North Dakota Medicaid Pharmacy Program Quarterly News

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Welcome to the Winter 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, 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 Winter 2009 newsletter provides information on new medications added to prior authorization. These include Soma 250, carisoprodol 350, and serotonin (5-HT1) receptor agonists (Triptans).

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.

north dakota department of human services

Helpful Numbers

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

Inside this issue:

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

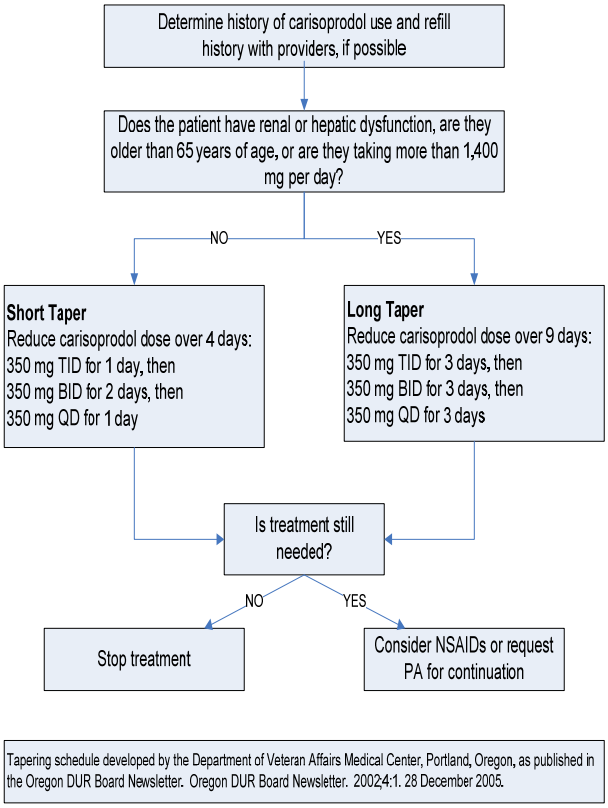
Suggested Carisoprodol Tapering

Carisoprodol (Soma®) and carisoprodol containing products (Soma Compound and Soma Compound with Codeine) will require a prior authorization for North Dakota Medicaid recipients, effective March 1, 2009. As noted on the PA form, the Department has determined that the most therapeutically appropriate approach for the use of carisoprodol follows the dosing guidelines approved by the FDA. The recommended duration of carisoprodol use by the FDA is up to 2 or 3 weeks for acute, painful, musculoskeletal conditions.

Cases of carisoprodol dependence have been reported to the FDA Adverse Events Reporting System and in the medical literature. Upon discontinuation of high doses of carisoprodol, patients may suffer withdrawal symptoms such as body aches, increased perspiration, anxiety and insomnia. One of the key metabolites of carisoprodol is meprobamate, which is a controlled substance with known abuse potential.

Please consider a tapering schedule (sample shown below) during the next 60 days before discontinuing or switching patients from carisoprodol to another covered muscle relaxant (cyclobenzaprine, orphenadrine, methocarbamol and chlorzoxazone). Providers may request a prior authorization for tapering purposes. Please return a request for continuation (prior authorization) of carisoprodol on your patients that require longer than 3 weeks and one refill to taper.

Necessary forms and criteria are located on the HID website at www.hidndmedicaid.com, or call HID at (866) 773-0695 to have this information faxed.



Tapering schedule developed by the Department of Veteran Affairs Medical Center, Portland, Oregon, as published in the Oregon DUR Board Newsletter. Oregon DUR Board Newsletter. 2002;4:1. 28 December 2005.

5-HT1 Receptor Agonists (Triptans*) Prior Authorization

The 2003 Legislative Assembly passed House Bill 1430, creating a Drug Utilization Review (DUR) Board to advise the Department of Human Services in developing a **Prior Authorization (PA)** process to help assure that beneficiaries receive appropriate medications in the most cost-effective manner, thus conserving state expenditures for drugs whenever possible. The pharmaceutical benefits segment of the Medicaid budget has been increasing dramatically for several years.

The DUR Board, consisting of six physicians, six pharmacists, two non-voting members of the Department, one non-voting member from the Pharmaceutical Research and Manufacturers of America, and one community representative has reviewed and supports the Department's plan to implement the PA process for Triptans. This notice provides important details on how physicians and patients will continue to access Medicaid pharmaceutical benefits under the PA process for this drug. This will be effective March 1, 2009.

DIRECTIONS FOR PHYSICIANS

The Department has determined that the most therapeutically appropriate and cost effective approach for the use of triptans is taking sumatriptan tablets (Imitrex®) first line; therefore, Imitrex tablets will not require a PA. Patients currently stable on therapy (3 or more triptan prescriptions filled in the last six months) will not require a PA for their current medication.

As the prescribing physician, the next time you prescribe a triptan for your patient not currently stable on therapy, you must request a PA. The criteria must be met in order for the PA to be approved. **Necessary forms and criteria are located on the HID website at www.hidndmedicaid.com, or call HID at (866) 773-0695 to have this information faxed. If you do not request a PA, the Department will deny the claim at the pharmacy.** You will then be contacted by the pharmacy and asked to change the prescription or to request prior authorization for the product specified on the original prescription. If you cannot be reached immediately to facilitate a PA request, the pharmacy is authorized to dispense one emergency five-day supply of the prescribed drug.

North Dakota Medicaid Oral Triptan Utilization April 2007 - March 2008

Label Name	Rx Num	Total Reimb Amt	Average Cost per script
AMERGE 2.5 MG TABLET	7	$1,459.46	$208.49
AXERT 12.5 MG TABLET	22	$4,163.13	$189.23
FROVA 2.5 MG TABLET	27	$4,820.10	$178.52
IMITREX 100 MG TABLET	478	$91,975.49	$192.42
IMITREX 25 MG TABLET	68	$17,560.75	$258.25
IMITREX 50 MG TABLET	238	$42,365.42	$178.01
MAXALT 10 MG TABLET	122	$24,346.16	$199.56
MAXALT 5 MG TABLET	8	$1,354.83	$169.35
MAXALT MLT 10 MG TABLET	86	$10,726.02	$124.72
MAXALT MLT 5 MG TABLET	6	$956.26	$159.38
RELPAX 20 MG TABLET	40	$4,995.95	$124.90
RELPAX 40 MG TABLET	341	$44,738.87	$131.20
ZOMIG 2.5 MG TABLET	24	$3,036.96	$126.54
ZOMIG 5 MG TABLET	86	$14,872.06	$172.93
ZOMIG ZMT 2.5 MG TABLET	4	$570.93	$142.73
ZOMIG ZMT 5 MG TABLET	14	$1,114.37	$79.60
Total	**1571**	**$269,056.76**	

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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