North Dakota Medicaid Pharmacy Program Quarterly News

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Welcome to the Summer 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 Summer 2008 newsletter contains information on over-the-counter and prescription drugs of abuse. The MedWatch program and reporting of adverse events is also discussed.

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.*

Drugs of Abuse

According to the Food and Drug Administration (FDA) and the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the abuse of over-the-counter and prescription medication can be just as harmful as the abuse of illegal street drugs. A 2006 study at the University of Michigan confirmed that teen use of prescription drugs for non-medicinal purposes remains steady, although teen use of street drugs and alcohol is on the decline. Oxycontin®, Vicodin®, and over-the-counter cough and cold medications were among the most commonly abused drugs by teens as young as 13.

The Office of Diversion Control (a division of the Drug Enforcement Agency and the U.S. Department of Justice) publishes a list of drugs and chemicals of concern. Some of the prescription drugs included in the list are:

- Benzodiazepines
- Buprenorphine (Suboxone®/Subutex®)
- Carisoprodol (Soma®)
- Cyclobenzaprine (Flexeril®)
- Dextromethorphan
- Fentanyl (Actiq®/Duragesic®)
- Human Growth Hormone
- Hydrocodone
- Hydromorphone (Dilaudid®)
- Methadone
- Methylphenidate
- Oxycodone
- Tramadol (Ultram®)

In addition, authorities have seen increasing abuse and misuse of Seroquel® (quetiapine). Seroquel® is classified as an atypical antipsychotic and is not a controlled substance; however, officials have reported intranasal, oral, and intravenous use. Some of the first documented incidents took place at the Los Angeles County Jail. It was noted that almost one-third of inmates were feigning psychiatric symptoms to obtain Seroquel® to use or sell. Seroquel® diversion does not only occur in institutional settings. Street names for quetiapine include “quell”, “baby heroin”, “Susie-Q”, and “Q-ball” when mixed with cocaine. Because Seroquel® is not commonly thought of as a particularly ‘addicting’ drug and is sometimes prescribed off-label for sleep, it is relatively easy to obtain and refill without suspicion.

It is now thought that quetiapine should be prescribed with caution in patients with a history of substance abuse and that these patients or patients in high-risk settings should consider alternative medications. Patients that misuse quetiapine are at risk for arrhythmias (potentially fatal), hypotension, weight gain, and diabetes.

References:
1. Drugs and Chemicals of Concern. Office of Diversion Control. Accessed at www.deadiversion.usdoj.gov. May 2008.
2. Quetiapine (Seroquel®) abuse. Pharmacist’s Letter/Prescriber’s Letter 2007;23(10):231008.
3. Pinta ER, Taylor RE. Quetiapine addiction? Am J Psychiatry 2007;164:174-5.
4. Seroquel® [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; May 2008.
5. Morin AK. Possible intranasal quetiapine misuse. Am J Health Syst Pharm. 2007 Apr 1;64(7):723-5.
6. Teen abuse of medicinal drugs. FDA Consumer health Information. Accessed at www.fda.gov/consumer/updates/antidrug071807.html . May 2008.

MedWatch Program

The MedWatch program was created by the FDA in 1993 to encourage healthcare providers to voluntarily report serious adverse events. The two goals of the program are to educate health-care providers about the importance of reporting events and to use the information from the reports to provide valuable information to patients and healthcare professionals. MedWatch encourages patients and healthcare providers to report serious adverse events, product quality problems, and medication and device use errors.

There are two types of reporting: voluntary and mandatory; each requiring a different form. Both forms can be completed four different ways: online (www.fda.gov/medwatch), by phone (1-800-FDA-1088), by fax (1-800-FDA-0178) or by mail after printing an online form which requires no return postage (The FDA Safety Information and Adverse Event Reporting Program, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20852-9787). Voluntary reporting is completed on a FDA 3500 form and may be completed by healthcare professionals, patients and consumers. The mandatory reporting form is FDA 3500A. The 3500A for mandatory reporting is used by investigational and new drug reporters, user facilities personnel, manufacturers, importers, and distributors.

Reports are evaluated on a case by case basis by a pharmacist, nurse, or physician and then added to a database. The FDA uses this information to determine any needed action. The outcome depends on the type of report, the amount of reports received on the same problem, and the gravity of information in the reports. Adverse events may be handled by boxed warnings or product withdrawal, while medication and device use errors could require label changes or instruction modifications. MedWatch then provides important and timely clinical information about safety issues through the MedWatch website; through MedWatch partners, like the American Society of Health-Systems Pharmacists; and through listserv communication called E-list.

Resources:

1. Center for Drug Evaluation and Research. Online Training Seminar. FDA MedWatch and Patient Safety Tran script. http://www.connectlive.com/events/fdamedwatch/transcript.html (Accessed on 23 May 2008).
2. US Food and Drug Administration. MedWatch. http://www.fda.gov/medwatch (Accessed on 23 May 2008).
3. MedWatch. FDA 3500 Voluntary Reporting Form. http://www.fda.gov/medwatch/safety/FDA-3500_fillable.pdf (Accessed on 23 May 2008).
4. MedWatch. FDA 3500A Mandatory Reporting Form.http://www.fda.gov/medwatch/safety/FDA-3500A_fillable.pdf (Accessed on 23 May 2008).

MedWatch Reporting

1. Online: www.fda.gov/medwatch
2. Phone: 1-800-332-1088
3. Fax: 1-800-332-0178
4. Print form online and mail to:
   FDA Safety Information & Adverse Event Reporting Program
   Food and Drug Administration
   5600 Fishers Lane
   Rockville, MD 20852-9787

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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