
Quarterly News for the North Dakota Medicaid Pharmacist

Published Quarterly by Health Information Designs, Inc.

Volume 1, Number 1
Spring 2005

Welcome to the first edition of “Quarterly News for the North Dakota Medicaid Pharmacist”, a pharmacy newsletter presented by the North Dakota Department of Human Services and North Dakota Medicaid Agency, and published by Health Information Designs, Inc. This newsletter will be published as part of a continuing effort to keep the pharmacy provider community informed of important changes in North Dakota Medicaid Pharmacy Programs. Please take a few minutes to review this newsletter each quarter. It contains helpful tools and information to assist you in providing efficient service to North Dakota Medicaid recipients.

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

The North Dakota Department of Human Services has contracted with Health Information Designs, Inc. to review and process the prior authorizations (PAs) for medications. This process began February 1, 2005. There will be no changes in criteria. PA requests should be faxed to 1 (866) 254-0761. Providers will receive a response in letter form that will indicate the result of the PA review. The letter will include the patient’s name, Medicaid number, medication requested, result of the review, (approved or denied) and if approved, the length of approval and quantity approved.

Medications currently requiring a PA include, Antihistamines (Allegra, Clarinex, Zyrtec), PPIs (Aciphex, Nexium, Prevacid, Prilosec, Protonix), and Zenical. The PA process for Cox IIs and NSAIDS began April 19, 2005.



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 |
| PA Process | 1 |
| Helpful Numbers | 1 |
| Cox II Request Form | 2 |
| Cox II Algorithm | 3 |
| Health Information Designss | 4 |

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



BRAND NAME NSAID/COX2 PRIOR AUTHORIZATION
 ND DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION

Fax Completed Form to:
 866-254-0761
 For questions regarding this
 Prior authorization, call
 866-773-0695

ND Medicaid requires that patients brand name NSAIDs or Cox II drugs must use a generic NSAID as first line.

***Note: The PA will be approved if one of the following criteria is met:**

Failed two trials of prescribed NSAID

Recipient > 65 years old

Recipient has history of gastric or duodenal ulcer, or has comorbidity of GI bleed, perforation or obstruction

Recipient has a history of endoscopically documented NSAID induced gastritis with GI bleed.

Recipient is on warfarin or corticosteroid therapy

Part I: TO BE COMPLETED BY PHYSICIAN

| | | | |
|---|--------------------------|---|-------|
| RECIPIENT NAME: | | RECIPIENT MEDICAID ID NUMBER: | |
| Recipient Date of birth: / / | | | |
| PHYSICIAN NAME: | | PHYSICIAN MEDICAID ID NUMBER: | |
| Address: | | Phone: () - | |
| City: | | FAX: () - | |
| State: | Zip: | | |
| REQUESTED DRUG: | Requested Dosage: | Diagnosis for this request: | |
| CELEBREX BEXTRA MOBIC | | Warfarin/Corticosteroid therapy Gastric or duodenal ulcer GI Bleed, perforation or obstruction Endoscopically documented NSAID gastritis with GI Bleed | |
| Qualifications for coverage: | | | |
| Failed NSAID therapy | Start Date: | Dose: | |
| | End Date: | Frequency: | |
| Failed NSAID therapy | Start Date: | Dose: | |
| | End Date: | Frequency: | |
| <i>I confirm that I have considered a generic or other alternative and that the requested drug is expected to result in the successful medical management of the recipient.</i> | | | |
| Physician Signature: | | | Date: |

