Alabama Medicaid Pharmacist

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A Service of Alabama Medicaid

PDL Update

Effective January 2, 2012, the Alabama Medicaid Agency will update the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee recommendations as well as quarterly updates. The updates are listed below:

PDL Additions	PDL Deletions*
	Azasite—EENT preparations/ Antibacterials
	Neosporin—EENT preparations/ Antibacterial
	Poly-pred—EENT preparations/ Antibacterials
	Nasacort AQ—EENT preparations/ Intranasal Corticosteroids

**Denotes that these brands will no longer be preferred but are still covered by Alabama Medicaid and will require prior authorization (PA) for payment. Available covered generic equivalents (unless otherwise specified) will remain preferred.*

The HID Help Desk is open Monday—Friday from 8am to 7pm and on Saturdays 10am to 2pm. If you need a form, wish to review criteria or have other questions, please access our website at hidmedicaid.hidinc.com or the Agency website at medicaid.alabama.gov.

Please fax all prior authorization and override requests *directly* to Health Information Designs at 800-748-0116. If you have questions, please call 800-748-0130 to speak with a call center representative.

Inside This Issue

PDL Update	Page 1
Kicking the Habit	Page 2
Kicking the Habit	Page 3
Expanded Age Indication for Tdap	Page 3
The PROTECT Initiative	Page 4
Safe Disposal of Needles and Sharps	Page 5
Medicaid Updates	Page 6

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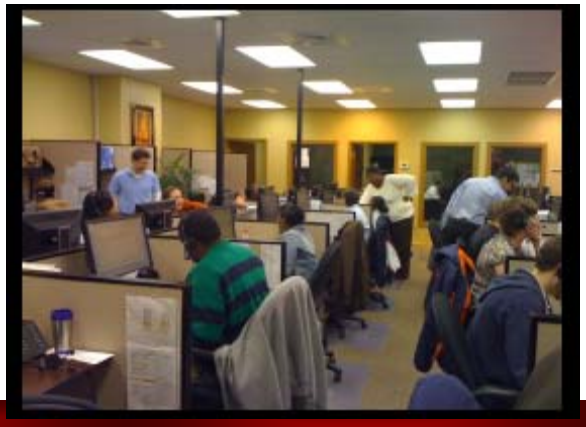

Kicking the Habit

On November 17th, the American Cancer Society marked its 36th Great American Smokeout. Smokers were encouraged to use this day as a quit day, or as a day to plan a future quit day. The modern-day Great American Smokeout grew out of an event in 1971 sponsored by Arthur P. Mullaney. Mullaney asked people to give up cigarettes for a day and donate the money that they would have spent on cigarettes to a high school scholarship fund.

The National Cancer Institute states that it takes most smokers as many as seven to ten quit attempts before they stop smoking for good. The November 11, 2011 *Morbidity and Mortality Weekly Report* stated that 68% of current American adult smokers say they intend to stop, and about 52% of adult smokers tried to quit within the past year.

It is estimated that 12 to 20% of women smoke during pregnancy. The CDC reports that only 18-25% of all women quit smoking once they become pregnant. Smoking during pregnancy exposes a baby to nicotine, carbon monoxide, and tar. These chemicals decrease the amount of oxygen the baby receives, which can affect that baby's growth and lungs. Women who smoke during pregnancy have an increased risk of ectopic pregnancy, placental abruption, placenta previa, and stillbirth. Babies born to women who smoke during pregnancy are more likely to be born prematurely and underweight. Babies may also be born with birth defects such as cleft lip or palate.

Alabama Medicaid has partnered with the Alabama Department of Public Health (ADPH) to help pregnant women and those who are within 60 days post partum kick the habit of smoking. The recipient must be enrolled in the Quitline program through the ADPH, and have completed a counseling session with a Quitline representative. Alabama Medicaid will cover one quit attempt per recipient per pregnancy. The Smoking Cessation Request Form (Form 470) should be used to request a smoking cessation product. This form can be found on the Alabama Medicaid website (Programs > Medical Services > Maternity Care > Maternity Forms). The chart below shows the smoking cessation products covered for pregnant women.

