
North Dakota Medicaid Pharmacy Program Quarterly News

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Spring 2006

Welcome to the Spring 2006 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. This process began February 1, 2005. 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 (334) 502-3262 to have this information faxed. A new 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, co pay information, and any limitations (prior authorization and quantity limits).

The Spring 2006 newsletter contains Medicare Part D covered/excluded medications as well as an educational article regarding Attention Deficit Hyperactivity Disorder and Sleep Disturbances.

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.



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
Helpful Numbers	1
Part D drugs covered by ND Medicaid	2
Scope of ND Medicaid Post Part D	2
ADHD and Sleep Disturbances	3
Health Information Designs, Inc.	4

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

The following drugs are not Part D drugs and will continue to be covered by Medicaid

- Orlistat (same prior authorization requirements)
- Cough syrups (e.g. promethazine with codeine)
- Vitamins and minerals including B-12, folic acid, Nephrocaps, ADEKs, and Iron
- Barbiturates
- Benzodiazepines
- Non-prescription / over-the-counter drugs unless the drug has a prescription alternative covered by Part D (e.g. Prilosec OTC, ibuprofen)

Scope of ND Medicaid Post Medicare Part D

With the implementation of Medicare Part D, the dynamics of North Dakota Medicaid have changed. The most noticeable difference is the average age of the Medicaid recipient. Prior to Medicare Part D, the average age of a ND Medicaid recipient was approximately 44. Since January 1, 2006, that age has fallen to approximately 22. With that change brings a shift in the medications that are being prescribed. Below, we have a table that shows the top 20 drugs by cost before and after Medicare Part D.

Top 20 Drugs by cost Post Part D	Top 20 Drugs by cost Prior to Part D
Name	Name
SEROQUEL	ZYPREXA
RISPERDAL	SEROQUEL
ZYPREXA	RISPERDAL
ABILIFY	ZOLOFT
CONCERTA	LIPITOR
ADDERALL	ADVAIR DISKUS
TOPAMAX	LAMICTAL
SYNAGIS	GEODON
ZOLOFT	ABILIFY
LAMICTAL	DEPAKOTE
WELLBUTRIN	ARICEPT
GEODON	TOPAMAX
SINGULAIR	EFFEXOR XR
EFFEXOR	PLAVIX
TRILEPTAL	PRILOSEC OTC
ZITHROMAX	KEPPRA
ADVAIR	SINGULAIR
PULMICORT	FENTANYL
STRATTERA	CONCERTA
DEPAKOTE	GABAPENTIN

Attention Deficit Hyperactivity Disorder and Sleep Disturbances

Attention deficit hyperactivity disorder (ADHD) is a childhood disorder that affects approximately 5 to 10 percent of all children.¹ There is a significant probability that, many of the children who have ADHD, may still have it as adults. Several recent studies estimate that between 30 percent and 70 percent of children with ADHD continue to exhibit symptoms into adulthood.² There is currently an estimated eight million American adults who struggle with the inattention, impulsivity and hyperactivity symptoms of ADHD.⁵

Prior to puberty 10 to 15 percent of children with ADHD have difficulty falling asleep. This is twice the rate found in children and adolescents who do not have ADHD. By age 12½, 50 percent of children with ADHD have sleep-related disturbances nightly. By age 30, it is estimated that more than 70 percent of people with ADHD require more than one hour to fall asleep.⁶

ADHD is often associated with anxiety, depression, oppositional defiant disorder and sleeping difficulties. On the other hand, symptoms of sleep disorder, inattention, hyperactivity and impulsiveness can imitate the symptoms of ADHD. According to the National Center on Sleep Disorders Research, "the etiology of sleep disturbances observed in association with ADHD is likely to be multi-factorial and to vary among patients. In addition to medication-related sleep effects and the influence on sleep behavior of such common co-morbid conditions as oppositional defiant disorder, depression, and anxiety disorders, the primary sleep disorders such as Sleep-Disordered Breathing (SDB) and Restless Legs Syndrome/Periodic Limb Movement Disorder (RLS/PLMD) may present with "ADHD-like" symptoms or exacerbate underlying ADHD. Primary abnormalities in central nervous system (CNS) regulation of arousal, behavioral inhibition and self-regulation, and/or vigilance associated with ADHD have also been postulated to result in sleep disturbances, suggesting a more primary or fundamental sleep-wake dysregulation in at least some children. There is considerable evidence to suggest that brain systems regulating sleep and attention/arousal are linked, and that abnormalities in similar neurotransmitters such as the noradrenergic and dopaminergic systems may be found in ADHD and in sleep disturbances. These relationships are still poorly understood."¹

Sleep disturbances are commonly seen in youth on stimulant therapy, especially when longer-acting agents are used. Psychostimulants may directly delay sleep onset, decrease duration of sleep, or disrupt sleep. The rebound effects, including irritability and insomnia also may occur as the drug wears off.⁴ The management of sleep disturbances can be addressed through the use of a stimulant schedule that is not pharmacologically active at bedtime and adding an alpha-2 agonist or sedative agent. If depression is a comorbid illness an antidepressant also can be used.³ Prior to initiating psychostimulant therapy other causes of insomnia should be corrected, such as excessive caffeine intake, poor sleep hygiene, and concomitant anxiety or depression.

References

1. National Center on Sleep Disorders Research (NCSDR), NHLBI, National Sleep Disorders Research Plan, Section 6- Pediatrics: Neuropsychiatric Disorders in Childhood and Sleep. 2003. http://www.nhlbi.nih.gov/health/prof/sleep/res_plan/section6/section6c.html
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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, has provided DUR services for clients in approximately two-thirds of the United States. HID is headquartered in Auburn, Alabama, with regional offices in Colorado, Arkansas, Maryland, and Mississippi.

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