
North Dakota Medicaid Pharmacy Program Quarterly News

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Winter 2007

Welcome to the Winter 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, or call HID at (866) 773-0695 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, copay information, and any limitations (prior authorization or quantity limits).

The Winter 2007 newsletter contains the Vigamox/Zymar PA form and criteria. These drugs make up the fourth-generation fluoroquinolone ophthalmics. This is the newest class of medications to be placed on prior authorization.

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)

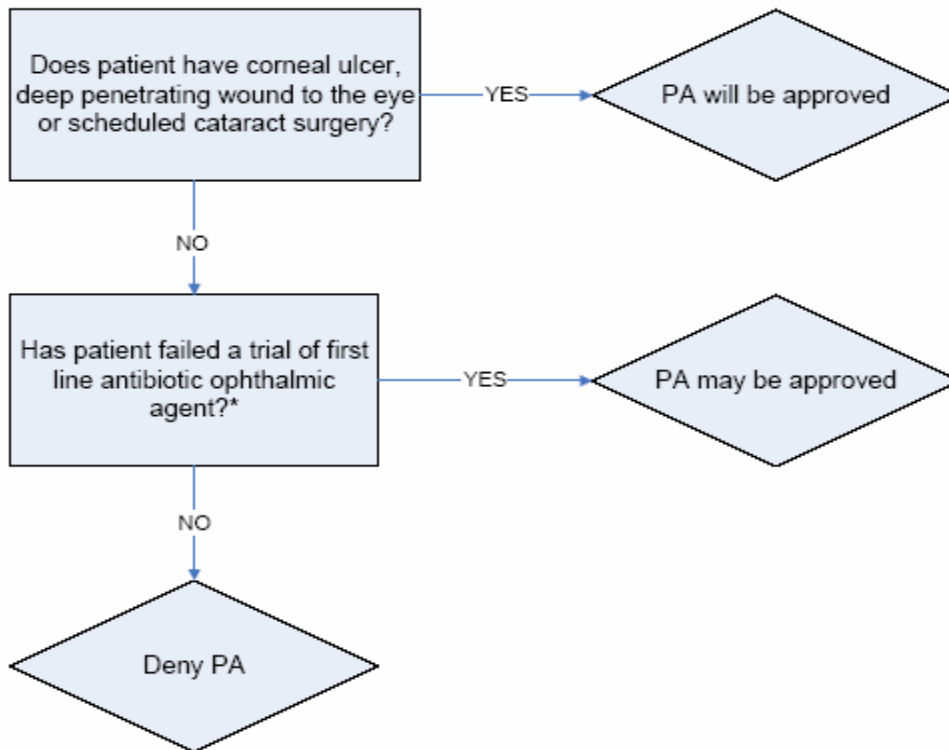
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Visit HID's North Dakota Department of Human Services Prior Authorization Webpage, www.hidndmedicaid.com.

Vigamox and Zymar

Vigamox and Zymar are fourth-generation fluoroquinolone ophthalmic agents. The Drug Utilization Review Board of North Dakota Medicaid has determined that the most therapeutically appropriate use of these medications is to reserve Vigamox and Zymar for post-failure of a first line antibiotic ophthalmic agent. First line agents include, but are not limited to: sulfacetamide (Bleph-10, etc), erythromycin, bacitracin-polymyxin B (Polysporin), polymyxin B-neomycin-gramicidin (Neosporin), trimethoprim-polymyxin B (Polytrim), gentamicin (Garamycin, etc.), ofloxacin (Ocuflox) and ciprofloxacin (Ciloxan). Below you will find the prior authorization form and criteria for Vigamox

North Dakota Department of Human Services Vigamox/Zymar Authorization Algorithm



*First line agents include: sulfacetamide (Bleph 10, etc.), erythromycin, bacitracin-polymyxin B (Polysporin), polymyxin B-neomycin-gramicidin (Neosporin), trimethoprim-polymyxin B (Polytrim), gentamicin (Garamycin, etc.), ofloxacin (Ocuflox), and ciprofloxacin (Ciloxan).

VIGAMOX/ZYMAR PRIOR AUTHORIZATION



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

Prior Authorization Vendor for ND Medicaid

Note: ND Medicaid will not pay for Vigamox or Zymar without documented failure of a first line antibiotic ophthalmic agent.

- First line agents include: sulfacetamide (Bleph10, etc.), erythromycin, bacitracin-polymyxin B (Polysporin), polymyxin B-neomycin-gramicidin (Neosporin), trimethoprim-polymyxin B (Polytrim), gentamicin (Garamycin, etc.), ofloxacin (Ocuflox) and ciprofloxacin (Ciloxan).

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:		Indication:	
<input type="checkbox"/> Vigamox <input type="checkbox"/> Zymar		<input type="checkbox"/> Deep penetrating wound <input type="checkbox"/> Pre/Post Cataract Surgery <input type="checkbox"/> Corneal ulcer	
<input type="checkbox"/> <i>First line agent failed:</i>		<i>Date of failure:</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)	



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 Arkansas, Maryland, and Mississippi.



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