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# North Dakota Medicaid Pharmacy Program Quarterly News

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Spring 2007

Welcome to the Spring 2007 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](http://www.hidndmedicaid.com), or call HID at (866) 773-0695 to have this information faxed. A 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, copay information, and any limitations (prior authorization or quantity limits).

The Spring 2007 newsletter contains information about asthma and the albuterol HFA products. All albuterol scripts will need to be switched to albuterol HFA by December 31st, 2008. Included in this newsletter are helpful guidelines when choosing the best albuterol HFA product for your patients.

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



### Helpful Numbers

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

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**Visit HID's North Dakota Department of Human Services Prior Authorization Webpage, [www.hidndmedicaid.com](http://www.hidndmedicaid.com).**

## Asthma

Asthma is a chronic inflammatory condition with acute exacerbations, affecting approximately 20.5 million Americans, including an estimated 6.2 million children under 18 years of age. The prevalence of asthma has increased since the early 1980s across all age, sex, and racial groups. According to a 2006 American Lung Association article, 10.1% of adults in North Dakota have been told that they have asthma. Approximately 564 prescriptions for albuterol are paid for by ND Medicaid each month.

The National Asthma Education and Prevention Program (NAEPP - 2002) and the Global Initiative for Asthma (GINA - 2005) guidelines are listed below. These programs have helped to establish standardized treatment plans.

1. Mild Intermittent Asthma – No daily medication needed. Severe exacerbations may occur, separated by long periods of normal lung function and no symptoms. A course of systemic corticosteroids is recommended, as needed.
2. Mild Persistent Asthma – Preferred treatment is low-dose corticosteroids. Alternative treatments (listed alphabetically): cromolyn, leukotriene modifier, nedocromil, OR sustained-release theophylline titrated to therapeutic blood concentrations.
3. Moderate Persistent Asthma – Preferred treatment is low-to-medium dose inhaled corticosteroids and long-acting inhaled beta<sub>2</sub>-agonists. Alternative treatments (listed alphabetically): increase inhaled steroids within medium-dose range OR low-to-medium dose inhaled corticosteroids and either leukotriene modifier or theophylline.
4. Severe Persistent Asthma – High-dose inhaled corticosteroids and long-acting inhaled beta<sub>2</sub>-agonists. If needed, oral corticosteroids may be added – making attempts to reduce systemic corticosteroids and maintain control with high-dose inhaled corticosteroids.

In November 2005, the FDA issued a Public Health Advisory requesting the manufacturers of Advair Diskus (fluticasone and salmeterol), Foradil Aerolizer (formoterol) and Serevent Diskus (salmeterol) update their existing product labels with new warnings and a Medication Guide for patients, to alert health care professionals and patients that these medicines may increase the chance of severe asthma episodes, and death. All of these products contain medicines belonging to the class known as “long-acting beta<sub>2</sub>-agonists” (LABA).

## **Asthma (cont'd)**

In part, the FDA wanted to remind health care professionals that LABAs should not be the first medicine used to treat asthma. LABAs should be added to the asthma treatment plan only if other medications, including low-or-medium dose corticosteroids, do not control the asthma. The advisory was also issued to make sure that patients are aware that LABAs do not relieve sudden wheezing or treat wheezing that is getting worse – patients should always have a short-acting bronchodilator available for these circumstances.

### References:

American Lung Association Fact Sheet. Retrieved 3-28-07 from [www.lungusa.org](http://www.lungusa.org).

American Lung Association, July 2006, Trends in Asthma Morbidity and Mortality.

<http://www.nhlbi.nih.gov/guidelines/asthma/execsumm.pdf>

<http://www.ginasthma.com/index.asp?l1=1&l2=0>

<http://www.fda.gov>

## **Proventil HFA Less Expensive to North Dakota Medicaid**

In March 2005, the FDA announced that the albuterol inhalers containing chlorofluorocarbons (CFCs) as propellants would be phased out and be replaced with more ozone-friendly hydroflouroalkane (HFA) containing inhalers. The final discontinuation date for the CFC inhalers is December 31, 2008. The FDA does not consider the CFC and the HFA inhalers clinically interchangeable. North Dakota Medicaid encourages pharmacies to exhaust their supplies of generic albuterol before converting patients to HFA alternatives.

Albuterol products that are available in the HFA formulation include, ProAir HFA, Proventil HFA and Ventolin HFA. (Long-acting bronchodilators should not be substituted as rescue inhalers for albuterol or albuterol HFA products). Proventil HFA currently offers the best price to North Dakota Medicaid of the available Albuterol HFA products. Please keep this cost analysis in mind when converting your Albuterol patients to HFA containing inhalers.

Xopenex HFA MDI formulation became available in 2005. The main ingredient is levalbuterol. Because of the cost and limited trials showing efficacy over albuterol, Xopenex HFA should be reserved for those patients who do not tolerate albuterol.

### **Cost to North Dakota Medicaid-Post Rebate**

**\$ Proventil HFA**

**\$\$ Proair HFA**

**\$\$ Ventolin HFA**

**\$\$\$ Xopenex HFA**



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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