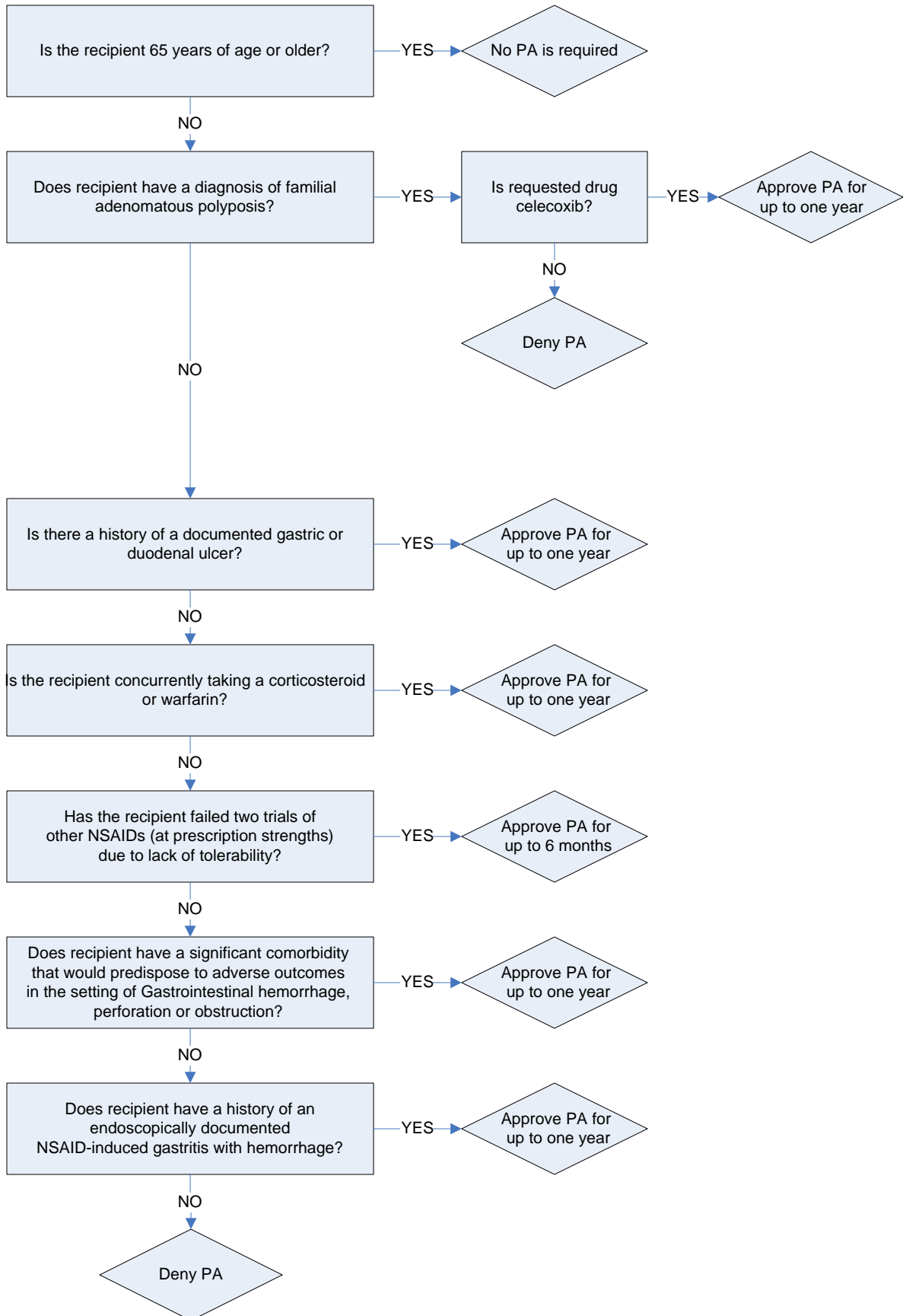
Part II: TO BE COMPLETED BY PHARMACY

| | |
|----------------|------------------------------|
| PHARMACY NAME: | ND MEDICAID PROVIDER NUMBER: |
| Phone: () - | FAX: () - |
| Drug: | NDC#: |

Part III: FOR OFFICIAL USE ONLY

| | |
|---|-----------------|
| Date: / / | Initials: _____ |
| Approved - Effective dates of PA: From: / / | To: / / |
| Denied: (Reasons) | |

North Dakota Department of Human Services Cox-2 Inhibitor Authorization Criteria Algorithm





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 29 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 it has provided DUR services for clients in approximately two-thirds of the various U.S. states. HID was sold to Value Health, Inc. in 1987 and in turn was sold to Health Data, Inc. in 1997. HID's headquarters were in Fairfax, Virginia, until they were moved to Auburn, Alabama, in January of 2000.

**HEALTH
INFORMATION DESIGNS**

1550 Pumphrey Ave.
Auburn, AL 36832
Tel: 800-748-0130
Fax: 800-748-0116

| |
|-----------------|
| PRST STD |
| U.S. Postage |