Drug	Example Brand Names	Daily Dose	Duration of Therapy	Number of Days of Therapy	Max Quantity/ Course of Therapy
Bupropion Tablets	Zyban®	2 tablets	13 weeks	91	179
Nicotine Nasal Spray	Nicotrol® NS	4 mL	3 months	90	360
Nicotine Inhalation	Nicotrol® Inhaler	6-16 cartridges	6 months	180	2880
Nicotine Gum	Nicorette®, Nicore-lief®	3-24 pieces	12 weeks	84	1386
Nicotine Lozenge	Commit®	3-20 pieces	12 weeks	84	1218
Nicotine Patch	Nicoderm CQ®	1	10 weeks	70	70
Varenicline Tablets	Chantix®	2 tablets	24 weeks	168	336

Kicking the Habit, continued

Tobacco use remains the leading preventable cause of death and disease in the United States. Smoking and secondhand tobacco exposure kills an estimated 443,000 Americans each year. The *Morbidity and Mortality Weekly Report* also found that about 48% of smokers who saw a healthcare professional in the past year recalled getting advice to quit and about 32% used counseling and/or medications in the past year.

References:

Breaking the Cycle: How Smokers Can Improve Their Chances of Quitting. November 16, 2011. Available from: http://www.pharmacytimes.com/web-exclusives/Breaking-the-Cycle-How-Smokers-Can-Improve-Their-Chances-of-Quitting. Accessed 11/17/2011.

The March of Dimes. Smoking During Pregnancy. April 2010. Available from: http://www.marchofdimes.com/pregnancy/alcohol_smoking.html. Accessed 11/17/2011.

Centers for Disease Control and Prevention. Highlights: Smoking Among Adults in the United States: Reproductive Health. May 27, 2004. Available from: http://www.cdc.gov/tobacco/data_statistics/sgr/2004/highlights/reproductive/index.htm. Accessed 11/17/2011.

FDA Approves Expanded Age Indication for Tdap

The FDA has expanded the age indication for the tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) Boostrix®. Boostrix was originally approved for persons aged 10 through 18 years and in 2008 the FDA expanded the age indication to persons through age 64 years. Most recently, the FDA expanded the age indication to persons aged 65 and older who have or who foresee having close contact with infants less than 12 months and who have not received a previous Tdap dose. It is very important for grandparents, child-care providers, and health-care providers over the age of 65 to have this additional dose. This single dose of Tdap will protect against pertussis and reduce the likelihood of transmission.

References:

The Food and Drug Administration. FDA Approval of Expanded Age Indication for a Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine. September 23, 2011. Available from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6037a3.htm?s_cid=mm6037a3_e%0D%0A. Accessed 11/14/2011.

The PROTECT Initiative

In 2008, the Centers for Disease Control and Prevention (CDC) organized a meeting to address the public health issue of medication overdoses in children. Current statistics from the National Electronic Injury Surveillance System-Cooperative Adverse Event Surveillance System (NEISS-CADES) show that children are especially vulnerable to unintentional overdoses:

- Over 70,000 emergency department (ED) visits result from unintentional medication overdoses among children under the age of 18.
- One out of every 180 two-year olds is treated in an ED for an unintentional medication overdose.
- Over 80% of ED visits among children under the age of 12 are due to unsupervised children taking medications on their own and 10% of ED visits in this age group are due to medication errors.
- Over-the-counter (OTC) medications are involved in approximately one-third of ED visits among children under the age of 12.

The goal of the program is to implement improvements in medication packaging, refine dosing measures, develop an educational campaign and address any unanswered questions that might prevent medication overdoses.

The diverse members of the PROTECT Initiative include:

- Government Agencies
- Pharmaceutical and Medication Packaging Industries
- Non-profit Organizations
- Professional Organizations
- Academic Representatives

The members have developed four workgroups:

- Unsupervised Ingestions Workgroup
- Medication Errors Workgroup
- Education Workgroup
- Scientific Workgroup

To date, the PROTECT Initiative has:

- Fostered development of innovative safety packaging. Many leading non-prescription drug companies will be incorporating new product enhancements for pediatric liquid products by Fall 2011. The FDA recommends that dosage delivery devices be included for all orally ingested OTC liquid products with calibrated units of liquid measure marked on the device. The units of liquid measure on the delivery device should be the same as the units of liquid measure indicated on any outside packaging, bottle, or any written instructions.
- Fostered development of a Voluntary Guideline for standardizing and clarifying dosing measures for OTC liquid medicines.

