinephrine and dopamine in the presynaptic neurons and increasing release of these neurotransmitters into the extraneural space. There is one non-stimulant medication for ADHD, atomoxetine (Strattera[®]), which is thought to work by a different mechanism. Atomoxetine is classified as a norepinephrine reuptake inhibitor and works by selectively inhibiting presynaptic norepinephrine transporters.¹

ADHD is a pervasive childhood problem, affecting approximately 3 to 5% of school age children. This amounts to about 2 million children. To put that in perspective, in a class of 25 to 30 children, it is likely that at least one child will be affected by ADHD. Children with ADHD are usually diagnosed between the ages of 6 to 12, as it is hard to diagnose much earlier than that. A diagnosis of ADHD is subjective in nature, with the provider looking for symptoms of inattention, hyperactivity, and impulsivity; symptoms that are frequent and severe enough to interfere with the child's and often, the family's ability to lead a normal life. These children, left undiagnosed or untreated, are at higher risk of self-injury, depression, low self-esteem, and a host of other societal disorders.

Pharmacotherapy, along with behavior therapy and counseling, can certainly help those patients diagnosed with ADHD lead a normal and productive life. For many years, CNS stimulants have been considered first-line therapy for the treatment of ADHD. With the approval of atomoxetine in late 2002, patients now have another treatment option.

ADHD Medication Dosing and Administration²

Brand Name	Dosage Form	Typical Starting Dose	FDA max/day	Off-label max/day	Comments
Amphetamine Preparations					
Short-acting					
<i>Adderall</i> *	5, 7.5, 10, 12.5, 15, 20, 30 mg tabs	3-5yr: 2.5 mg qd ≥6yr: 5 mg qd-bid	40 mg	>50 kg: 60 mg	*All of these medications are classified as C-II controlled substances. *Adderall XR may be opened and sprinkled on soft food.
<i>Dexedrine</i> *	5 mg tab				
<i>Dextrostat</i> *	5, 10 mg tabs				
Long-acting					
<i>Dexedrine Spansule</i>	5, 10, 15 mg caps	≥6yr: 5 mg qd-bid	40 mg	>50 kg: 60mg	
<i>Adderall XR</i>	5, 10, 15, 20, 25, 30 mg caps	≥6yr: 10 mg qd	30 mg	>50 kg: 60mg	
<i>Vyvanse</i>	30, 50, 70 mg caps	30 mg qd	70 mg	Not yet known	

Methylphenidate Preparations					
Short-Acting (3-4 hours)					<p>*Metadate CD, and Ritalin LA caps may be opened and sprinkled on soft food.</p> <p>*All of these medications are C-II controlled substances.</p>
<i>Focalin</i>	2.5, 5, 10 mg tabs	2.5 mg bid	20 mg	50 mg	
<i>Methylin*</i>	5, 10, 20 mg tabs	5 mg bid	60 mg	>50 kg: 100 mg	
<i>Ritalin*</i>					
Intermediate-Acting (6-8 hours)					
<i>Metadate ER</i>	10, 20 mg tabs	10 mg q am	60 mg	>50 kg: 100 mg	
<i>Methylin ER</i>	10, 20 mg tabs				
<i>Ritalin SR*</i>	20 mg tab				
<i>Metadate CD</i>	10, 20, 30, 40, 50, 60 mg caps	20 mg q am	60mg	>50 kg: 100 mg	
<i>Ritalin LA</i>	10, 20, 30, 40 mg caps				
Long-Acting (12+ hours)					
<i>Focalin XR</i>	5, 10, 15, 20 mg tabs	5 mg q am	30 mg	50 mg	<p>*Concerta tab should be swallowed whole – nonabsorbable tab shell may be seen in stool.</p> <p>*All of these medications are C-II controlled substances.</p> <p>*Daytrana should be applied to hip area 2 hours before effect is needed and should be removed 9 hours after application.</p>
<i>Concerta</i>	18, 27, 36, 54 mg tabs	18 mg q am	72 mg	108 mg	
<i>Daytrana</i>	10, 15, 20, 30 mg patches	Begin with 10 mg patch qd, then titrate up weekly by patch strength	30 mg	Not yet known	
Atomoxetine (24 hours)					
<i>Strattera</i>	10, 18, 25, 40, 60, 80, 100 mg caps	Children and adolescents <70 kg: 0.5mg/kg/day for 4 days then 1.2mg/kd/day	Lesser of 1.4mg/kg or 100 mg	Lesser of 1.8mg/kg or 100 mg	<p>*Not a scheduled medication.</p> <p>*Do <u>not</u> open capsule and sprinkle.</p> <p>*May give qd or divided bid.</p>

1. Wolters Kluwer Health, Inc, ed. Drug Facts & Comparisons. St. Louis, MO. 2005.

2. American Academy of of Child and Adolescent Psychiatry (2004), ADHD Practice Parameters and Guidelines.



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.

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