
North Dakota Medicaid Pharmacy Program Quarterly News

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Welcome to 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, LLC (HID). 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 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, visit www.hidesigns.com/ndmedicaid, or call HID at (866) 773-0695 to have this information faxed. An important feature on this website is the NDC Drug Lookup, which allows 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).

This newsletter provides information regarding prescription stimulant abuse, upcoming edits for prescription stimulants, and PA updates.

The North Dakota Medicaid Pharmacy Program team appreciates your comments and suggestions regarding this newsletter. To suggest topics for inclusion, please contact HID at (334) 502 -3262, call toll free at 1-800-225-6998, or e-mail us at info@hidinc.com.



<u>Helpful Numbers</u>	
PA Help Desk	866-773-0695
To fax PAs	855-207-0250
To report adverse reactions	800-FDA-1088

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Visit HID’s North Dakota Department of Human Services Prior Authorization Webpage, www.hidesigns.com/ndmedicaid.

Prescription Stimulant Abuse and ADD/ADHD Treatment

Attention deficit hyperactivity disorder (ADHD) is one of the most common childhood disorders, affecting ~8% of children 4-17 years old, and can continue into adolescence and adulthood. Currently, the most commonly prescribed drugs to patients for the treatment of ADHD are stimulants such as dextroamphetamine/amphetamine (Adderall®) and methylphenidate (e.g. Concerta®), and others. While these drugs have been proven to be effective in the treatment of ADHD, healthcare providers should recognize that they also have a potential for abuse and addiction.

There are many reported reasons for the abuse of prescription stimulants, such as increase mental alertness, increased energy, to aid in weight loss, or simply to achieve a euphoric state. Stimulants are most commonly abused by being taken at higher than prescribed doses or crushed and used in ways other than orally (intravenously or snorted).

Stimulant medications work by promoting the release of the neurotransmitters dopamine and norepinephrine from their storage sites in nerve terminals. When stimulants are used therapeutically for ADHD, they cause slow and steady increases in dopamine, which is associated with pleasure in the reward pathway of the brain. When stimulants are abused, by taking high doses or crushing them to use via the intravenous or nasal route, the stimulants cause a very rapid increase in dopamine which in turn causes the feeling of euphoria. It is also partially because of the pleasure/reward actions of dopamine that stimulants carry a risk of addiction. Knowing the role of rapid dopamine release in stimulant abuse and addiction, prescribers should consider all indicated drugs for the treatment of ADHD.

It should be noted that no medication indicated for the treatment of ADHD has been proven to be more effective than the others, but some may be less easily abused.

The use of extended-release (ER) formulations of stimulants and the prodrug lisdexamfetamine (Vyvanse®) cause a slower rise and fall of active drug levels in the brain than immediate-release formulations. This delay results in a slower increase in dopamine release which is why these medications are thought to carry a reduced abuse potential than other stimulants. Non-stimulant medications such as atomoxetine (Strattera®), clonidine (Kapvay®), and guanfacine (Intuniv®) are considered to have little or no abuse potential due to their different mechanism of action from stimulants, and are not controlled substances.

Immediate Release Stimulants for ADD/ADHD Treatment	Extended Release Stimulants for ADD/ADHD Treatment
<ul style="list-style-type: none"> · Adderall (dextroamphetamine/amphetamine) · Ritalin, Methylin (methylphenidate) · Dexedrine, Procentra, Zenzedi (dextroamphetamine) · Evekeo (amphetamine) · Focalin (dexmethylphenidate) · Desoxyn (methamphetamine) 	<ul style="list-style-type: none"> · Mydayis, Adderall XR (dextroamphetamine/amphetamine) · Metadate ER, Ritalin LA, Concerta, Cotempla XR-ODT, Aptensio XR, Quillivant XR, Quillichew ER (methylphenidate) · Dynavel XR, Adzenyz XR-ODT (amphetamine) · Focalin XR (dexmethylphenidate) · Vyvanse (lisdexamphetamine)
Non-Stimulants for ADD/ADHD Treatment	
<ul style="list-style-type: none"> · Strattera (atomoxetine) · Kapvay (clonidine) · Intuniv (guanfacine) 	

North Dakota Medicaid's Planned Edits for Adderall XR:

November 2nd, 2017: Immediate release stimulants will no longer be allowed with Adderall XR. This edit is already in place for Vyvanse and Mydayis. This decision is determined from data from studies conducted to determine the duration of action as noted below.

Estimated December 4th, 2017: An ICD-10 diagnosis code will be required for the pharmacy to process a claim for Adderall XR. Please begin placing the diagnosis code on prescriptions for Adderall XR immediately to allow pharmacies time to prepare for this change to avoid disruption to your patient's prescriptions. Adderall XR will be payable for the diagnoses of ADHD and Narcolepsy. ND Medicaid does not pay for obesity treatment with Adderall XR. Future communication will occur when the diagnosis will become required to process a claim.

Prior Authorization Updates

Added to PA Required:

- Armonair Respiclick
- Benlysta
- Biltricide
- Clobetasol Emollient Foam
- Clobetasol Propionate Foam
- Fiasp
- Haegarda
- Humalog Junior Kwikpen
- Hydrocodone-Ibuprofen
- Ingrezza
- Lotemax Gel Drops
- Mavyret
- Orenitram Er
- Proglycem
- Qvar Redihaler
- Symproic
- Syndros
- Trelegy Ellipta
- Tremfya
- Vosevi

Removed from PA:

- Moviprep

References

- 1) Substance Abuse and Mental Health Services Administration. Results from the 2014 National Survey on Drug Use and Health: Detailed Tables. 2015. Available at: <http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2014/NSDUH-DetTabs2014.pdf>
- 2) ATTENTION-DEFICIT, SUBCOMMITTEE ON. "ADHD: clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents." Pediatrics (2011): peds-2011.
- 3) Greydanus, Donald E. "Stimulant Misuse: Strategies to Manage a Growing Problem." ACHA Professional Development Program: 1-22. Apr. 2012.
- 4) Micromedex Solutions. Truven Health Analytics, Inc. Ann Arbor, MI. Available at: <http://www.micromedexsolutions.com>. Accessed August 24, 2017.

Please visit <http://www.hidesigns.com/ndmedicaid> for information on prior authorization. Helpful links include PA Forms, PA Criteria, and NDC Drug Lookup.



Health Information Designs, LLC is the most experienced and qualified provider of drug utilization review and pharmacy support services in the country. We specialize in helping our clients promote clinically appropriate and cost-effective prescribing, dispensing, and utilization of prescription drugs.



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