For more information about the PROTECT Initiative, contact medicationsafety@cdc.gov.

References:

Schillie SF, Shehab N, Thomas KE, et al. Medication overdoses leading to emergency department visits among children. Am J Prev Med 2009;37:181-7.

Centers for Disease Control and Prevention Division of Health care Quality Promotion (DHQP). The PROTECT Initiative: Advancing Children's Medication Safety. www.cdc.gov/medicationsafety/protect. Accessed 11/17/2011.

Safe Disposal of Needles and Other Sharps

In November 2011, the Food and Drug Administration (FDA) launched a website for consumers regarding safe disposal of sharps (including needles, lancets, infusion sets and connection sets). Because of advances in medication therapy and management, there are approximately 9 million Americans who use needles or other sharps to manage their medical conditions at home. This amounts to more than 3 billion used sharps that must be disposed of outside a heath care setting each year.

For safe disposal of sharps, the FDA recommends that consumers do the following:

- Immediately place used sharps in an FDA-approved sharps disposal container (the website has a list of products and companies that offer these types of containers). These containers are available in a variety of sizes, including smaller travel sizes to use while away from home.
- If an FDA-cleared container is not available, some associations and community guidelines recommend using a heavy-duty plastic household container, such as a plastic laundry detergent container, as an alternative. The container should be leak-resistant, remain upright during use and have a tight fitting, puncture-resistant lid. The sharps container should also be properly labeled to warn of hazardous waste inside.
- Sharps disposal containers should be kept out of reach of children and pets.
- Patients can contact local trash or public health department for more information regarding local sharps disposal programs. There may be a drop box, hazardous waste collection site, special waste pick-up services or mail-back programs. Some of these services may have an additional fee for proper disposal.

Local guidelines for getting rid of a sharps disposal container should always be followed.

Patients should NEVER:

- Throw loose sharps into the trash.
- Flush sharps down the toilet.
- Put sharps in a recycling bin; they are not recyclable.
- Try to remove, bend, break or recap sharps used by another person.
- Attempt to remove a needle without a needle clipper device.

To visit the website, go to www.fda.gov (Home > Medical Devices > Products and Medical Procedures > Home Health and Consumer Devices). The website offers tips for patients, health care providers and employers, as well as additional resources for safe disposal of sharps.

References:

FDA News Release: November 8, 2011. FDA launches website on safe disposal of used needles and other 'sharps'. Available at www.fda.gov. Accessed 11/18/11.

Alabama Medicaid Updates

5010 and NCPDP D.0 Transactions

In November 2011, the Alabama Medicaid Agency installed updates to support 5010 and NCPDP D.0 transactions.

The following updates are now available:

- Transactions may be submitted in x12 4010, x12 5010/NCPDP 5.1, or NCPDP D.0 format.
- Provider Electronic Solutions (PES) will support one version depending on the PES release. PES 2.16 will support 4010 until PES 3.0 is released. PES 3.0 will support 5010 transactions. Providers will be notified when PES 3.0 is released.
- Web portal direct data entry reflects changes for x12 5010 and NCPDP D.0.
- Remittance advice (835) is available in both x12 4010 and x12 5010.
- Other responses will be returned in the same version as received.

Medicaid will continue to accept both x12 4010 and x12 5010 and both NCPDP 5.1 and NCPDP D.0 through December 2011.

Beginning January 1, 2012, only x12 5010 and NCPDP D.0 will be processed.

For updated information, please continue to visit the Medicaid website: www.medicaid.alabama.gov.

IUDs and Implants: Changes to Contraceptive Coverage

The Alabama Medicaid Agency is making important changes regarding the coverage of intrauterine devices (IUDs) and implantable contraceptive devices. Effective January 1, 2012, these devices will be reimbursed only when billed on a medical claim. Pharmacies will no longer be able to bill for these devices for a specific patient and ship to the provider for insertion/implantation. Examples of these devices include Mirena®, Paragard®, Implanon® , etc.

Questions regarding this change can be sent to Nancy.Headley@medicaid.alabama.gov or by calling 334-242-5684.